



Choctaw Nation of Oklahoma

Jones Academy

HCR 74 Box 102-5 • Hartshorne, OK 74547
 (888) 767-2518 • Fax (918) 297-2364

Gregory E. Pyle
 Chief

Gary Batton
 Assistant Chief

Dear Parent/Guardian,

Enclosed you will find an application for enrollment at Jones Academy. Please complete and sign each page and return it to us as soon as possible.

<input checked="" type="checkbox"/>	Page #	Student Enrollment Application
	1	Letter and check off list
	2, 3,4	Enrollment Application
	4	Consent for Release of Education Records
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	6	Home Language Survey
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		Flu vaccination permission; Lunch form; E-Rate form

You will also need to submit the following documents as part of our admission process.

- ✓ **COPY OF CDIB CARD/MEMBERSHIP**
- ✓ **BIRTH CERTIFICATE (state certified copy only)**
- ✓ **COPY OF SOCIAL SECURITY CARD (if none, please apply)**
- ✓ **COPY OF IMMUNIZATION RECORD (up to date)**
- ✓ **REPORT CARD/SCHOOL TRANSCRIPT**
- ✓ **COPY OF CURRENT IEP (Individualized Education Plan) AND CURRENT TESTING (if applicable)**
- ✓ **INSURANCE OR MEDICAID CARD (Application)**
- ✓ **CURRENT LIST OF PRESCRIPTION MEDICATIONS AND EXPLANATION OF (doctor statement)**
- ✓ **CURRENT LIST OF OVER THE COUNTER MEDICATIONS (used regularly)**
- ✓ **DOCUMENT(S) SHOWING GUARDIANSHIP AND/OR LEGAL CUSTODY (if applicable)**
- ✓ **LUNCH APPLICATION**
- ✓ **E-RATE HOUSEHOLD SURVEY**

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED

MAIL TO:

Jones Academy
 909 Jones Academy Rd.
 HCR 74 Box 102-5
 Hartshorne, OK 74547

Brad Spears, Superintendent

United States Department of the Interior
Bureau of Indian Affairs For
Student Enrollment Application
Bureau Funded Schools and Federal Boarding Schools

School Year 20_____

STUDENT INFORMATION

Full Name _____ Grade Applying For: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Contact Phone: _____ Age: _____
Date of Birth: _____ Place of Birth: _____
Social Security #: _____ Sex: Male _____ Female _____
Tribal Affiliation: _____ Degree of Indian Blood: _____
Tribal Agency: _____ Enrollment Number: _____
Do you live with: Mother ____ Father ____ Legal Guardian ____ Other (Specify) _____
Dominant Language _____
Spoken in Home _____ Religious Affiliation (Optional) _____

PARENT OR LEGAL GUARDIAN (WITH WHOM YOU LIVE) INFORMATION

Father's Name: _____ Mother's Name: _____
Tribal Affiliation: _____ Tribal Affiliation: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Father's Contact Phone: _____ Mother's Contact Phone: _____
Father's Work Phone: _____ Mother's Work Phone: _____
Work Place: _____ Work Place: _____
Legal Guardian (If not Parent): _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Phone: _____
Work Phone: _____ Work Place: _____

If you are the court appointed custodial parent, you must attach appropriate documentation. If the student does not live with either parent or is a ward of the court, attach documentation and provide information on the person(s) responsible for the applicant who will be the primary contact person. A student may not list himself/herself as a guardian even if he/she is 18 years of age or older.

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Work Phone: _____

NAME OF BROTHERS AND SISTERS

Please name:

1. _____ male _____ female _____ DOB _____
2. _____ male _____ female _____ DOB _____
3. _____ male _____ female _____ DOB _____
4. _____ male _____ female _____ DOB _____

STUDENT CHECKOUT INFORMATION (MUST BE 21 OR OLDER)

Student is to leave campus only with listed Authorized Persons (must be 21 years of age) or **person(s) who enrolled** student unless under sponsorship of Jones Academy and/or the Hartshorne Public School:

Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____

Jones Academy is responsible for the custody of this student during August _____ to August _____. These custodial responsibilities pertain to all matters the parents might otherwise have and to all events while enrolled at Jones Academy including school outings, field trips, and other special activities.

