Choctaw Nation of Oklahoma

Jones Academy

909 Jones Academy Road • Hartshorne, OK 74547
(888) 767-2518 • Fax (918) 297-2364

Gary Batton
Chief

Jack Austin, Jr.
Assistant Chief

This is the application and submissions needed for attendance at Jones Academy for the 2019-20 school year. After the completed application is received, the admission committee will review, and a decision will be made for acceptance.

Pages 6 and 7 must be notarized. Notary Publics will be found at the local bank, tribal offices, public schools, municipal offices, and/or courthouse.

The following documents should be submitted with the application.

- ☐ **RETURNING STUDENT**
- ☐ **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) ***
- ☐ **CURRENT INSURANCE OR MEDICAID CARD (Application)**
- ☐ **CURRENT LIST OF PRESCRIPTION MEDICATIONS AND EXPLANATION**
- ☐ **CURRENT LIST OF OVER THE COUNTER MEDICATIONS (used regularly)**
- ☐ **DOCUMENT(S) SHOWING GUARDIANSHIP AND/OR LEGAL CUSTODY (if applicable)**

Items marked * are not required for students who completed the spring 2019 semester at Jones Academy

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Patrick Moore - Superintendent
909 Jones Academy Road
Hartshorne, OK 74547

JONES ACADEMY
Student Enrollment Application
Peripheral Dormitory Grant School

School Year 20_____

STUDENT INFORMATION

Full Name _____ Grade Applying For: _____

Address: _____City: _____ State: _____ Zip: _____

Student's Cell Phone: _____ Age of Student: _____

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ Sex: Male _____ Female _____

Tribal Affiliation: _____ Degree of Indian Blood: _____

Home Agency: _____ Enrollment Number: _____

Do you live with: Mother _____ Father _____ Legal Guardian _____ Other (Specify)_____

Dominant Language
Spoken in Home _____

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 Cell Phone: _____ Mother's Cell Phone: _____

Home Phone: _____ Home Phone: _____

E-mail address: _____ E-mail address: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Work Place: _____ Work Place: _____

Legal Guardian(s) if not Parent: _____

Address: _____ City: _____State: ____ Zip: _____

Tribal Affiliation: _____ Home Agency: _____

Cell Phone: _____ Home Phone: _____

E-mail address: _____

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 – Other than Legal Guardian

Name: _____ Relationship: _____

Address: _____ City: _____State: _____ Zip: _____

Phone: _____ Work Place: _____

Work Phone: _____ E-mail address: _____

NAME OF BROTHERS AND SISTERS

Please name:

1. _____ male _____ female _____ DOB _____

2. _____ male _____ female _____ DOB _____

3. _____ male _____ female _____ DOB _____

4. _____ male _____ female _____ DOB _____

I am the custodial parent or legal guardian of 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 refusal of admission.**

_____ _____

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: _____ Fax Number: _____

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: _____ Fax Number: _____

Date Attended: _____ Reason for Leaving: _____

Student Participated in Special Education Program: Yes_____ No_____

Student Participated in Gifted and Talented Program: Yes_____ No_____

STUDENT'S NAME _____ SCHOOL YEAR 2019-2020

JONES ACADEMY CHECKOUT POLICY

1. Individuals must be 25 years of age or older to be able to check out a student.
2. Check out during an academic day is limited to the parent/guardian unless otherwise authorized in writing by the parent/guardian.
3. All checkouts by persons other than the parent/legal guardian must be authorized on the checkout sheet. These will be approved at the dorm manager's discretion.
4. Permission to check out a student by a person not on the checkout list must be given by the parent/legal guardian in writing in a timely manner and is a one-time only permission approved by the dorm manager.
5. School or dormitory personnel may not check out a student overnight unless they are the parent/legal guardian of the student. Checkout by staff must be authorized by parent/legal guardian and by school administration.
6. Students who are on dormitory or campus restriction may only be checked out by the parent/legal guardian during the restriction. The student will have to serve the restriction upon return.
7. Students must be checked out through the Jones Academy administration office during the academic day before the parent/guardian can pick them up at the public schools.
8. **Students must be checked back in to their respective dormitory offices or the administrative office during school hours in order to make staff aware of their return.**
9. During **Labor Day Weekend,** students will not be allowed to check out with anyone other than their parent/legal guardian. On **prom weekend,** the parent/legal guardian is the only person(s) authorized to check out the 7th –12th grade student.
10. All checkouts are subject to administrative approval.

STUDENT CHECK OUT INFORMATION (MUST BE 25 YEARS OF AGE OR OLDER)

Student may leave campus only with listed Authorized Persons (must be 25 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 _____

Name _____ Relationship _____

☐ I do not wish to have my child checked out by anyone other than myself.

I have read and understand the listed rules as stated above. I, _____, am legally responsible for and understand that Jones Academy is released of liability whenever the student is checked out by authorized persons.

