

Bowring Public School

Last Name	First Name	Middle Name
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Legal Last Name	Legal First Name	Legal Middle Name
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Social Security Number	Grade	Gender	Race	Hispanic Non-Hispanic Circle One
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Address	City	State	Zip	County
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Birthdate	Birthplace	Home Phone	Cell Phone
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Previous School Attended	Address	City	State	Zip	Phone
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Father's Name	Work Number	Cell Number
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Mother's Name	Work Number	Cell Number
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Emergency Contact #1 _____ Phone Number _____

Emergency Contact #2 _____ Phone Number _____

Emergency Contact #3 _____ Phone Number _____

Does your child have any allergies? YES NO

If yes what are they allergic to? _____

Does your child carry and inhaler? YES NO

EMAIL _____

(where confidential student information can be sent)

Student's Name _____

PLEASE READ EACH AND 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 even 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 student's 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 2025-2026 school year.

_____ **I DO NOT CONSENT TO THE ADMINISTRATION OF CORPORAL PUNISHMENT TO MY CHILD. THIS IS VALID FOR THE 2025-2026 SCHOOL YEAR.**

_____ I understand I have the right to request school polices and they will be provided in a timely manner.

_____ I have received and read the AR Policy for Bowring Public School and I will support it as written.

I HAVE INITIALED ALL THE ABOVE ITEMS I AGREE WITH AS WRITTEN.

DATED THIS _____ DAY OF _____ 2025

Parent/Guardian Signature

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

Tammy Butcher
Enc. Clerk

Mailing
87 CR 3304
Pawhuska, OK 74056
Physical
1001 Lottie Street
BOWRING, OKLAHOMA 74009
(918) 336-6892 FAX (918) 336-1348

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

Parent's Signature

Date

Rhonda Kohnle
Vice President
Board of Education

John Strom
President
Board of Education

Nicole Hinkle
Superintendent

Ginger Chinn
Clerk
Board of Education

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BOWRING SCHOOL PARENT AUTHORIZATION FORM 2025-2026

This notice is to inform parents of the 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 check one below:

_____ I authorize Bowring School to screen my child, _____.

_____ I do not wish for my child, _____, to be screened.

Parent's Signature

Date

Rhonda Kohnle
Vice President
Board of Education

John Strom
President
Board of Education

Nicole Hinkle
Superintendent

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Tammy Butcher
Enc. Clerk

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

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. (3rd grade students read level three, 4th 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: 5th grade or above. Because of the lack of availability in the 7th and 8th 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

Bowring School
87 County Road 3304 1001 Lottle 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

BOWRING SCHOOL DISTRICT C007

Student Enrollment Questionnaire

Student Name:		Today's Date:	
Date of Birth:	Grade:	School:	

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

Where are you and your family currently living? Please check one of the boxes below.

SECTION A

☐ Rent/own my own home or apartment

STOP: If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your own home or apartment, please continue to the next section.

SECTION B

- ☐ Temporarily with another family member or friend until we can locate affordable housing
- ☐ In an emergency or transitional shelter
- ☐ In a vehicle, park, campground, or on the streets
- ☐ In a house, building, or trailer WITHOUT running water or electricity
- ☐ In a hotel or motel
- ☐ With an adult that is not a parent or legal guardian
- ☐ Alone or in different locations, without an adult serving as a caregiver
- ☐ Wherever I can find a place to stay at night
- ☐ Other Please Explain:

If you checked a box in section B, in the space below please list all children currently living with you who attend "name" Public Schools.

FIRST & LAST NAME OF STUDENT	MALE OR FEMALE	DATE OF BIRTH	GRADE	SCHOOL NAME

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child? ☐ Yes ☐ No

The undersigned certifies that the information provided is correct and accurate.

(Print) Parent/Guardian or Adult Caring for the Student: _____

Relationship to Student: _____ Signature: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number: _____ Email Address: _____

ED 506 Form

Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant 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 level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparent

If the individual with Tribal membership is not the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ 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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____