

**Kremlin-Hillsdale Public Schools  
Enrollment Information 2021- 2022**

**NEW STUDENT INFORMATION**

Name: _____ Middle _____ Last _____ :	
Does this student have siblings in this school? Please list name(s) & grade(s)	
Student Cell Phone #:	Student E-mail Address:
Race: _____ 1 Black _____ Hispanic/Latino ( <i>If checked please also check one race to the left</i> ) _____ 2 American Indian _____ 4 Asian Gender: _____ Male _____ 5 Pacific Islander _____ Female _____ 6 White/Caucasian	
Date of Birth:	City & State of Birth:
Birth Date Verification _____ 1 Birth Certificate _____ 5 Parent Statement _____ 6 School Records _____ 9 Other	Grade:
	Previous School:
	Entry Date:
Is student on a transfer? _____ NO _____ College/Core Curriculum _____ YES-Open Transfer or _____ YES-Emergency Transfer _____ State Curriculum Distance from Home to School _____ More than 1.5 Miles _____ Less than 1.5 miles After school my child will: _____ Will be picked up at the front door of the Elementary/High School Building _____ Ride the Enid Bus _____ Ride the Hillsdale Bus _____ Ride the Quail Meadows Bus _____ Ride the East Bus	
Student lives with: _____ Mother Only _____ Father Only _____ Mother & Father _____ Mother/Stepfather _____ Father/Stepmother _____ Guardian _____ Other	
<b>MOTHER'S/GUARDIAN INFORMATION</b>	
Name:	Name:
Mailing Address: _____ Zip: _____	Mailing Address: _____ Zip: _____
Street Address: _____ Zip: _____	Street Address: _____ Zip: _____
Home Phone #:	Home Phone #:
Cell Phone #:	Cell Phone #:
E-mail Address:	E-mail Address:
Place of Employment:	Place of Employment:
Work Phone #:	Work Phone #:
Previous School:	School Phone #:
Is this student on an IEP: _____ YES _____ NO Is this student in the Gifted program: _____ YES _____ NO	
Please provide: Immunization Records, Proof of Residency, Birth Certificate, Transcript &/or Withdrawal Form	

**PERSONS WHO MAY CHECK THIS STUDENT OUT OF SCHOOL &/OR PICK-UP AFTER SCHOOL  
& WHO SERVE AS EMERGENCY CONTACTS (Use different names & numbers from the previous page)**

Name:	Name:
Day Phone #: circle one: Home Cell Work	Day Phone #: circle one: Home Cell Work
Relationship: (friend, neighbor, grandpa etc.)	Relationship: (friend, neighbor, grandpa etc.)

Name:	Name:
Day Phone #: circle one: Home Cell Work	Day Phone #: circle one: Home Cell Work
Relationship: (friend, neighbor, grandpa etc.)	Relationship: (friend, neighbor, grandpa etc.)

**CUSTODY INFORMATION**

Are there circumstances about the custody of your child that we should know about, which limit the sharing of records, picking up of your child etc? YES\_\_\_ NO\_\_\_ (It is the parent's/guardian's responsibility to keep the school informed of changes in custody by providing the office current and complete legal documents each year and after any changes.

**MEDICAL INFORMATION**

Preferred Hospital:	Primary Physician:
Insurance Company:	Policy Number:
Special Medical Considerations: (Please be specific) <u>Attach Medical management Plan</u>	
Allergies:	

**TRIP PERMISSION**

Student Name: \_\_\_\_\_, a student of Kremlin-Hillsdale School system, has my permission to make school sponsored trips during this school year. Kremlin-Hillsdale Schools and the sponsor shall not be held responsible for any accidents occurring on such trips. The sponsor has my permission to obtain medical attention in case of an emergency. I also agree that in the event of misconduct on the part of my child, which could reflect upon the school, the sponsor shall have the right to send him or her home at his/her own expense.

Parent Signature:	Date:
Student Signature:	Date:

**BUS RULES:** Students must be transported to and from all activity trips, academic or athletic, on school provided transportation. The only exception is that a parent or legal guardian may personally take students from a school sponsored event after checking the student out through the coach or sponsor to get approval. Any other exception is with prior (48 hours) approval of the principal. Improper conduct on the bus will result in disciplinary action. Any damage to the bus and/or bus equipment will be paid for by the student/parent and will also result in disciplinary action.