_____ _____

SIGNATURE OF PARENT OR GUARDIAN DATE

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. Is student trained to practice daily self-care e.g. personal hygiene? Yes _____ No _____

6. Do you agree to leave the child in school and only check the child out on non-school days? Yes _____ No _____

7. Did the student miss 10 or more days of school in the last year? Yes_____ No_____

8. Has the student ever been suspended? Yes _____ No_____ Expelled? Yes _____ No _____

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

9. Does student have an IEP? Yes _____ No _____ If yes, please submit the latest.

10. Is student a ward of the court? Yes _____ No _____ If yes, a copy of the court order must be submitted.

11. Has student ever been arrested? Yes _____ No _____ I choose not to answer _____

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

12. Has student ever been detained? Yes _____ No _____ I choose not to answer _____

13. Does student have a probation officer? Yes _____ No _____ Name: _____

    County: _____ Phone: _____

14. Has student used or abused alcohol, tobacco, and/or drugs? Yes _____ No _____ I choose not to answer _____

    If yes, what is substance of choice? _____

15. To your knowledge, has student practiced self-harm (cutting, burning, etc.)? Yes _____ No _____

16. Is student receiving therapeutic support services? Yes _____ No _____ I choose not to answer _____

    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

Behavioral Health Survey

Students Name: _____ Grade: _____ Age: _____

What difficulties (if any) do you feel the child has experienced within the last 3-6 months (check all that apply and please explain below):

{ } Motivation { } Bullying { } Anxiety { } Stress { } Social problems { } Hyperactivity { } Anger

{ } Withdrawn { } Drug/Alcohol { } Homesick { } Grief { } Fear { } Sadness { } Self-Harming Behaviors

{ }Depression { }Family problems { }Bullying { }Suicidal Thoughts/Attempt { }Other:_____

_____
_____
_____
_____

Has the child experienced any traumatic events in their life time? { } YES { } NO
If yes, please explain: _____
_____
_____
_____
_____

Is the child currently seeing a counselor or has ever been seen by a counselor? { } YES { } NO
If yes, please list counselor's contact information, how long child saw counselor and reason for seeing counselor:_____
_____
_____
_____
_____

Are you currently or have you ever been afraid of the child? { } YES { } NO
If yes, please explain: _____
_____
_____
_____

Do you as the parent/guardian have any concerns that are not mentioned above? { } YES { } NO
If yes, please explain: _____
_____
_____
_____
_____

Parent/Guardian Signature: _____

*Please make sure all areas are completed, counselors will contact the parent/guardian if more information is needed.

Consent for Treatment

This form is to document that I give my permission and consent for my child to receive psychotherapeutic treatment (if deemed needed) to _____,
(Name of Student)

who is my _____.
(Relationship to Student)

I understand that conversations with the therapist will usually be confidential. I further understand that therapists, by law, must report actual or suspected child or elder abuse to appropriate authorities. In addition, the therapist has legal responsibility to protect anyone who may feel threatened with violence, harmful or dangerous actions and may break confidentiality of communications if such a situation arises. I understand that the therapist will attempt to resolve these situations before breaking confidentiality.

I know of no reasons why this therapy should not be undertaken for my child and agree to participation.

By:_____
(Parent/Legal Custodian signature)

Date: _____

STATE OF _____)
) SS:
COUNTY OF _____)

ACKNOWLEDGEMENT

Before me, the undersigned, a Notary Public, in and for said County and State on this _____ day of _____, 20___, personally appeared _____ the parent/legal custodian, to me known to be the identical person who executed this instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

_____
(Signature of notarial officer)

(Seal, if any)

My commission number is: _____

_____
(Title and Rank)

My commission expires: _____

POWER OF ATTORNEY
FOR CARE AND CUSTODY OF CHILD

I, _____, certify that I am the custodial parent or legal custodian of the following minor child: _____ (full legal name), born the _____ day of _____ (month), _____ (year).

I designate the Choctaw Nation of Oklahoma c/o Jones Academy, on behalf of which the authority granted herein may be exercised by the superintendent of Jones Academy or his/her designee, as the attorney-in-fact of the minor child named above. Jones Academy is located at 909 Jones Academy Rd., Hartshorne, OK 74547. The telephone number is 888-767-2518.

I delegate to the attorney-in-fact (Jones Academy Representative) all of my power and authority regarding the care, custody and property of the minor child named above, including but not limited to the right to enroll the child in school, to provide educational services, to apply for any educational, financial, or social benefit for the child and to agree to any terms necessary to secure such benefit, to inspect and obtain copies of education and medical records and other records concerning the child, the right to schedule or consent to school activities and other functions concerning the child, the right to give or withhold any consent or waiver with respect to school activities, medical and dental treatment (including but not limited to routine or emergency care, drug/alcohol treatment, administration of inoculations or other preventive treatments, and mental or behavioral health treatment) and any other activity, function or treatment that may concern the child. This delegation shall not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child.

Additionally, I hereby authorize, and delegate to the attorney-in-fact (Jones Academy Representative) the authority to authorize and receive, the disclosure and exchange of any information Jones Academy deems reasonable or necessary for medical, dental, behavioral health, drug/alcohol treatment of the child. This information may be shared between healthcare providers, insurance companies, health professionals, and Jones Academy. I further authorize Jones Academy to disclose or exchange any financial or other information about me and/or the minor child in connection with the application for, or other means of securing, educational, financial, medical, or social benefits for the minor child.

This document is effective for a period not to exceed one year, beginning the school year August _____ to August _____. I reserve the right to revoke this authority at any time. The attorney-in-fact (Jones Academy Representative) may elect to cease to serve as attorney-in-fact at any time and for any reason, and in such case, the attorney-in-fact will send written notice to me.

