

Greenville Public School

Last Name _____ First _____ Middle _____ Date Enrolled ____/____/____

Age as of Sept 1st: _____ Grade: _____
 Birthday: _____ Teacher: _____
 Birth Place: _____ State Testing#: _____
 M: _____ F: _____ Student I.D. #: _____
 Race: _____ SSN#: _____
 Is more than 1 language spoken in the home? If yes, please list language _____

OFFICE USE ONLY

OFFICE FORMS MEDICAL RELEASE STUDENT HANDBOOK

COMMENTS: _____

Father/Guardian: _____ Mother/Guardian: _____
 Mailing Address: _____ Mailing Address: _____
 Employer: _____ Phone: _____ Employer: _____ Phone: _____
 Home Phone: _____ Home Phone: _____
 Cell Phone: _____ Cell Phone: _____
 Email: _____ Email: _____
 Directions to your home: _____
 Check who Child lives with: Both Parents: Father: Mother: Guardian:

List Name of brothers/sisters and ages:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Name, Phone Number and Relationship of who may be contacted in case of an emergency or student may be released to:

1. _____ #: _____ Rel. _____
2. _____ #: _____ Rel. _____
3. _____ #: _____ Rel. _____

Name of people who cannot pick up your child:

1. _____ Relationship _____ 2. _____

In event of a medical or unexpected emergency the school has my permission to take any action they see necessary for the safety and well being of my child: Yes: No:

*What district do you live in: Greenville: ____
 Turner: ____ Marietta: ____ Plainview: ____ Ardmore: ____

Health Information

Doctor's Name: _____ Date of Last Physical: _____
 Dentist's Name: _____ Date of Last Exam: _____

Please check all that apply to your Child:

Bee Sting Allergy/Anaphylaxis Epilepsy/Seizures Asthma Hearing Condition ADD/ADHD
 Chickenpox (date _____) Diabetes Limits on Activity Other _____

Special Diet: _____
 Please explain above items checked and any other medical/health condition that is necessary for us to know: _____

Please list all Medicines and reasons for taking it: _____

Medication Allergies: _____ Food Allergies: _____
 Parent/Guardian Signature: _____

Corporal Punishment

To guarantee a good social educational climate, it is important that students understand that acceptable standards of behavior are expected at all times. Discipline will be administered when and Individual's actions interfere with the right of teachers to teach and students to learn. Your signature below states that after all other methods have been exhausted you have given the Greenville administration the authority to use corporal punishment as a reason of solving your child's unacceptable behavior. If you do not approve for your child to be administered corporal punishment, understand that your child may be suspended from school as an alternative.

I give permission I do not give permission

Parent/Guardian Signature: _____ Date: _____

GREENVILLE PUBLIC SCHOOLS
STUDENT ENROLLMENT QUESTIONNAIRE

Students Name: _____ Today's Date: _____

Date of Birth: ___/___/_____ Grade: _____ School: Greenville Elementary

Your child may be eligible for additional educational services through the Title X or the 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 THIS BOX SKIP TO THE BOTTOM OF THE PAGE, SIGN THE FORM AND THEN SUBMIT TO SCHOOL PERSONNEL.

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, PLEASE LIST ALL CHILDREN CURRENTLY LIVING WITH YOU WHO ATTEND PUBLIC SCHOOL. USE BACK IF NEEDED FOR ADDITIONAL CHILD.

CHILD'S NAME	D.O.B.	GENDER	GRADE	SCHOOL ATTENDS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 STUDENT: _____

RELATIONSHIP TO STUDENT: _____ **SIGNATURE:** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

PHONE NUMBER: _____ **EMAIL ADDRESS:** _____



Greenville Public Schools

4671 Wolfpac Rd

Marietta, Oh 73448

Ph. (580) 276-2968 Fax. (580) 276-4605

STUDENT/PARENT OR GUARDIAN INTERNET USE AGREEMENT

As a student I agree to the following terms and conditions:

- Ø I will not use the Internet for transmission of any materials in violation any federal or state regulations. Transmission of copyrighted material threatening or obscene materials, materials protected by trade secrets, product advertisement or political lobbying is also prohibited.
- Ø I will refrain from using profanity and vulgarities on the Internet. I will not use the Internet for illegal activities.
- Ø I will not give my home address, location of my school phone number or any personal information about myself or and other student or school personnel to anyone via the Internet.
- Ø I understand that use of e-mail or any other communications over the Internet are not private; any messages related to or in support of illegal activities may be reported to authorities.
- Ø I understand that I am prohibited from conducting any actions that may endanger my safety, or the safety of other students/staff members while using any component of the school's internet access and/or network (email, chat rooms, etc.).
- Ø I will not use the Internet in a way that would disrupt the use of the network by others.
- Ø I will respect the trademark and copyrights of materials on the Internet and assume anything accessed via the network is private property.
- Ø The school system and service provider are not responsible for any damages or losses resulting from using Internet services or information obtained from the Internet.
- Ø If you discover any way to access unauthorized information or defeat any security measures you must inform the lab teacher immediately. You must not share any unauthorized information with any other user.
- Ø Vandalism of any kind is prohibited.
- Ø These terms and conditions shall be governed and interpreted in accordance with the laws of the state and the United States of America.
- Ø I understand access to the Internet through Greenville Elementary School is a privilege. School authorities can deny any student access to the Internet at any time, and their decisions are final.

I have read the above forms and conditions and understand that violation of these can result in the denial of Internet privileges. I also agree not to hold the school, state and local boards of education or the Internet provider responsible for the consequences resulting from the violation of these terms and conditions by the student

Student's Signature: _____ Date _____

Parent/Guardian's Signature: _____ Date _____



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PERMISSION TO PUBLISH

Oklahoma School Law O.S. 51 (section A. 16 B) requires giving public notice before publication of any directory information concerning a student may appear in newspapers, website, programs, directories, yearbook, etc. Directory information includes student's name, participation in officially recognized activities and sports, dates of attendance, degree and awards received, and the most recent previous educational institution attended by students.

CHECK ONE PLEASE AND SIGN

_____ **I DO** grant permission for information regarding my child to be released and or published by the Greenville School District for any reason according to the provisions of Oklahoma School Law, Section 780.

_____ **I DO NOT** grant permission for information regarding my child to be released and or published by the Greenville School District for any reason according to the provisions of Oklahoma School Law, Section 780.

STUDENT'S NAME _____

PARENT/GUARDIAN SIGNATURE _____



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PLEDGE TO STOP BULLYING

This contract will be a record of your commitment to eliminate bullying in our school. Read each item carefully; then sign this pledge. Print your name on the line below and then sign the bottom of the sheet in the space provided. By doing so, you are making a promise to your peers and to your school community.

I, _____, wish to eliminate bullying in my school.

I agree to:

- 1. Do my best to treat ALL my fellow students with respect and dignity.**
- 2. Not to isolate, threaten, or harm my fellow students, or hurtfully tease, exclude, insult or mock them.**
- 3. Try to prevent or discourage my fellow students from humiliating, threatening, isolating, or harming others.**
- 4. Try to assist any student who is being mistreated, for the simple reason that it is wrong to be unkind to another human being.**
- 5. If I am comfortable doing so, inform my parents/guardian, teacher or school administrator when I learn about or see hurtful behavior.**

Your Signature

Today's Date



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SEXUAL HARASSMENT, HAZING & BULLYING

The policy of the school district forbids discrimination against any student on the basis of sex. No student in this district will be subjected to harassment, hazing or any other form of persecution by any other student, group of students or employee of the school. For the purpose of this policy, unwelcome sexual advances, request for sexual favors and other verbal or physical conduct of a sexual nature constitute sexual harassment. Conduct of a sexual nature may include, but is not limited to; touching, pinching, patting, comments regarding physical or personality characteristics of a sexual nature, sexually-oriented "kidding or teasing", double meanings and jokes.

For the purposes of this policy, hazing is defined as the deliberate harassment of a student by means of rough practical jokes or causing the student to perform meaningless, difficult or humiliating tasks.

Bullying: The policy of this district is to forbid bullying of any kind for the protection of our students and staff alike on any school property and/or school activity.

In general, bullying is the exploitation of a less powerful person, by an individual taking unfair advantage that is repeated over time and has a negative effect on the victim. The seriousness depends on harm to the victim and the frequency. Bullying happens when someone with more power unfairly hurts someone with less power over and over again.

Bullying is aggressive behavior or intentional harm. Bullying can be physical, verbal, emotional or sexual. Bullying is carried out repeatedly over time. Bullying occurs within an interpersonal relationship characterized by an imbalance of power. Bullying can be name calling, racial slurs, pushing, crowding, hitting, pinching, making fun of a person's body, telling mean jokes about someone, threatening to hurt someone, displaying obscene gestures, hitting someone or taking things that don't belong to you.