I am legally responsible for this student and hereby apply for his/her admissions to this school. I understand that the school may request additional information before the student is admitted. Failure to provide inclusive and accurate information could result in immediate dismissal.

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

SCHOOLS PREVIOUSLY ATTENDED

School Name: _____	Grade Completed: _____
Address: _____	City: _____ State _____ Zip Code: _____
Phone: _____	Date Attended: _____
Reason for Leaving: _____	
Student Participated in Special Education Program: Yes _____ No _____	
Student Participated in Gifted and Talented Program: Yes _____ No _____	
School Name: _____	Grade Completed: _____
Address: _____	City: _____ State _____ Zip Code: _____
Phone: _____	Date Attended: _____
Reason for Leaving: _____	
Student Participated in Special Education Program: Yes _____ No _____	
Student Participated in Gifted and Talented Program: Yes _____ No _____	

CONSENT FOR RELEASE OF EDUCATION RECORDS

I authorize _____ School District and all Educational Departments hereof to release all portions of my child's Educational records, which may be confidential or otherwise to:

JONES ACADEMY
HCR 74 BOX 102-5
HARTSHORNE, OK. 74547

Student's name

Signature of Parent/Guardian

Student's date of birth

Date

ATTENTION: According to the Family Educational Rights and Privacy Act of 1974 (PL. 93-380) the Parents, guardian, or 18 year old student has the right to make a written request to view any records released.

ATTENTION: The term, Educational Records, as used in this consent form is that defined by PL. 93-380, Sec. 99.2, Definitions as: Those records which (1) are directly related to a student and (2) are maintained by an educational agency or Institutions or by a party acting for the agency or institution.

HARTSHORNE PUBLIC SCHOOLS
SPECIAL SERVICES DEPT.
SPECIAL EDUCATION SECTION

PERMISSION TO APPOINT A SURROGATE

SCHOOL YEAR _____

With regard to special education, if it should become necessary, I would like to request that Jones Academy appoint a surrogate parent to represent my child in all matters relating to:

1. The identification, evaluation, and educational placement of my child; and
2. The provision of free appropriate public education to my child.

I understand that I will be notified of all meetings and proposed actions, and that I will still have the option of participating in such meetings and decisions.

Student's name _____

Parent's signature

Date



2012-2013 HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS

Name of Student: _____
Last Name First Name Middle Name

Student ID #: _____ Gender: Male Female

School Site: _____ Grade: _____

Date of Birth: _____ Place of Birth (City/State/Country): _____

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 or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander White

Parent's/Guardian's Name: _____

Parent's/Guardian's Address: _____
Street City Zip Code

Parent's/Guardian's Telephone Number: (____) _____ Cell Phone: _____

1. Is a language **other than English** used in your home? Yes No
If NO, go to numbers 6 and 7. If YES, what is that language? _____

2. Is that language spoken in the home **MORE OFTEN** than **English**? **LESS OFTEN** than **English**?

3. What language is spoken by adults in the home? _____

4. What was the first (1st) language your child learned to speak? _____

5. What was the date (**month and year**) your child first enrolled in a school in the United States? _____

6. Parent/Guardian Signature: _____

7. Date: _____

FOR SCHOOL USE ONLY

THIS FORM MUST BE COMPLETED EVERY YEAR WITH CURRENT TEST DATA FOR STATE ACCREDITATION.

- If a language other than English is spoken **MORE OFTEN** (see question #2), the student **automatically** qualifies as **bilingual** on application for accreditation.
- OR**
- If a language is spoken **LESS OFTEN**, student qualifies as **bilingual** on application for accreditation if he or she meets **ONE OF THE FOLLOWING**:
1. Scores 35% or below on norm-referenced test (NRT) on the composite **reading** score.
 2. Scores limited knowledge or unsatisfactory on **Reading** Oklahoma Core Curriculum Tests (OCCTs).
 3. Designated Limited English Proficient on an Oklahoma English language proficiency assessment: WIDA ACCESS for English language learners (ELLs) Test, WIDA Placement Test (including K W-APT, W-APT, and Kindergarten MODEL), or the Oklahoma Pre-K Language Screening Tool.