Parent Signature:	Date:
Student Signature:	Date:

**INTERNET AGREEMENT**

I have received a copy of the policies titled *Internet and Technology Systems Safety and Appropriate Use* and *Use of Computer and Electronic Communication Equipment and Services*. I have read and agree to abide by their provisions. I understand that any violation of the use provisions may result in disciplinary action including, but not limited to, suspension and/or revocation of network privileges and suspension from school.

Student Signature:	Date:
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**INTERNET AGREEMENT CONTINUED**

I have read the Kremlin-Hillsdale Public Schools policies titled *Internet and Technology Systems Safety and Appropriate Use* and *Use of Computer and Electronic Communication Equipment and Services*. I understand that the School District has taken reasonable precautions to ensure that access to controversial material is limited to the extent possible. I realize, however that it is not possible to completely prevent access to inappropriate material. I will monitor my child's use of the network and his/her access to

the Internet and will accept full responsibility for supervision in that regard if and when my child's use is not in a school setting. I hereby release the School District from liability in the event that my child acquires inappropriate material through use of the District's computing resources or the Internet. I hereby request that the District issue an account for my child and certify that the information contained on this form is correct.

Parent Signature:	Date:
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Please circle YES or NO on the following statements:

YES NO Corporal punishment may be used on my student, if deemed necessary.

YES NO My student's name and address may be released for academic purposes (school phonebook, etc.)

YES NO My student has permission to swim in the Kremlin-Hillsdale School pool for their physical education class.

YES NO I have received a copy of the drug testing policy and understand that before my child is eligible to participate in any extra curricular activities during this school year, they must provide a urine sample on the designated test date.

YES NO I received a copy of Meningococcal Vaccines-What You Need To Know.

YES NO My student has permission to have a hearing screening and the school has permission to receive the results.

YES NO My student has permission to have a vision screening and the school has permission to receive the results.

YES NO My student has permission to have a scoliosis screening (grades 5, 7, & 8) and the school has permission to receive the results.

YES NO My student has permission to attend the 7th Grade Girls Abstinence Tea or 7th Grade Boys Abstinence Tailgate.

YES NO My student has permission to have a head lice check and the school has permission to receive the results.

YES NO I give KHPS permission to publish my student's name & picture on the KHS website, Enid News & Eagle and E-Kids Magazine or any news article that may occur during the school year.

Parent Signature:	Date:
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Student Signature:	Date:
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OSSAA ELIGIBILITY RECORD FORM FOR STUDENTS IN GRADES 7-12  
(TO BE FILLED OUT BY THE STUDENT AND PARENT AND FILED IN PRINCIPAL'S OFFICE)

NAME OF STUDENT (PRINT) \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Student's Current Address \_\_\_\_\_

Last School attended \_\_\_\_\_ Last School Address \_\_\_\_\_ Zip \_\_\_\_\_

NOTE: STUDENT AND PARENT MUST SIGN BELOW AND EXPLAIN ALL "YES" ANSWERS FROM BELOW ON BACK OF FORM.

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Before September 1 will you be 14 years of age for 7th grade, 15 years of age for eighth grade, 16 years of age for ninth grade, or 19 years of age for high school participation? (Rule 1)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you missed school more than 10% of the school days taught for this 18-week grading period? (Rule 2)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you fail any classes during the last 18-week grading period? (Rule 3 & 4)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are you currently failing any class? (Rule 3)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Were you ineligible to participate at any time during the last 18-week grading period? (Rules 3 & 4)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you done anything to jeopardize your amateur status such as receiving cash or merchandise connected with an athletic activity? (Rule 5)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you completed all 12 <sup>th</sup> grade requirements for high school graduation? (Rule 6)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you failed any semesters (received no credit for the semester) since the time you entered the 7th grade? (Student's are generally limited to participating in athletics during the 7 <sup>th</sup> grade and the five school years that follow consecutively after that school year- Rule 7) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Since entering 7 <sup>th</sup> grade have you ever home-schooled or had an interruption in consecutive semesters of the educational tract?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are you now or have you ever repeated any grade since entering the 7th grade? (Rule 7)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Do you live with someone now other than whom you lived with last school year? (Rule 8)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Do you live with someone other than your parents? (Rule 8)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you live with only one parent? (Rule 8)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you live outside this school district? (Rule 8)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Is more than one residence owned, rented or maintained by your parents or guardian? (Rule 8)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Are there other family members in grades K-12 attending a different school district other than the district you are now attending?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Have you ever participated at any school outside the district in which both parents had residence? (Rule 8)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Have you, your parents, or your guardians ever been influenced in any manner by anyone in this school district to attend this school to engage in athletics? (Rule 9)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Have you ever been granted athletic eligibility on the basis of an OSSAA hardship waiver? (Rule 20)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Were you on an approved foreign exchange program last year? (Hardship Waiver Manual-X)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Were you suspended, expelled, or under discipline at the previous school attended? (Rule 4)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Were you or your parents having a conflict with a coach, teacher, or administrator at the time you left your previous school?<br>(Hardship Waiver Manual VI-E-2)   |