By:_____
(Parent/Legal Custodian signature)

Date: _____

STATE OF _____)
) SS:
COUNTY OF _____)

ACKNOWLEDGEMENT

Before me, the undersigned, a Notary Public, in and for said County and State on this _____ day of _____, 20__, personally appeared _____ the parent/legal custodian, to me known to be the identical person who executed this instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

_____
(Signature of notarial officer)

(Seal, if any)

My commission number is _____

My commission expires: _____

_____
(Title and Rank)

CONSENT AND RELEASE
FOR EXTRA CURRICULAR ACTIVITIES,
COMPETITIVE SPORTS, AND FIELD TRIPS

Student's Name: _____

Parent/Guardian Name: _____

By signing this form, I warrant that I am the custodial parent or legal guardian of the named student and that I have the legal authority to sign this document.

I (we) hereby grant permission/authorization for my child to participate in any organized Hartshorne Public School or Jones Academy Elementary School/Residential Program sponsored **extra-curricular activity, competitive sports, and field trips** as approved by Jones Academy administration. This includes all transportation necessary to facilitate my child's participation in the extracurricular activity. I (we) understand, agree not to hold the Hartshorne Public Schools or Jones Academy liable in the event of an accident.

I understand and agree that certain extra-curricular activities, **competitive sports, and field trips** may present a risk of injury or other bodily harm and, on behalf of myself and my child, I assume all risk and responsibility for this risk. I represent that I am familiar with the extra-curricular activities offered and that I am familiar with my child's mental and physical limitations, if any. I further represent that my child has no mental or physical limitations that would preclude his/her participation in extra-curricular activities, except as may be specifically identified by me in this document.

The list of approved activities, **competitive sports, and field trips** at Jones Academy/Hartshorne Public School include, but are not limited to:

Archery	PACE 5K/10K and half marathon runs	Track	Archeological sites
Crossfit	Football	Marching band	Aquariums, Planetariums
Tae Kwon Do	Basketball	Soccer	Botball
Ropes Course	Weight-Lifting	Museums	Seasonal, agricultural, cultural, spiritual, excursions
Swimming	Baseball	Pow-wows	Youth Camps
Theme/Water Parks	Stickball	College tours	
Health Education	Softball	FFA/FCCLA/KTC conferences	
Livestock Shows			

If there is an activity or program I do not wish for my child to participate in, I have disclosed it below. If my child has any physical or mental limitations pertaining to these activities, I have recorded them below:

Child may NOT participate in:

_____

Physical or mental limitations:

_____

I agree to **HOLD THE CHOCTAW NATION OF OKLAHOMA** and its employees, elected officials, agents, and representatives ("Choctaw Indemnified Parties") **HARMLESS FROM, AND FOREVER WAIVE AND RELEASE** the Choctaw Indemnified Parties, from and against all injuries, loss, liability, damage or cost that may arise from my child's participation in extracurricular activities EVEN IF CAUSED BY THE NEGLIGENCE OF THE CHOCTAW NATION OF OKLAHOMA. Additionally, I AGREE TO INDEMNIFY THE CHOCTAW INDEMNIFIED PARTIES from and against all injuries, loss, liability, damage, or cost they may incur due to my child's

participation in extracurricular activities. I intend that the waivers and releases and indemnities in this document to be construed as broadly and all-inclusively as permitted under the laws of both the State of Oklahoma and the Choctaw Nation of Oklahoma. If any portion of this document is held to be invalid, the remainder of the document will be given full force and effect. **I UNDERSTAND THAT THIS IS A RELEASE OF ALL CLAIMS AGAINST THE CHOCTAW NATION OF OKLAHOMA AND ITS EMPLOYEES, ELECTED OFFICIALS, AGENTS, AND REPRESENTATIVES.**

_____ _____

Parent/Guardian Signature Date

PERMISSIONS

CULTURAL

I give permission for my child to attend spiritual services on and/or off campus.

Yes ☐ No ☐

_____ _____

Parent or Legal Guardian Date

I give permission for my child to attend on and/or off campus spiritual activities.

Yes ☐ No ☐

_____ _____

Parent or Legal Guardian Date

HAIRCUTS

I give permission for my child to get regularly scheduled haircuts.

Yes ☐ No ☐

_____ _____

Parent or Legal Guardian Date

BLOOD DRIVES

I give permission for my child to participate in blood drives (limited to age 16 and over).

Yes ☐ No ☐

_____ _____

Parent or Legal Guardian Date

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

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

PLEASE PRINT

Name: _____ Gender: _____

Nickname: _____SS #: _____

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

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.*

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 discomforting 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 (please print): _____

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 for our technology protection measure (Internet filtering software). PF Sense is the filtering system that is being used to protect adults and minors from accessing sites that may be harmful.

Parent or Legal Guardian (please print): _____

Signature: _____

Date: _____

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

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RELEASE AND LICENSE FOR USE OF LIKENESS AND NAME

The undersigned, for himself/herself, and for his/her minor child or child whose name and date of birth appear below (the "Releasing Parties"), hereby consent to the use of their photograph or likeness and name in promotional materials published by or on behalf of the Choctaw Nation of Oklahoma, whether or not operating as Jones Academy, and its members, managers, officers, directors, affiliates, employees, agents, servants, affiliate entities, (the "Released Parties") including on web sites and social media sites affiliated with the Choctaw Nation of Oklahoma/Jones Academy, and the Releasing Parties grant the Choctaw Nation of Oklahoma, for valuable consideration received, the absolute and irrevocable right and unrestricted permission concerning any photographs taken of the Releasing Parties to use, reuse, publish, and republish the photographs in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration. Jones Academy, if the originating party, will determine use of photograph or likeness or name.

