

JONES ACADEMY ENROLLMENT SHEET

Student's name _____ Grade ____ DOB _____

Indian Tribe and Degree _____ Church Preference _____

Social Security Number _____ (If none, please apply)

Name of Parent or Guardian _____

Address _____

Home Phone _____ Work Phone _____

Message Phone _____ Cell Phone _____

Enrolling Social Worker _____ Telephone _____

Name of brothers and sisters:

1. _____ male ____ female ____ DOB _____

2. _____ male ____ female ____ DOB _____

3. _____ male ____ female ____ DOB _____

4. _____ male ____ female ____ DOB _____

Please initial one or more of the items below if you wish to give your student permission to leave the Jones Academy campus without the sponsorship of Jones Academy and/or Hartshorne Public Schools.

1. Student is to leave only with written permission each time from Parent/Guardian. _____

2. Student is to leave campus with Parent or Guardian. _____

3. Student is to leave campus only with listed Authorized Persons (must be 21 years of age):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

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

Does your child wear glasses/contacts? ____ Hearing or eye problems? _____

DATE

SIGNATURE OF PARENTS OR GUARDIANS

HARTSHORNE PUBLIC SCHOOLS
SPECIAL SERVICES DEPT.
SPECIAL EDUCATION SECTION

PERMISSION TO APPOINT A SURROGATE

SCHOOL YEAR _____

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

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

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

Student's name _____

Parent's signature

Date



JONES ACADEMY
(Choctaw Nation of Oklahoma)

HCR 74 BOX 102-5
Hartshorne, OK 74547

CONTRACT

ACKNOWLEDGMENT OF CUSTODY

AUTHORIZATION FOR TREATMENT

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

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

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

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

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

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

Parent or Guardian

Witness

Relationship

Date

Date

Consent for Search/Compliance Agreement
Jones Academy – Hartshorne, Oklahoma

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

to search _____, his/her room, and/or personal
Student's Name

belongings if there is 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 will be used to search the campus area (including students' rooms) for illegal drugs.

I also agree that _____ will adhere to, abide by, and follow all
Student's Name

rules, guidelines, and regulations set by the Jones Academy handbook and facility policies and procedures. I understand that repeated or severe violations of these standards can and may lead to the student's dismissal from Jones Academy.

Parent/Guardian

Date

JONES ACADEMY PARENT/STUDENT/SCHOOL COMPACT

MISSION

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

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

PARENT INVOLVEMENT

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

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

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

Student

Date

Parent/Guardian

Date

Administrator-Jones Academy

Date

5. SCHOLASTIC INFORMATION

Previous Schools Attended	Address	Date	Grades Completed	Reason for Leaving

CONSENT FOR RELEASE OF EDUCATION RECORDS

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

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

Student's name

Signature of Parent/Guardian

Student's date of birth

Date

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

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

AUTHORIZATION TO INITIATE DETENTION ORDER

(To be completed by parent or guardian)

Date: _____

I _____ being the real parent/guardian of

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

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

Signature of Parent or Guardian

Date

Signature of Witness

Date

DESCRIPTION OF CHILD

(To be completed by Parent or Guardian.)

PLEASE PRINT

Name: _____

Sex: _____

Social Security Number: _____

Nickname: _____

Height: _____ Weight _____ Hair color _____ Hair length _____

Eye color: _____ Tattoos: _____ Scars: _____

Remarks/Details: _____