Student should know the difference between telling and tattling. Telling is reporting that someone is doing something that is harmful. Telling is when you or someone else needs help, or when you are scared. Tattling is trying to get someone in trouble, or trying to get attention for yourself.

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BUS RIDER INFORMATION FORM

Bus riders must live on established bus routes in district or 1.5 miles from attendance center.

Student Name: _____ Grade: _____

Address: _____

Parent/Guardian Phone #: _____

Directions from school (be specific):

RULES AND REGULATION SIGNATURE SHEET

I have read and explained the rules and regulations (see back) in regard to bus transportation with my child, and I understand if they are suspended from riding the bus it will be my responsibility to get them to and from school. This will include field trips and sporting events.

Parent/Guardian Signature: _____

Student Signature: _____

Transportation Rules

School Bus Passengers

1. Be on time to catch the bus.
2. Stand back from the curb about 10 feet as bus approaches
3. Be seated immediately when entering the bus. If the driver has assigned a seat that is the seat the student must sit in. All seats must be shared.
4. ~~Keep all parts of the body inside the bus.~~
5. Do not use improper language or unacceptable conduct. The driver makes this decision.
6. Permission to ride the bus is conditioned on his or her observance of the safety and behavior regulations. (As an example, when fighting, cursing, not staying seated, a student can be denied permission to ride the bus).
7. No horseplay is allowed to interfere with the safety of the passengers.
8. All elementary students must load and unload in the designated area.
9. Never walk behind a bus. When crossing a street walk forward about 10 steps and wait for the driver to signal when it is safe.
10. Students must not deface a bus. Parents of such students are legally liable for damages.
11. Rules will be posted on each bus. Students not complying will be subject to disciplinary action.
12. All students will obey their drivers at all times.
13. School bus policy: 1st offense-student will get warning. 2nd offense-one day suspension from bus. 3rd offense-five day suspension from bus. 4th offense-will be suspended from the bus for the remainder of the semester.

ACTIVITY TRIP TRANSPORTATION

Students who participate in any school-sponsored activity must ride school transportation to and from the event. Parents requesting an exception for the return trip must be present at the event and furnish the sponsor with a note indicating the student is riding with the parent. For emergency or special circumstances, the following procedure must be followed: prior to the trip, the student's parents must give the sponsor a written note requesting an exception and stating the reason; the request may be approved by the sponsor and be submitted to the principal; the student may have alternative transportation. If a request for alternative transportation is approved, and it is discovered that the student rode from the activity with other than someone approved, disciplinary action will be taken.

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4671 WOLFPAC ROAD
MARIETTA, OK 73448
580-276-2968

MEDICATION FORM

BECAUSE OF THE LEGAL IMPLICATIONS INVOLVING TEACHERS, AND OTHER STAFF WHO ADMINISTER MEDICATION TO CHILDREN, IT IS REQUIRED THAT THIS FORM BE COMPLETED BY THE PARENT/GUARDIAN OR PHYSICIAN REGARDING ANY MEDICATION INCLUDING ANY NON-PRESCRIPTION ITEMS SUCH AS TYLENOL, PEPTO-BISMOL, COUGH DROPS AND EYE DROPS THAT NEEDS TO BE ADMINISTERED DURING SCHOOL HOURS. IT IS UNDERSTOOD THIS CREATES NO LIABILITY OR OBLIGATION ON THE PART OF THE SCHOOL FACULTY AND STAFF BUT IS DONE ONLY AS A SERVICE TO THE PARENT AND CHILD.

MY CHILD _____ HAS MY PERMISSION
TO HAVE THE FOLLOWING MEDICATION AT SCHOOL IF THEY NEED IT.

TYLENOL REGULAR _____ OR CHILDRENS CHEWABLE TYLENOL _____

IBUPROFEN _____ MOTRIN _____ CHEWABLE CLARITIN _____ TUMS _____

PEPTO CHILDRENS _____ COUGH DROPS _____ EYE DROPS _____

PARENT SIGNATURE _____

DATE _____

**ALL PRESCRIPTION MEDICATION MUST BE DELIVERED TO
THE SCHOOL OFFICE BY PARENT/GUARDIAN ONLY.**

STUDENT'S NAME _____

TEACHER'S NAME _____

NAME OF MEDICATION _____ DOSAGE _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

HOME PHONE _____

WORK PHONE _____