The Releasing Parties understand use of the child's photograph/likeness and name may be used for any purpose deemed appropriate by the Choctaw Nation of Oklahoma and/or Jones Academy, including but not limited to educational information, internet display or other exhibition, and/or any commercial purpose. It is clearly understood that no royalty, fee, or other compensation of any character will become payable to the Releasing Parties by reason of such use. The Releasing Parties release the Released parties from any and all claims and demands that may arise out of or in connection with the use of the photographs likenesses, and/or name, including without limitation any and all claims for libel or violation of any right of publicity or privacy.

I HAVE READ THE ABOVE RELEASE AND LICENSE FOR USE OF LIKENESS AND NAME IN FULL AND I UNDERSTAND IT.

Name: _____ Date: _____

Address: _____

City, State ZIP: _____

Signature: _____ Print Signer Name: _____

Name of Child: _____ D/O/B: _____

RELEASE AND LICENSE FOR USE OF AUDIO AND VIDEO

The undersigned, for himself/herself, and for his/her minor child or child whose name and date of birth appear below (the "Releasing Parties"), hereby consent to the use of audio and video and/or name in promotional materials published by or on behalf of the Choctaw Nation of Oklahoma, whether or not operating as Jones Academy, and its members, managers, officers, directors, affiliates, employees, agents, servants, affiliate entities, (the "Released Parties") including on web sites and social media sites affiliated with the Choctaw Nation of Oklahoma/Jones Academy, and the Releasing Parties grant the Choctaw Nation of Oklahoma, for valuable consideration received, the absolute and irrevocable right and unrestricted permission concerning any audio and video taping of the Releasing Parties to use, reuse, publish, and republish the audio and video in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration. Jones Academy, if the originating party, will determine use of audio and video or name.

The Releasing Parties understand use of the child's audio/video and name may be used for any purpose deemed appropriate by the Choctaw Nation of Oklahoma and/or Jones Academy, including but not limited to educational information, internet display or other exhibition, and/or any commercial purpose. It is clearly understood that no royalty, fee, or other compensation of any character will become payable to the Releasing Parties by reason of such use. The Releasing Parties release the Released parties from any and all claims and demands that may arise out of or in connection with the use of the video/audio, and/or name, including without limitation any and all claims for libel or violation of any right of publicity or privacy.

I HAVE READ THE ABOVE RELEASE AND LICENSE FOR USE OF LIKENESS AND NAME IN FULL AND I UNDERSTAND IT.

Name: _____ Date: _____

Address: _____

City, State ZIP: _____

Signature: _____ Print Signer Name: _____

Name of Child: _____ D/O/B: _____

JONES ACADEMY PARENT/STUDENT/SCHOOL COMPACT
COMMITTMENT TO EDUCATION

As a Parent/Guardian

I pledge to...

- have high expectations for my child as an individual.
- help my child in school attendance.
- help my child learn to resolve conflicts in positive ways.
- communicate and work with teachers and dorm staff to support and challenge my child.
- abide by the student/parent handbook.
- respect the cultural and individual differences of others.
- encourage my child in reaching his or her full potential.
- be a positive role model.

As a Student

I pledge to...

- attend school regularly.
- work hard to do my best in school and in my homework.
- ask for help when I need it.
- respect and cooperate with other students, teachers, and staff.
- respect the cultural and individual differences of others.
- respect myself and my culture.
- respect my body and maintain a drug free/violence free school.
- abide by the student/parent handbook.

Parent/Guardian _____
Signature

Date: _____

Student _____
Signature

Date: _____

As a Care Taker of Your Child

Jones Academy will provide...

- teachers and staff who respect the role of the parent/guardian.
- a safe structured environment.
- a challenging curriculum designed to help achieve state and national standards.
- communication with the classroom teacher and school staff for the well-being of the student.
- opportunities for family and community to participate in school activities.
- respect for the culture and individuality of the child.
- tutoring for the student.
- communication with the parent/guardian.
- staff who fulfill the role of teacher and caring adult.
- exposure to new experiences and opportunity for the student to grow.

Patrick Moore, Superintendent
Jones Academy

CODE OF CONDUCT

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.

1. 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. It is highly encouraged that students attend breakfast before school and brunch on the weekends.

2. 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. Luggage, medication, and personal belongings are to be checked in upon return at the respective dormitory office.

3. 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 without parental communication.

4. 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 of any kind or mouthwashes containing alcohol are not permitted.** Student wellness being a concern, energy drinks (e.g. Red Bull, Monster, Rock Star) are also prohibited.

5. The use, consumption, and smoking of any product, including any smokeless product, is strictly prohibited, in any form at Jones Academy and Choctaw Nation of Oklahoma property and is not allowed in personal vehicles while on Jones Academy property or Choctaw Nation of Oklahoma property.

6. 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.

7. 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 or damage of a student's property or loss of cash.