Documentation of a test result for students who marked **LESS OFTEN**:

1. NRT Test Date: _____ Name of the NRT: _____ Reading Total Composite Score: _____

2. Reading OCCT Date: _____ Score on Reading OCC T: Limited Knowledge Unsatisfactory Satisfactory Advanced

3. ACCESS for ELLs Test Date: _____ Score on ACCESS for ELLs: 1 2

WIDA Placement Test (K W-APT, W-APT, or Kindergarten MODEL) Date: _____ Score on K W-APT, W-APT, or MODEL: 1 2

Oklahoma Pre-K Language Screening Tool Date: _____ Score on Pre-K Language Screening Tool: _____

1 Composite Score 2 Literacy Score

Office use only:
McAlester Chart No. _____
Talihina Chart No. _____
Other _____

Jones Academy Student:

Last Name First Name Middle

Birth date Sex Parent Home Phone

PLEASE ANSWER THE FOLLOWING QUESTIONS CAREFULLY AND ACCURATELY. ASK ABOUT ANY QUESTION THAT YOU DO NOT UNDERSTAND. IF MORE SPACE IS NEEDED, SHOW NUMBER AND EXPLAIN ON BACK OF SHEET.

- 1. Are you being treated by a doctor now? _____ Explain _____
- 2. Have you ever had any serious illness or been hospitalized? Have you had any medical treatments, tests, or surgeries? _____ Explain _____
- 3. Are you taking any medications (including over-the-counter, herbal, birth control, etc.) now? _____ In the past year? _____ Explain _____
- 4. Have you ever had any of the following conditions? Explain below and give date or age.

	Yes	No		Yes	No		Yes	No
1. Respiratory disease			8. Anemia			15. Arthritis		
2. Heart problems or disease			9. Asthma			16. Epilepsy		
3. Heart murmur			10. Allergies/sinus			17. STD's		
4. High blood pressure			11. Tuberculosis			18. Kidney disorders		
5. Stroke			12. Hepatitis			19. Circulation problems		
6. Rheumatic fever			13. Jaundice			20. Skin disorders		
7. Diabetes			14. Liver disease			21. Stomach disorders		

- 5. Are you allergic to any drug or medicine of any kind -such as penicillin, codeine, Novocain, lidocaine, etc.? _____ Explain _____
- 6. Are you allergic to anything (including food, insect stings, pollen, etc.) resulting in swelling, hives, asthma, etc.? _____ Explain _____
- 7. Have you ever had excessive bleeding that required treatment? Explain _____
- 8. Have you ever had a blood transfusion or blood products? Explain _____
- 9. Do you have any wounds or injuries that heal slowly or have other complications? Explain _____
- 10. Have you had any joint replacements? _____ Do you have any artificial limbs or lens implants? _____
- 11. Have you ever fainted or been knocked unconscious? Explain _____
- 12. Are you on any special diet at this time? Explain _____
- 13. Have you had x-ray treatment (besides for fractures and routine chest x-rays)? Explain _____
- 14. Do you have any disease, condition, or problem that you think the doctor or dentist should know about? Explain _____
- 15. Are you pregnant at this time? _____
- 16. Have you had any trouble associated with dental treatment? Explain _____
- 17. Is the student up to date on immunizations? Explain _____
- 18. Does the student worry excessively? _____ Has the student received any psychiatric treatment? _____ Explain _____
- 19. Has the student had thoughts of hurting himself/herself, suicide or made an attempt to commit suicide? _____ Explain: _____
- 20. Does the parent suspect that the child is using drugs or alcohol? _____

Signature of Parent or Guardian _____ Date _____



JONES ACADEMY
(Choctaw Nation of Oklahoma)

HCR 74 BOX 102-5
Hartshorne, OK 74547

CONTRACT

ACKNOWLEDGMENT OF CUSTODY

AUTHORIZATION FOR TREATMENT

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

As the parent or guardian of _____, I hereby acknowledge that my child or ward is in the custody of Jones Academy. It is further acknowledged that, as custodian, Jones Academy may act in the best interest of my child or ward.

