

Verden Elementary School
Parent-School Compact

It is important that families and schools work together to help students achieve high academic standards. Through a process that included teachers, families, students, and community representatives, the following are agreed upon roles and responsibilities that we as partners will carry out to support student success in school and in life.

As a **STAFF MEMBER**, I will provide your child with every opportunity to learn and grow by:

- Maintaining a quiet and organized workplace;
- Having a high expectation of myself and my students;
- Giving instruction and assignments appropriate for the skill and development required by state and district standards;
- Monitoring student work on a daily basis to ensure success and progress; and
- Reporting regularly to parents with returned work, written notices, and conferences.

As a **STUDENT**, I will keep my focus on what is important in meeting my goal of learning by:

- Being in class on time, every day, with my homework in hand and being prepared to work;
- Allowing the teacher to teach and everyone in class to learn;
- Completing my work on time and accurately;
- Keeping my hands, feet, objects, and comments to myself; and
- Respecting others and their property.

As a **PARENT/GUARDIAN**, I will support Verden Elementary School's programs and activities that give my child the optimum opportunity for learning by:

- Expecting my child to complete daily homework assignments independently and discuss his/her results for improved learning, and check for a timely return to school;
- Accentuating the positive events at school and help my child resolve issues of concern and conflict;
- Supporting the discipline policy and reinforcing the highest expectations of the school staff;
- Reading to and listening to my child read daily as a way of building a lifelong interest and joy of reading;
- Seeing that my child gets adequate rest and is in school on time with a positive outlook;
- Attending conferences to discuss my child's progress and attending events which showcase my child's work and learning experiences; and
- Providing and maintaining accurate information on my child's records for contact.

Parent/Guardian Signature

Date

Student Signature

Date

Teacher Signature

Date

Principal Signature

Date

Self-Medication Form for Asthma Inhalers

The undersigned, _____ (parent/guardian) is the parent or legal guardian of _____ (student) who attends Verden Public School.

By the signature below, Parent/Guardian understands and agrees to the following:

1. Parent hereby authorizes Student to self-administer inhaled asthma medication pursuant to the guidelines set forth in District Policy 720.1.

2. Parent has read, understands and agrees to the provisions and regulations of District Policy 720.1, *Student Self-Administration of Inhaled Asthma Medication*, and understands that violation of the terms and conditions set forth in that Policy by either Student or Parent may result in revocation of Student's permission to self-administer inhaled asthma medication at school.

3. Parent has provided to the District a written statement from Student's physician indicating that Student has asthma and is capable of, and has been instructed in the proper method of, self-administration of inhaled asthma medication.

4. Parent acknowledges the following statement:

"The District, its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student."

5. Parent has read, understands and agrees to the provisions and regulations of District Policy 720, *Dispensing Medications*, and understands that violation of the terms and conditions set forth in that Policy by either Student or Parent may result in revocation of Student's permission to self-administer inhaled asthma medication at school.

6. Parent has been given a copy of District Policy 720.1, *Student Self-Administration of Inhaled Asthma Medication*; a copy of District Policy 720, *Dispensing Medication* and any accompanying signed forms; and a copy of this signed Parental Authorization form.

Date _____

(Parent/Legal Guardian)

**VERDEN PUBLIC SCHOOLS
CORPORAL PUNISHMENT FORM**

STUDENT: _____

(Select the options below that apply)

_____ I do **NOT** give my permission for the above named student to receive corporal punishment.

_____ I give my permission for the above named student to receive corporal punishment. I understand that corporal punishment shall only be administered by certified personnel. The corporal punishment will only be administered in the school office (coach, principal, teacher, etc.) out of the presence of other students. No more than two swats will be administered per school day. The swats shall be administered with reasonable force by a wooden paddle on the buttocks area of the student. I understand that I will be notified immediately, in writing, if the named student receives corporal punishment.

_____ I have read and discussed with my child the discipline policy in my child's handbook

Parent Signature

Date

Student Information

Who can sign legal documents at school? _____

Who can pick up your child from school? _____

Race: Please check the racial or ethnic identity of your child.

State & City of Birth Place: _____

Check all that apply. You are not required to answer this question.

Mother's Maiden Name: _____

____ Caucasian (White) ____ African American
____ Asian ____ Pacific Islander
____ American Indian or Native Alaskan

Please **check one:** ____ Hispanic ____ Non-Hispanic

Please **check all** services that your child has participated in:

____ A childcare program licensed pursuant to the tiered licensing system established by the Department of Human Services.
____ The Sooner Start program operated by the State Department of Education.
____ The Oklahoma Parents as Teachers program operated by the State Department of Education.
____ The Children First program operated by the State Department of Health.
____ Any child abuse prevention program operated by the State Department of Health.
____ Any federally funded Head Start program.

Please check any of the following programs your child has participated in:

____ Special Education ____ Speech ____ Title I
____ Gifted/Talented ____ Others, please list _____

Please list any other information we should know about your child _____

INTERNET ACCESS AGREEMENT

I have read, understand, and agree to abide by the terms of the Verden Schools Network and Internet Acceptable Use Policy and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the computer network and/or Internet, I understand that my access privilege may be revoked and disciplinary action may be taken.

User's Full Name: (Please Print): _____

Address: _____

Home Telephone: _____ Alternate Telephone _____

User's Signature _____

Parent or Guardian (For users under 18 years of age):

As a 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 Verden Schools Network and Internet Acceptable Use Policy and Internet Safety Policy for student access to the computer network and the Internet. I understand that access is being provided to the student for educational purposes only. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child or ward's responsibility for abiding by the policy. I am, therefore, signing this policy and agree to indemnify and hold harmless the school and the school district against all claims, damages, losses, and costs, of whatever kind that may result from my child or ward's use of his or her access to such networks or his or her violation of the policy. I hereby give permission for my child or ward to access the Verden schools computer network and the Internet.

Parent or Guardian (Please Print): _____

Address: _____

Home Telephone: _____ Alternate Telephone _____

Signature _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335