8. 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/or illegal weapons in one's possession. These actions can lead to prosecution.

9. 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.

10. Students shall refrain from cursing or using obscene or vulgar words or gestures at all times.

11. Defiance of established rules, insubordination to the authority of an employee, being disorderly, or disrespectful to staff or instructors is not permitted.

12. Students are not allowed to be in the opposite sexes' dormitory rooms.

13. 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.

14. 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.

15. Personal pets are not allowed.

16. Students are not allowed to drive on campus or have any type of motorized or battery powered transportation devices e.g. hoverboards, on campus.

17. Students are **not** permitted to give each other tattoos or piercings. Staff and parental/guardian permission is required before student can cut another's hair. Hair dyeing will not be permitted under any circumstances in the dormitories due to mess on sinks and floors.

18. Students must have permission 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.

19. All students are to address staff respectfully using the titles of Mr., Mrs., or Ms.

20. Restitution for deliberate or reckless property damage or theft of others' property by a student will be made by the student's parent/guardian or by assigning student a detail until restitution is deemed paid by administration.

I fully understand the foregoing 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 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 http://www.jonesacademy.org

PLACEMENT OF AND STUDENTS CONTINUING IN SPECIAL EDUCATION AT THE HARTSHORNE PUBLIC SCHOOL GRADES 7-12

Students will be placed in Special Education classes under the guidelines of Public Law 94-142. Hartshorne Public School Special Education Department will contact the parent/guardian and Jones Academy to discuss placement and assessment of the student. Hartshorne Public School Special Education staff will obtain signatures of the parents for placement and assessment. Jones Academy will assign a staff member to attend placement meetings for each student. Jones Academy will not sign as parent/guardian for placement purposes. Prior to placing students in remedial or bilingual classes, the Jones Academy Superintendent or counselors will be consulted with regard to placement of the child. The Jones Academy Superintendent or counselor will meet with the student's teacher, counselor, or proposed teacher. A meeting will be held and a decision will be reached as to whether a child will be placed or remain in regular class.

Meetings for students already placed in Special Education at Hartshorne Public School will be scheduled by Hartshorne Special Education teachers. Notifications for these meetings will be sent to the parent/ guardian and Jones Academy. If the parent is unable to attend the meeting, the special education teacher will hold a conference call during the time of the meeting. If the parent/guardian is unable to participate during the phone conference, the special education teacher will then make two more attempts to contact the parent/guardian. The special education teacher will document each attempt. If there is no response from the parent/guardian after the third attempt, it will be noted on the IEP as Unable to Contact and the IEP will become effective. Jones Academy will assign a staff member to attend all IEP meetings. One copy of the IEP will be mailed to the parent/guardian and a second copy will be given to Jones Academy.

_____ _____

Signature of Parent/Guardian of 7-12th grade student Date

PLACEMENT OF STUDENTS IN SPECIAL EDUCATION AT JONES ACADEMY ELEMENTARY SCHOOL GRADES 1-6

Students will be placed in Special Education classes under the guidelines of Public Law 94-142. Jones Academy Elementary School Special Education Department will contact the parent/guardian to discuss placement and assessment of the student. Jones Academy Special Education staff will obtain signatures of the parents for placement and assessment. Jones Academy staff will not sign as parent/guardian for placement purposes. Prior to placing students in remedial or bilingual classes, the Jones Academy Superintendent or counselors will be consulted with regard to placement of the child. The Jones Academy Superintendent or counselor will meet with the student's teacher, or proposed teacher. A meeting will be held and a decision will be reached as to whether a child will be placed or remain in regular class.

Meetings for students already placed in special education at Jones Academy Elementary School will be scheduled by Jones Academy Special Education teacher. Notifications for these meetings will be sent to the parent/guardian. If the parent is unable to attend the meeting, the special education teacher will hold a conference call during the time of the meeting. If the parent/guardian is unable to participate during the phone conference, the special education teacher will then make two more attempts to contact the parent/guardian. The special education teacher will document each attempt. If there is no response from the parent/guardian after the third attempt, it will be noted on the IEP as Unable to Contact and the IEP will become effective. One copy of the IEP will be mailed to the parent/guardian.

_____ _____

Signature of Parent/Guardian of Elementary Student Date

Jones Academy

909 Jones Academy Road ● Hartshorne, OK 74547

FERPA Authorization

Release of Student Records

Pursuant to the Family Education Rights and Privacy Act of 1974, as amended.

Instructions:

The Family Educational Rights and Privacy Act (FERPA) provides certain rights to students, parents and/or legal guardians concerning the privacy of, and access to, their education records. Students (aged 18 and above), parents and/or legal guardians may choose to complete and submit this form to the Jones Academy registrar allowing the release of their education records to specified third parties. While this form authorizes Jones Academy to obtain and/or release education records, it does not require or obligate Jones Academy to do so. Jones Academy reserves the right to review and respond to requests for release of education records on a case-by-case basis.

Mail to: Jones Academy (address above) Attn: Registrar

LAST	FIRST NAME	MIDDLE NAME	DATE OF BIRTH

Please enter the name of the individuals to whom the authorization is provided. You may enter more than one name. Enter only ONE name per space. If additional names are needed, please provide an additional form.