Further, I hereby authorize Jones Academy to provide necessary medical, dental, behavioral health, and drug/alcohol treatment while my child or ward is in the custody of Jones Academy. Preventive treatments, including inoculations, are also authorized.

Additionally, I hereby authorize the disclosure and exchange of pertinent information deemed essential for medical, dental, behavioral health, and drug/alcohol treatment. This information may be interchanged between health organizations, health professionals, and Jones Academy.

No, I do not give my permission to Jones Academy to publish photographic images, writings and/or artwork of my child or ward to be used for the school newsletter, yearbook, brochures, DVD's, and other school related publications.

No, I do not give permission for photographs or name of my child or ward appearing on the Jones Academy or Choctaw Nation of Oklahoma web sites.

Parent or Guardian

Witness

Relationship

Date

Date

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

This information is provided pursuant to Public Law 93-597 (Privacy Act of 1974), December 31, 1974 and the Paper work Reduction Act (44 U.S.C. 3501, et seq)

The Bureau of Indian Affairs, Office of Indian Education Programs operates an educational system under the general authority of Chapter 114, Public Law 67-86, 42 Stat. 208 (25 U.S.C. 13) and Public Law 95-561

In accordance with the accountability required for the administration of funds appropriated for educational programs, certain types of information are required. All records are maintained in strictest confidence and all information contained therein is considered privileged. Information solicited and the routine use of the information collected will be used solely in the planning, managing, providing placement of individuals.

This information is being collected to obtain information on students, such as schools previously attended, tribal affiliation, degree of Indian blood, and language spoken in the home. This information will be used to determine a student's eligibility to enroll in bureau operated or bureau funded schools. Response to this request is mandatory in order to obtain a benefit.

Use of Social Security Number

The request for a social security number is voluntary. If supplied, it will be used as one identifier in the Bureau's management information system's student enrollment system.

Estimated Burden Statement

Public reporting burden for this form is estimated to average one-half hour per response, which includes time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. The public may make additional comments on the accuracy of our burden estimates (which are explained in detail in the preamble to the proposed rule published on February 25, 2004, at 69 FR 8752) and any suggestions for reducing this burden to the OMB Interior Desk Officer, Docket Number 1076-AE49, Office of Information and Regulatory Affairs, 202-395-6566 (facsimile); email: *OIRA_DOCKET@omb.eop.gov*.

AUTHORIZATION TO INITIATE DETENTION ORDER
(To be completed by parent or guardian)

Date: _____

I _____ being the real parent/guardian of

_____, hereby give Jones Academy staff authorization/responsibility to initiate proceeding for Detention Order, Missing Persons Report, Runaway Juvenile Report and/or any document/procedure needed in the event my child leaves Jones Academy or Hartshorne Public Schools, or; any Jones Academy or Hartshorne Public School activity without express permission from Jones Academy Staff.

The permission is given so that my child may be located and returned to a safe environment as soon as possible.

Signature of Parent or Guardian

Date

Signature of Witness

Date

DESCRIPTION OF CHILD
(To be completed by Parent or Guardian.)

PLEASE PRINT

Name: _____ Sex: _____

Social Security Number: _____

Nickname: _____

Height: _____ Weight _____ Hair color _____ Hair length _____

Eye color: _____ Tattoos: _____ Scars: _____

Remarks/Details: _____

CONSENT FOR SEARCH

I, _____ give consent to Jones Academy staff to search
Parent/Guardian's Name

_____, his/her room, and/or personal belongings if there is
Student's Name
reasonable belief that the student has an illegal substance, weapon, or an item that is considered a danger to him/her or someone else. I understand that periodically on a random basis a drug dog may be used to search the campus area (including students' rooms) for illegal drugs.