Each of the undersigned also acknowledge and agree that identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measures to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

If the above guidelines are not satisfied for athletic eligibility, the student may be ineligible for one year. (See Rule 8)  
INCORRECT INFORMATION COULD CAUSE ELIGIBILITY TO BE REVOKED AND COULD RESULT IN THE FORFEITURE OF CONTESTS IN WHICH THE STUDENT HAS PARTICIPATED IN ADDITION TO OTHER PENALTIES.

\_\_\_\_\_  
(Student) (Date) (Coach) (Date)

\_\_\_\_\_  
(Parent/Guardian) (Date)

PLEASE EXPLAIN ALL "YES" ANSWERS IN THE SPACE BELOW.

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FOR SCHOOL USE ONLY

TO BE COMPLETED AND CERTIFIED BY SCHOOL ADMINISTRATION

Each school must have the following information on file:

1. Copy of this eligibility record form. (Send copy to OSSAA office with hardship request.)
2. Physical examination, Concussion and Head Injury Acknowledgement and an annual parent consent form.
3. Attendance record for current 18-week grading period. (Rule 2)
4. Transcript and any other documentation regarding student's eligibility status.

If the student answers no to all of the above questions, you can be reasonably assured he/she is eligible (residence) to participate at your school. This is only an aid to the administrators concerning new students in your school system and does not automatically guarantee a student is eligible. If the student answers yes to any of the questions, further examination is required to determine eligibility status. NOTE: Any outstanding athlete transferring to your district should not be certified for athletic participation without complete information being obtained from all sources concerning the student's athletic eligibility.

Based on the above questions

(student's name - PRINT \_\_\_\_\_)  is eligible  is not eligible

to participate at (school) \_\_\_\_\_ for the school year 20\_\_ 20\_\_.

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(School Administrator Name and Title)

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(Date)

# KREMLIN-HILLSDALE PUBLIC SCHOOLS

## ACTIVITY STUDENT DRUG TESTING POLICY

The Kremlin-Hillsdale Board of Education in an effort to protect the health and safety of its extra-curricular activities students from illegal and/or performance-enhancing drug use and abuse, thereby setting an example for all other students of the Kremlin-Hillsdale Public School District, proposes to adopt the following policy for drug testing of activity students.

### STATEMENT OF PURPOSE AND INTENT

Although the Board of Education, administration, and staff desire that every student in the district refrain from using or possessing illegal drugs, district officials realize that their power to restrict the possession or use of illegal and performance-enhancing drugs is limited. Therefore, this policy governs only performance-enhancing and illegal drug use by students participating in extra-curricular activities. A.D.T.I. will be testing students for the following substances: The sanctions imposed for violations of this policy will be limitations solely upon limiting the opportunity of any student determined to be in violation of this policy to a student's privilege to participate in extra-curricular activities.

No suspensions from school or academic sanctions will be imposed for violations of this policy. This policy supplements and complements all other policies, rules, and regulations of the Kremlin-Hillsdale Public School District regarding possession or use of illegal drugs. Notwithstanding the foregoing, a student may be disciplined, including suspended out of school, if a violation of this policy also results in a violation of the school Districts Student Behavior Policy, handbook or other policy targeted for the use of illegal or student enhancing drugs including alcohol.

Participation in school-sponsored interscholastic extra-curricular activities at the Kremlin-Hillsdale Public School District is a privilege. Students who participate in these activities are respected by the student body and are representative of the school district and the community. Accordingly, students in extra-curricular activities carry a responsibility to themselves, their fellow students, their parents and their school to set the highest possible examples of conduct, sportsmanship, and training, which includes avoiding the use or possession of performance enhancing or illegal drugs.