Person(s) to whom access to education records may be provided:	
_____ Name(s) of person(s) to whom access to records may be provided	_____ Date
_____ Name(s) of person(s) to whom access to records may be provided	_____ Date

Authorization:

I hereby authorize Jones Academy of the Choctaw Nation of Oklahoma to obtain and/or disclose my educational record(s) including but not limited to personally identifiable information contained in my records. **Initials** _____

Name of Educational Organization	
Student's Signature	Date
. Parent or Guardian Signature (if under 18 years of age)	Date

Authorization:

I hereby authorize _____to disclose my educational record(s) to Jones Academy of the Choctaw Nation of Oklahoma. *(Name of Educational Institution)* **Initials** _____

Student's Signature	Date
Parent or Guardian Signature (if under 18 years of age)	Date

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to Jones Academy of the Choctaw Nation of Oklahoma. Initials _____

_____ **Student's Signature**	_____ **Date**
_____ **Parent or Guardian Signature (if under 18 years of age)**	_____ **Date**

Note: Forms will not be accepted without a signature.

This information is released subject to the confidentiality provisions of appropriate federal laws and Choctaw Nation of Oklahoma regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted.

McKinney-Vento Act
JONES ACADEMY

Student Residency Verification Document

1. Presently, where are you living? *Check one box*

Section A	**Section B**
☐ in a shelter ☐ with more than one family in a house or apartment ☐ in a motel, car or campsite ☐ with friends or family members (other than parent/guardian) **CONTINUE:** *If you checked a box in **Section A,** complete #2 and the* remainder *of this form*	☐ Choices in Section A do not apply **STOP:** *If you checked this section, you do **not** need to complete the remainder of this form. Submit to school personnel*

2. The student lives with:

☐ 1 parent
☐ 2 parents
☐ 1 parent & another adult
☐ a relative, friend(s) or other adult(s)
☐ alone with no adults
☐ an adult who is not the parent or the legal guardian

School: _____

Name of student _____ Male ☐ Female ☐

Birth Date _____Age: ____ Social Security# (if appropriate): _____

Name of parent(s)/guardian(s) _____

Address _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

School Use Only – School Administrator's determination of Section A circumstances:

If the parent/legal guardian has checked Section B above, completion of form is not required. For any choices in Section A, this form must be completed and provided to School Registrar immediately after completion. Form will be kept separately from the Student Permanent Record for audit purposes during the year.

Name and phone number of a School Contact Person who may know of the family's situation:

_____ Date contacted _____

20_19_ - 20_20_

HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS

OKLAHOMA STATE DEPARTMENT OF EDUCATION — CHAMPION EXCELLENCE

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

Please have test score documentation available for the Regional Accreditation Officer to review.

☐ 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 English 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

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0,or Alternate ACCESS	Date of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL
	Composite / Overall Score		Composite / Overall Score
	1.		1.
	1.		
	1.		

Date(s) of ELA OSTP	Score(s) on ELA OSTP							
		Below Basic		Basic		Proficient		Advanced
		Below Basic		Basic		Proficient		Advanced
		Below Basic		Basic		Proficient		Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Composite / Percentile Score(s)

Question 1: Reference WAVE code 1036
Question 2: Reference WAVE code 1037
Question 3: Reference WAVE code 1038

Health History Assessment

Jones Academy Student:

_____ _____ _____
Last Name First Name Middle Name

_____ _____ _____
Date of Birth Sex Grade

PLEASE ANSWER THE FOLLOWING QUESTIONS CAREFULLY AND ACCURATELY.

1. Does student wear glasses, contacts or protective eyewear? List what student will be wearing while at Jones: _____
2. Is student being treated by a doctor now? _____ If Yes, please explain: _____
_____
3. Name of clinic(s) or private practices student has previously been seen, please include phone number: _____
_____
4. Has the student ever had any serious illness or been hospitalized? ____ If Yes, please explain: _____
_____
5. Has student had any medical treatments, tests, or surgeries? ____ If Yes, please explain: _____
_____
6. Has the student ever had any of the following conditions?

	Yes	No		Yes	No		Yes	No
1. Respiratory disease			11. Anemia			20. Arthritis		
2. Heart problems or disease			12. Asthma			21. Epilepsy (seizures)		
3. Heart murmur			13. Allergies/sinus			22. STD's (sexually transmitted disease)		
4. High blood pressure			14. Tuberculosis			23. Kidney disorders		
5. Stroke			15. Hepatitis			24. Circulation problems		
6. Rheumatic fever			16. Jaundice			25. Skin disorders		
7. Diabetes (type 1 or 2)			17. Liver disease			26. Stomach disorders		
8. High cholesterol			18. Anxiety			27. Acid Reflux (heartburn)		
9. Bladder problems			19. Depression			28. Thyroid Problems		
10. Bed wetting			20. Have an EpiPen			29. Concussion(s)		

IF YOU ANSWERED YES to any of the ABOVE questions please provide the date or age of the student and additional information (when, where, etc.) on the second page of this assessment.