Parent/Guardian

Date

PARENTAL INVOLVEMENT

Jones Academy believes that the student's parent(s) are the most significant people in a child's life. We encourage communication with the student via telephone and mail. We also encourage home visits.

Jones Academy wants your child to be a success and we will appreciate your support of our policies and rules. Communication between Jones Academy staff and parent(s)/guardian is very important and we encourage you to advise us; and, to contact us if you have any questions or concerns regarding your child.

Parent/Guardian

Date

JONES ACADEMY PARENT/STUDENT/SCHOOL COMPACT

MISSION

Jones Academy has the central task of creating an ideal or prototype learning community within the larger geographical and social community for Choctaw and other Native American youth. The emphasis is on transforming the learning experience through effort and design to produce a special setting where students are provided the care, attention, resources, and success-oriented experiences that promote their development into independent, self-directing successful adults.

- I. In support of these high standards, Jones Academy will provide:
 - A. Highly-qualified, certified teachers who regularly receive professional development in current effective instructional techniques.
 - B. A safe, disciplined environment.
 - C. A challenging, culturally-relevant curriculum designed to help students achieve the state and national standards.
 - D. Up to date materials and technology selected to support the content and philosophy of the school's curriculum.
 - E. Jones Academy will promote respect for families and will provide opportunities for parents and community members to participate in school activities.
 - F. Jones Academy/Staff will communicate frequently with parents and families of all enrolled students.
- II. Jones Academy Administration and staff will accept responsibility for supporting students' education by:
 - A. Making sure students attend school daily.
 - B. Making sure students arrive on time, ready to learn.
 - C. Monitoring homework completion, utilizing tutors when necessary.
 - D. Regulating television watching.
 - E. Communicating frequently with their child's teacher.
 - F. Delegated staff will attend all parent-teacher conferences.
- III. Students accept the responsibility to:
 - A. Be ready to board school bus on time.
 - B. Come to school with necessary supplies, ready to learn.
 - C. Treat teachers, staff and fellow students with respect.
 - D. Put forth their BEST EFFORT in completing daily assignments and homework.

STANDARD RULES

1. Enabling students to get an education is the primary reason for the existence of Jones Academy, therefore, all students are expected to attend their full schedule of classes every day and make reasonable effort at gaining knowledge and skills.
2. Students must follow the regimen established for time to get up, meal time, time for the school bus, returning from school on the bus, attending study periods, out after dark for approved and sponsored activities, lights out, etc. **Breakfast is mandatory on school days for all students and for elementary students on Saturday and Sunday. Brunch is also mandatory.**
3. Before leaving campus with parents or others, students are to be signed out at the dormitory office and checked in upon their return to campus. If the checked out student returns to the campus or Hartshorne School, they are automatically considered to be checked in and must abide by our rules. **Luggage, medication, and personal belongings are to be checked in at the respective dormitory office.**
4. Students are not to leave campus or to leave their dormitory after curfew without permission (AWOL). There is an hourly bed check during the night and it may occasionally be necessary to have roll call at night. Student will be considered on unauthorized leave if check out time extends beyond non-school days.
5. Use or possession of intoxicants, alcoholic drinks, marijuana, spray paints, etc., or possession of paraphernalia for the use of drugs is prohibited. **Aerosol spray products or mouthwashes containing alcohol are not permitted.** Student wellness being a concern, energy drinks (e.g. Red Bull, Monster, Rock Star) are also prohibited
6. Smoking, dipping, or chewing tobacco and/or the possession of tobacco products is prohibited.
7. Students are not to play with fire extinguishers or fire alarms in any building. Fire regulations prohibit the burning of any type of material in the dormitories and control the placement of furniture in a room.
8. Jones Academy is not responsible for charges made on an owner's cell phone by other individuals. The student is strongly encouraged to leave expensive belongings at home and to check money in at the dormitory office. **Jones Academy is not responsible for the loss of a student's property or cash.**
9. It is unlawful to assault or strike another person, staff, or student, to commit intentional or malicious damage to public property or the property of another, to shoplift, steal, or take without permission property or possessions of another or of the government, or to have firearms or dangerous and illegal weapons in one's possession. These actions can lead to prosecution.
10. Students are not to threaten, coerce, intimidate, bully or mistreat other students and should not use uncomplimentary nicknames, or say hurtful things that can cause another person to be angry or upset. Students shall refrain from repeating gossip or carrying messages from one to another that can cause an altercation or confrontation.
11. Students shall refrain from cursing or using obscene or vulgar words or gestures at all times.
12. Defiance of established rules, insubordination to the authority of an employee, being disorderly, or disrespectful to staff or instructors is not permitted.
13. Students are not allowed to be in the opposite sexes' dormitory rooms.
14. Each student is responsible for making his own bed, taking care of his own clothing and personal items, and assisting in keeping his room neat and orderly.
15. Each student is assigned a work detail and is expected to have pride in a clean dormitory and neat campus. All students are asked to refrain from littering and from damaging property with graffiti.