The purposes of this policy are five-fold:

1. To educate students of the serious physical, mental and emotional harm caused by illegal drug use.
2. To alert students with possible substance abuse problems to the potential harms that drug use poses for their physical, mental, and emotional well-being and offer them the privilege of competition as an incentive to stop using such substances.

The activity student shall be suspended from participation in all scheduled scrimmages, games, competitions or performances in all extracurricular activities for 10 school days which may be reduced by 5 school days for:

\*a) showing proof within five (5) calendar days of joint meeting that the student has received a substance abuse evaluation from a certified drug/alcohol counselor. Payment for this evaluation will be the responsibility of the family; and

\*b) the student will be responsible for providing documentation that he/she is following the education/counseling recommendations of the evaluator.

\*c) the student must voluntarily submit to a second drug test to be administered at the next available opportunity in accordance with the testing provisions of this policy.

\*Agreeing to and then failing to comply with these terms will be considered a second offense.

**B. For the Second Offense (within the same school year):**

Parent/guardian will be contacted and a private meeting will be set up with student, parent/guardian, school counselor, principal, athletic director, and coach/sponsor.

\*The student shall be ineligible from participation in all scrimmages, games, competitions or performances covered under this policy for forty (40) days which may be reduced to twenty (20) days if:

\*a) at the expense of the family, the student will successfully complete of (4) hours of substance abuse education/counseling with a certified substance abuse counselor. Appropriate documentation will be required to show such counseling has taken place.

\*Agreeing to and then failing to comply with these terms will be considered a third offense.

**C. For the Third Offense (within the same school year):**

Student, parent/guardian, school counselor, principal or athletic director and head coach/sponsor will meet.

Student will be suspended from participation in all extra-curricular activities including all meeting, practices, scrimmages, games, competitions, and performances for 88 school days. This may carry over to the next school year, if necessary.

**D. Continuity:**

Any student who reaches the third offense in one year will be placed on the first offense each subsequent year thereafter and be subject to regular random monthly testing. Students who have never attained the "third offense" status will begin the new school year with no offenses.

vitamins, minerals and proteins which can be lawfully purchased in over-the-counter transactions.

"Positive" when referring to a drug use test administered under this policy means a toxicological test result which is considered to demonstrate the presence of an illegal or a performance-enhancing drug or the metabolites thereof using the standards customarily established by the testing laboratory administering the drug use test.

"Reasonable suspicion" means a suspicion of illegal or performance-enhancing drug use based on specific observations made by coaches/administrators/sponsors of the appearance, speech, or behavior of an activity student; the reasonable inferences that are drawn from those observations; and/or information of illegal or performance-enhancing drug use by an activity student supplied to school officials by other students, staff members, or patrons.

## II. PROCEDURES

Each activity student shall be provided with a copy of the "Student Drug Testing Consent Form" which shall be read, signed and dated by the student, parent or custodial guardian and coach/sponsor before such student shall be eligible to practice or participate in any extra-curricular activities. The consent requires the activity student to provide a urine sample: (a) as part of the student's annual physical for athletic competition or for eligibility for participation if a physical is not a requirement of the activity; (b) when the activity student is selected by the random selection basis to provide a urine sample; and (c) at any time when there is reasonable suspicion to test for illegal or performance-enhancing drugs. (If the student initiates the reasonable suspicion upon him/herself, penalties of this policy shall apply, if the reasonable suspicion is initiated by a staff member, teacher, coach, administrator or other reliable source, the penalties of the student handbook policy for "Tobacco/Alcoholic Beverages/Drugs" shall apply). No student shall be allowed to practice or participate in any extra-curricular activities or interscholastic competition, unless the student has returned the properly signed "Student Drug Testing Consent Form" and has had or is scheduled to have their initially required urine test.

Prior to the commencement of drug testing each year an orientation session will be held with each Activity Student to educate them of the sample collection process, privacy arrangements, drug testing procedures and other areas which may help to reassure the activity student and help avoid embarrassment or uncomfortable feelings about the drug testing process.

Each Activity Student shall receive a copy of the Activity Student Drug Testing Policy. The head coach or sponsor shall be responsible for explaining the Policy to all prospective students, and for preparing an educational presentation to acquaint the student with the harmful consequences of drug and alcohol use and abuse.

All Activity Students will be required to provide a urine sample before the student may participate in an extra-curricular activity or event covered under this policy. A student who moves into the district after the school year begins will have to return the "Student Drug Testing



Consent Form" prior to becoming eligible. Students who have moved in and do return the form will be subject to a urine test at the next available opportunity.