7. Any family member(s) or relative die of heart related problems or sudden death before age 50? Who/Why? _____
_____
8. Is student allergic to any drug or medicine of any kind, like penicillin, codeine, Novocain, lidocaine, etc.? _____ If Yes, please list the drug, medication, etc. student had a reaction to and what type of reaction: _____
_____ Was student prescribed an EpiPen because of this incident? _____
9. Is student allergic to anything (including food, insect stings, pollen, etc.) resulting in swelling, hives, asthma, etc.? _____ If Yes, please list the food, insect, etc. student had a reaction to and what type of reaction: _____
_____ Was student prescribed an EpiPen because of this incident? _____
10. Has student ever had excessive bleeding that required treatment? ____ If Yes, please explain: _____
_____
11. Has student ever had a blood transfusion or blood products? ____ If Yes, please explain: _____
_____
12. Does the student have any wounds or injuries that heal slowly or have other complications? _____ If Yes, please explain: _____
_____
13. Any joint replacements? _____ If Yes, please explain: _____
14. Does student have any artificial limbs or eye lens implants? _____ If Yes, please explain: _____
_____
15. Has the student ever fainted or been unconscious? _____ If Yes, please explain: _____
_____
16. Is student on any special diet at this time? _____ If Yes, please explain: _____
17. Does the student have any disease, condition, or problem that you think the doctor or dentist should know about? _____ If Yes, please explain: _____
18. Student have any trouble associated with dental treatment? _____ If Yes, please explain: _____
19. Does the student worry excessively? _____ Has the student received any psychiatric treatment? _____
Explain _____

20. Has the student had thoughts of hurting himself/herself, suicide or made an attempt to commit suicide? _____
Explain _____

21. Is the student taking any medications (including over-the-counter, herbal, etc.)? List ALL medications, dosage, and time(s) when medication is given:

Medication Name: _____ Dosage: _____
Time(s) given: _____ Reason medication is given: _____

Medication Name: _____ Dosage: _____
Time(s) given: _____ Reason medication is given: _____

Medication Name: _____ Dosage: _____
Time(s) given: _____ Reason medication is given: _____

Medication Name: _____ Dosage: _____
Time(s) given: _____ Reason medication is given: _____

Medication Name: _____ Dosage: _____
Time(s) given: _____ Reason medication is given: _____

Medication Name: _____ Dosage: _____
Time(s) given: _____ Reason medication is given: _____

Medication Name: _____ Dosage: _____
Time(s) given: _____ Reason medication is given: _____

Medication Name: _____ Dosage: _____
Time(s) given: _____ Reason medication is given: _____

22. Any other health information or explanation of health history, please list here:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature of Parent or Guardian _____ Date _____

Jones Academy
909 Jones Academy Road, Hartshorne, OK 74547

HIPAA Authorization

Release of Student Health Records
Pursuant to the Health Insurance Portability and Accountability Act, as amended; Standard authorization to use or share protected health information (PHI).

INSTRUCTIONS:
The Health Insurance Portability and Accountability Act (HIPAA) provides certain rights to students, parents and/or legal guardians concerning the privacy of, and access to, their personal health information (PHI). Students (aged 18 and above), parents and/or legal guardians may choose to complete and submit this form to the Jones Academy registrar allowing the release of their personal health information to the Choctaw Nation of Oklahoma and/or specified third parties. While this form authorizes Jones Academy to obtain and/or release personal health information, it does not require or oblige Jones Academy or the Choctaw Nation of Oklahoma to do so. Jones Academy and the Choctaw Nation of Oklahoma reserve the right to review and respond to requests for the release of any personal health information records on a case-by-case basis.

Mail to: Jones Academy (address above) Attn: Registrar

Student Last Name	Student First Name	Student Middle Name	Student Date of Birth	Social Security #

Authorization: I hereby authorize Jones Academy and the Choctaw Nation of Oklahoma to obtain and/or disclose personal health information records including but not limited to personally identifiable information contained in my records. INITIALS _____

Information to be shared:

☐ Entire Medical Record ☐ Mental Health Records ☐ Substance Abuse Records ☐ Billing Information

☐ Psychotherapy Notes ☐ Medical Information compiled between _____ and _____ ☐ Behavioral Health Records ☐ Other

The information may be disclosed for the following purposes only:

☐ Insurance ☐ Continued Treatment ☐ Legal Purposes ☐ At my or my representative's request

☐ Other: _____

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my (or the identified students) Personal Health Information as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information. If I sign this authorization to use or disclose information, I can revoke this authorization at any time. The revocation must be made in writing to Jones Academy and/or the Choctaw Nation of Oklahoma disclosing the information and will not affect information that has already been disclosed.
- 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.
- My (or the identified students) medical information may indicate the presence of a communicable and/or non-communicable disease and/or may indicate that I (or the identified student) have or have been treated for psychological or psychiatric conditions or substance abuse.
- I understand I (or the legal parent and/or guardian) may change this authorization at any time by writing the person/organization disclosing my Personal Health Information.
- I understand I (or the legal parent and/or guardian) cannot restrict information that may have already been shared on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by the Privacy Regulation.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be the school year from August _____to August _____ or upon the occurrence of the following event: _____.

_____ _____

Signature of Student or Parent/Legal Guardian **Date**

Choctaw Nation of Oklahoma

Jones Academy

909 Jones Academy Rd. • Hartshorne, OK 74547
(888) 767-2518 • Fax (918) 297-2364

Gary Batton
Chief

Jack Austin, Jr.
Assistant Chief

Dear Parent or Guardian:

The following immunizations are required by Oklahoma State law for enrollment in school:

Tdap (booster)	**IPV/OPV**	**MMR**	**Varicella**
Hep B	**Hep A**	**DTap**	

Please sign and date if you agree and authorize Choctaw Nation Health Services/Jones Academy to give the required immunization(s).