16. Personal pets are not allowed.
17. Students are not allowed to drive on campus or have any type of vehicle on campus.
18. Students are not allowed to possess video cameras, walky-talkies, DVD players, TVs, refrigerators, or computers. Roller shoes are prohibited on campus and in the dorms.
19. Students are **not** permitted to give each other tattoos or piercings. Only with permission from their guardians and dormitory staff, can they get ears pierced during a shopping trip. Staff and parental/guardian permission is also required before student can cut another's hair.
20. **Students must have a permission slip or pass from their own dormitory staff** before visiting the administration office, other dormitories, counseling building, computer lab etc. Dormitory staff is responsible for knowing where their students are.
21. All students are to address staff respectfully using the titles of Mr., Mrs., or Ms.
22. Student will be expected to make restitution for deliberate or reckless property damage or theft of others' property.

"I fully understand the foregoing "Standard Rules" and if accepted as a student at Jones Academy, I agree to abide by the rules.

_____ Date: _____
 Student's Signature

"I, the parent/guardian, have read the foregoing rules and will encourage my child to abide by the "Standard Rules." I also agree to cooperate in resolving any disciplinary problems that may involve my child.

_____ Date: _____
 Parent/Guardian's Signature

PLEASE READ OUR "PARENT-STUDENT" HANDBOOK CAREFULLY AND QUESTION US IF NEEDED.

***The student/parent handbook may be accessed at www.jonesacademy.org.**

INTERNET ACCEPTABLE USE POLICY

Jones Academy's information technology resources , including email and Internet access, are provided for educational purposes. Adherence to the following policy is necessary for continued access to the school's technological resources. Access requires the student to act responsibly.

Students must:

1. Respect and protect privacy.
 - Not distribute private information about others or themselves(such as credit card or social security numbers).
 - Not view, use, or copy passwords, data, or networks to which they are not authorized.
 - Use only assigned accounts.
2. Respect and protect the integrity, availability, and security of all electronic resources.
 - Observe all network security practices, as posted.
 - Report security risks or violations to a teacher or network administrator.
 - Not try accessing any network, information system, or computer they are not authorized to use (hacking).
 - Not vandalize, damage, or disable the property of another individual or of Jones Academy.
 - Conserve, protect, and share these resources with other students and Internet users.
3. Respect and protect the intellectual property of others.
 - Not infringe copyrights (no making illegal copies of music, games, or movies).
 - Not plagiarize.
4. Respect and practice the principles of cooperation.
 - Communicate only in ways that are kind and respectful.
 - Report threatening or discomfoting materials to the staff person in charge.
 - Not intentionally access, transmit, copy or create material that violates the school's code of conduct (such as messages that are pornographic, threatening, rude, discriminatory, or meant to harass).
 - Not intentionally access, copy, transmit, or create material that violates copyright laws.
 - Not access, upload, download, or distribute pornographic, obscene, or sexually explicit material.
 - Not send spam, chain letters, or other mass unsolicited mailings.
 - Not buy, sell, advertise, or otherwise conduct business, unless approved as a school project.
5. Attend on-going educational training
 - Appropriate on-line behaviors
 - Cyberbullying awareness and response
 - Interacting with others on social networking websites and in chat rooms