Drug use testing for Activity Students will also be chosen on a random selection basis monthly from a list of all Activity Students who are involved in off-season or in-season activities. The Kremlin-Hillsdale Public School District will determine a monthly number of student names to be drawn at random to provide a urine sample for drug use, testing for: illegal or performance-enhancing drugs.

In addition to the drug tests required above, any Activity Student may be required at any time to submit to a test for illegal or performance-enhancing drugs, or the metabolites thereof when an administrator, coach, or sponsor has reasonable suspicion of illegal or performance-enhancing drug use by that particular student.

Any drug use test will be administered by or at the direction of a professional laboratory chosen by the Kremlin-Hillsdale Public School District. The professional laboratory shall be required to use scientifically validated toxicological testing methods, have detailed written specifications to assure chain of custody of the specimens, and proper laboratory control and scientific testing.

All aspects of the drug use testing program, including the taking of specimens, will be conducted so as to safeguard the personal and privacy rights of the student to the maximum degree possible. The test specimen shall be obtained in a manner designed to minimize intrusiveness of the procedure. In particular, the specimen must be collected in a restroom or other private facility behind a closed stall. The principal/athletic director shall designate a coach, sponsor, or school employee of the same sex as the student to accompany the student to a restroom or other private facility behind a closed stall. The monitor shall not observe the student while the specimen is being produced, but the monitor shall be present outside the stall to listen for the normal sounds of urination in order to guard against tampered specimens and to insure an accurate chain of custody. The monitor shall verify the normal warmth and appearance of the specimen. If at any time during the testing procedure the monitor has reason to believe or suspect that a student is tampering with the specimen, the monitor may stop the procedure and inform the principal/athletic director who will then determine if a new sample should be obtained. The monitor shall give each student a form on which the student may list any medications legally prescribed for the student he or she has taken in the preceding thirty (30) days. The parent or legal guardian shall be able to confirm the medication list submitted by their child during the twenty-four (24) hours following any drug test. The medication list shall be submitted to the lab in a sealed and confidential envelope and shall not be viewed by district employees.

An initial positive test result will be subject to confirmation by a second and different test of the same specimen. The second test will use the gas chromatography/mass spectrometry technique. A specimen shall not be reported positive unless the second test utilizing the gas chromatography/mass spectrometry procedure is positive for the presence of an illegal drug or the metabolites thereof. The unused portion of a specimen that tested positive shall be preserved by the laboratory for a period of six (6) months or the end of the school year, whichever is shorter. Student records will be retained until the end of the school year.

### III. CONFIDENTIALITY

The laboratory will notify the principal/athletic director or designee of any positive test. To keep the positive test results confidential, the principal/athletic director or designee will only notify the student, the head coach/sponsor, and the parent or custodial guardian of the student of the results. The principal/athletic director or designee will schedule a conference with the student and parent or guardian and explain the student's opportunity to submit additional information to the principal/athletic director or to the lab. The Kremlin-Hillsdale Public School District will rely on the opinion of the laboratory which performed the test in determining whether the positive test result was produced by something other than consumption of an illegal or performance-enhancing drug.

Test results will be kept in files separate from the student's other educational records, shall be disclosed only to those school personnel who have a need to know, and will not be turned over to any law enforcement authorities.

### IV. APPEAL

An Activity Student who has been determined by the principal/athletic director to be in violation of this policy shall have the right to appeal the decision to the Superintendent or his/her designee(s). Such request for a review must be submitted to the Superintendent in writing within two (2) school days of notice of the positive test. A student requesting a review will remain eligible to participate in any extra-curricular activities until the review is completed. The Superintendent or his/her designee(s) shall then determine whether the original finding was justified. No further review of the Superintendent's decision will be provided and his/her decision shall be conclusive in all respects. Any necessary interpretation or application of this policy shall be in the sole and exclusive judgment and discretion of the Superintendent which shall be final and non-appealable. The Superintendent shall be entitled to ample time in making a determination to assure the integrity of the decision. It is recommended that the decision be returned 24 hours after receipt of the appeal.

### V. CONSEQUENCES

Any Activity Student who tests positive in a drug test under this policy shall be subject to the following restrictions:

#### A. For the First Offense:

Parent/guardian will be contacted immediately and a private conference will be scheduled with student, parent/guardian, school counselor and /or principal.