_____ _____
Name of Student Student DOB

_____ _____
Parent/Guardian Date

Additionally, the following vaccinations are not required but recommended. If you would like your child to receive any of the following vaccinations, please sign, date:

Influenza (Flu) Injection: _____ _____
Parent/Guardian Date

Meningococcal: _____ _____
Meningitis Parent/Guardian Date

HPV (Gardasil): _____ _____
(2-3 Shot Series) Parent/Guardian Date

Updated immunizations and an updated record is required for enrollment at Jones Academy. Please forward a current immunization record when returning the application to Jones Academy.

If there is any reason why you do not wish your child to receive a specific immunization, please supply Jones Academy with a written statement as to why. Please be aware that students who are not adequately immunized will not be permitted to attend school.

Please visit the Oklahoma State Department of Health website or visit the following page:
https://www.ok.gov/health/Disease,_Prevention,_Preparedness/Immunizations/Vaccines_for_School/index.html
if you have questions in regards to State required immunizations to attend school in Oklahoma.

If you have any questions please call 888-767-2518 extension 1014.

Thank You,

Jones Academy Nurse

Student Name: _____ Date of Birth: ____/____/_____
(mm) (dd) (yyyy)

Screening Questionnaire for Child and Teen Immunization

For parents/guardians: The following questions will help us determine which vaccines your child may be given. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please either call the Jones Academy Nurse or your healthcare provider to explain it.

1. Has the child had an allergic reaction to medications, food, a shot, or latex? **Yes**☐ **No**☐ **Don't know**☐
   If you answered yes, what are they allergic to? Please list:_____
   _____
2. Is the child allergic to eggs? **Yes**☐ **No**☐ **Don't Know**☐
3. Has the child had a serious reaction to a shot in the past? **Yes**☐ **No**☐ **Don't Know**☐
4. Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? **Yes**☐ **No**☐ **Don't Know**☐
5. Has the child ever had the disease Chickenpox? **Yes**☐ **No**☐ **Don't Know**☐
   If YES please list the year they had the disease: _____
6. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?
   Yes☐ **No**☐ **Don't Know**☐
7. In the past 3 months, has the child taken medications that weaken their immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments?
   Yes☐ **No**☐ **Don't Know**☐
8. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? **Yes**☐ **No**☐ **Don't Know**☐
9. Is he or she on long term aspirin therapy? **Yes**☐ **No**☐ **Don't Know**☐
10. Does the child have a weakened immune system (ex: HIV/AIDS, leukemia, cancer) or another disease that affects the immune system? **Yes**☐ **No**☐ **Don't Know**☐ Long term treatment with drugs such as high-dose steroids or cancer treatment with radiation or drugs? **Yes**☐ **No**☐ **Don't Know**☐
11. Is the child on antiviral medications? **Yes**☐ **No**☐ **Don't Know**☐

Form completed by:_____ Date:_____

Did you send your child's immunization record with application? Yes☐ **No**☐

It is important to have a personal record of your child's vaccinations. If you don't have one, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep it in a safe place and take it with you every time you seek medical care for your child. Your child will need this document to enter day care or school, for employment, or for international travel.

JONES USE ONLY:

Form reviewed by: _____ Date:_____

IF THE APPLICANT IS A **RETURNING STUDENT**, HAVING COMPLETED THE SPRING 2019 SEMESTER AT JONES ACADEMY, **YOU DO NOT NEED TO INCLUDE** THE SCHOOL REFERENCE FORM IN THE APPLICATION.

NEW APPLICANTS

PLEASE INCLUDE THE COMPLETED SCHOOL REFERENCE PAGE WITH THE APPLICATION IF YOU ARE A NEW STUDENT OR WERE ATTENDING ANOTHER SCHOOL AT THE END OF THE SPRING SEMESTER 2019.

The school reference form must be included in the application and mailed or faxed directly to:

Jones Academy
909 Jones Academy Road
Hartshorne, OK 74547

FAX: 918.297.2364

School Reference Form

(To be completed by a teacher, principal, or counselor)

Student's Name: _____

The above student has applied for admission to Jones Academy. Please fill out the following and **return it directly to Jones Academy or to the requesting party for inclusion with their application.**

1. How long have you known the student? _____Current Grade Level: _____School Year 2019-2020
2. What discipline and attendance problems, if any, have you encountered with the student?
3. Has student ever been suspended? Yes _____ No _____
   If yes, please explain: _____
4. Has student ever been expelled? Yes _____ No _____
   If yes, please explain: _____
5. What is student's Cumulative Grade Point Average? _____
6. How is student's classroom behavior? _____
7. Is the student in the Special Education Program? _____
   If the answer to Question #7 was yes, what category? _____

Comments:

_____

_____

_____

Teacher/Principal/Counselor Name (Please Print): _____

School: _____ Phone: _____ Fax: _____

Signature/Title: _____ Date: _____

We appreciate your time completing this form.

Sincerely,

Jones Academy Admission Committee

(Please mail or fax directly to):

Jones Academy
909 Jones Academy Road
Hartshorne, OK 74547

Fax: 918-297-2364