Failure to follow policy

Violations of these rules may result in disciplinary action, including the loss of a student's privileges to use the school's information technology. If state or federal statutes are violated, law enforcement agencies may become involved.

Privacy

Network and Internet access is provided as a tool for the user's education. Jones Academy reserves the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computer, network, and Internet access and any and all information transmitted or received in connection with such usage. All information files shall be and remain the property of the school and no user shall have any expectation of privacy regarding such material.

**JONES ACADEMY
INTERNET ACCESS CONDUCT AGREEMENT**

This form is to be completed and one copy maintained at the local school site. Every student, regardless of age, must read and sign below. Parent or guardian, please discuss these rules with your student to ensure that they are understood.

I have read, understand and agree to abide by the district's terms and conditions of the foregoing Acceptable Use Policy. Should I commit any violation or in any way misuse my access to the school district's computer network and the Internet, I understand and agree that my access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken against me.

User's Full Name (print clearly) _____

User's Signature _____ Date _____

PARENT OR GUARDIAN: As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the school district's Acceptable Use Policy for the student's access to the school district's computer network and the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for Jones Academy to restrict access to all offensive and controversial materials and understand my child's responsibility for abiding by the policy. I am, therefore, signing this policy and agree to indemnify and hold harmless the school, the school district, and the Data Acquisition Site that provides the opportunity to the school district for computer network and Internet access against all claims, damages, losses, and costs, of whatever kind that may result from my child's use of his or her access to such networks or his or her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child's use of his or her access if and when such access is not in the school setting. I hereby give my permission to grant access for my child to use the building-approved access to Jones Academy's computer network and the Internet. I certify that the information contained on the form is correct.

Jones Academy is using the Choctaw Nation of Oklahoma and the Bureau of Indian Education (BIE) for our technology protection measure (Internet filtering software). Websense and iPrism are the filtering systems that are being used to protect adults and minors from accessing sites that may be harmful.

Parent or Guardian (please print): _____

Signature: _____ Date: _____

This agreement is valid for the current _____ school year only.

SOCIAL INFORMATION

STUDENT'S NAME: _____

- 1. State your reason for wanting your child to attend Jones Academy at this time.
- 2. Does your child want to come? Yes _____ No _____
- 3. What are your child's interests, talents, or special abilities.
- 4. Has your child any specific problems which you think the school personnel should know about so they can be prepared to help in the best way they can?
- 5. Do you agree to leave the child in school and only check the child out on non-school days? Yes _____ No _____
- 6. Did the student miss 10 or more days of school in the last year? Yes _____ No _____
- 7. Has the student ever been suspended? Yes _____ No _____ Expelled? Yes _____ No _____

If yes, give date and reason for disciplinary action: _____

- 8. Does student have an IEP? Yes _____ No _____
- 9. Is student a ward of the court? Yes _____ No _____ If yes, a copy of the court order must be submitted.
- 10. Has student ever been arrested? Yes _____ No _____

If yes, what was/were the violation(s)? _____

- 11. Has student ever been in jail or a detention center? Yes _____ No _____
- 12. Does student have a probation officer? Yes _____ No _____ Name: _____

County: _____ Phone: _____

- 13. Has student used or abused alcohol and/or drugs? _____
- 14. To your knowledge, has student practiced self-harm (cutting, burning, etc.)? Yes _____ No _____
- 15. Has student ever seen a psychiatrist or received counseling? Yes _____ No _____

Name of counselor or clinic: _____

Phone: _____

I, the parent/legal guardian of the above mentioned student hereby certify that the information provided is true and accurate to the best of my knowledge and I understand that Jones Academy will verify all information. Any false statement or misrepresentation or omission of required information in application will result in denial of application or immediate dismissal.

Signature of Parent/Guardian

Date

Permission for Student Seasonal Flu Vaccine

Permission for Meningococcal Meningitis Vaccine

Dear Parents/Guardians,

We need your permission to vaccinate your child for the upcoming flu season and school year. These vaccines are not required by Oklahoma, but are highly recommended. If you have any questions or concerns, you may reach me at my office at Jones Academy. The number is 888-767-2518, extension 1014. Please complete the following form and answer the questions if you want your child vaccinated.

Student's full name: _____

Birth date: _____

I **DO** wish _____ or **DO NOT** wish _____ for my child to receive the **Flu vaccine**.

I **DO** wish _____ or **DO NOT** wish _____ for my child to receive the **Meningococcal Meningitis vaccine**.

Guardian/Parent signature

Date

If yes, please answer the following questions:

1. Has your child had any problems with the flu shot in the past? Yes____ No____
2. Is your child allergic to eggs? Yes____ No____
3. Has your child ever been diagnosed with Guillian Barre Syndrome? Yes____ No____
4. Does your child have recurrent wheezing/asthma? Yes____ No____
5. Does your child have a weakened immune system? Yes____ No____
6. Does your child have long term health problems with one of the following: heart disease, lung disease, asthma, kidney disease, metabolic disease, or a blood disorder?
Yes____ No____

Thank you,

Pamela Womack-Canon



**“I’ve Got a Great Idea!
Let’s Get E-Rate Funds for
our School!”**

**PLEASE COMPLETE THE ATTACHED
HOUSEHOLD SURVEY***

We need everyone to return this survey in order for the survey to be considered valid.

THIS WILL HELP OUR SCHOOL GET \$\$\$ FOR:
Telecommunications
Internet Access
Technology
Maintenance

***This information will remain confidential and will be reported only as a total group, not by individual families, and will not be used for any other purposes except E-Rate.**



Survey Number: _____
 [For School Use Only]

E-Rate Household Survey Fall 2012¹

Even if your income does not meet these Income Eligibility Guidelines, you must return the survey in order for the district's survey to be valid.

Address: _____ City _____ ST _____ Zip _____

Circle your household size below, then answer the following questions:

Household Size (Circle One)	Est. Annual Income (As Reported to IRS)	Monthly Income	If Paid Two times per mo.	If Paid Every Two Weeks	Weekly Income
1	\$ 20,665	\$ 1,723	\$ 862	\$ 795	\$ 398
2	27,991	2,333	1,167	1,077	539
3	35,317	2,944	1,472	1,359	680
4	42,643	3,554	1,777	1,641	821
5	49,969	4,165	2,083	1,922	961
6	57,295	4,775	2,388	2,204	1,102
7	64,621	5,386	2,693	2,486	1,243
8	71,947	5,996	2,998	2,768	1,384
Each add'l family member add:	7,326	611	306	282	141

Is your income equal to or less than any of the amounts listed next to the number you circled? Yes _____ No _____

Are your children eligible for free or reduced lunches, breakfasts, snacks or milk at their school(s)? Yes _____ No _____

Is your family eligible for food stamps? Yes _____ No _____

Does your family qualify for medical assistance under Medicaid? Yes _____ No _____

Is your family receiving Supplementary Security Income (SSI)? Yes _____ No _____

Does your family receive housing assistance (section 8)? Yes _____ No _____

Does your family receive home energy assistance (LIHEAP)? Yes _____ No _____

2. Please list all students in your household that attend school. (Enter the grade they will be entering in Fall, 2012. Write on back to list more than 5 students)

Name	Grade	School

3. Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Signed: _____ Date: _____

¹Income Eligibility Guidelines for Reduced Priced Meals. July 1, 2012-June 30, 2013 (Federal Register/ Vol. 77, No. 57/ Friday, March 23, 2012/ Notices, pg. 17006)