3. Ensure that students adhere to a training program that bars the intake of illegal and performance-enhancing drugs.
4. To prevent injury, illness, and harm for students that may arise as a result from illegal and performance enhancing drug use.
5. To offer students the opportunity to practice, compete, and attend school activities free of the effects of illegal and performance-enhancing drugs.

Illegal and performance-enhancing drug use of any kind is incompatible with the physical, mental, and emotional demands placed upon participants in extra-curricular activities and upon the positive image these students project to other students and to the community on behalf of the school district. For the safety, health and well being of students in extra-curricular activities the Kremlin-Hillsdale Public School District has adopted this policy for use by all participants in extra-curricular activities in grades 7-12.

## I. DEFINITIONS

"Activity Student" means a member of any middle school or high school Kremlin-Hillsdale Public School District sponsored extra-curricular organization which includes any student that represents Kremlin-Hillsdale Schools in any extra-curricular activity or event, such as FFA, Academic Team, Band, Cheerleader, Drama Club, Athletics or any other extracurricular activity.

"Drug use test" means a scientifically substantiated method to test for the presence of illegal or performance-enhancing drugs or the metabolites thereof in a person's urine.

"Random Selection Basis" means a mechanism for selecting activity students for drug testing that:

- A. Results in an equal probability that any activity student from a group of activity students subject to the selection mechanism will be selected, and
- B. Does not give the School District discretion to waive the selection of any activity student selected under the mechanism.

"Illegal drugs" means any substance which an individual may not sell, possess, use, distribute or purchase under either Federal or Oklahoma law. "Illegal drugs" includes, but is not limited to, all scheduled drugs as defined by the Oklahoma Uniform Controlled Dangerous Substance Act, all prescription drugs obtained without authorization, and all prescribed and over-the-counter drugs being used for an abusive purpose. "Illegal drugs" shall also include alcohol.

"Performance-enhancing drugs" include anabolic steroids and any other natural or synthetic substance used to increase muscle mass, strength, endurance, speed or other athletic ability. The term "performance-enhancing drugs" does not include dietary or nutritional supplements such as

## VI. REFUSAL TO SUBMIT TO A DRUG TEST

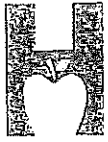
A participating student, who refuses to submit to a drug test authorized under this policy, shall not be eligible to participate in any activities covered under this policy including all meetings, practices, performance and competitions for the remainder of the school year. Additionally, such student shall not be considered for any interscholastic activity honors or awards given by the school.

\* \* \* \*

*Kremlin-Hillsdale Public Schools is committed to cooperating with parents/guardians in an effort to help students avoid illegal drug use. The school district believes accountability is a powerful tool to help some students avoid using drugs and that early detection and intervention can save lives.*

*The Superintendent will develop procedure to be followed for the process of implementing this policy.*

Adopted November 2009  
Revised July 11, 2011



# Meningococcal Disease

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## What is meningococcal disease?

Meningococcal disease is a disease caused by the bacteria *Neisseria meningitidis*, also called meningococcus. This bacteria can infect the blood, causing septicemia. It can also infect the covering of the brain and spinal cord, causing meningitis.

## How is this disease spread?

Meningococcal disease spreads by direct contact with the saliva or with respiratory droplets from the nose and throat of an infected person.

## Who is at risk of getting this disease?

Some groups of people have a higher risk of meningococcal disease, such as first year college students living in dormitories or new military recruits living in barracks. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, people without a spleen, and people traveling to parts of the world where meningococcal disease is more common. Exposure to tobacco smoke and having a concurrent upper respiratory infection also increase the risk of meningococcal disease. Infants are at highest risk, but rates decrease after infancy and then increase in adolescence and young adulthood.

## What are the symptoms?

Ten percent or more of people are thought to be carrying *Neisseria meningitidis* in their nose and throat without being ill, which is called "asymptomatic carriage". Of these people, about 1% can develop illness, which may be meningitis or a bloodstream infection called septicemia or meningococcemia. As described above, some people can carry the bacteria in their nose and throat without ever becoming ill. Signs of illness may include fever, severe headache, nausea, vomiting, and a rash. People who develop meningitis can have fever, intense headache, nausea, vomiting, stiff neck, and extreme sensitivity to light. It is important to seek care from a healthcare provider as soon as possible if these symptoms appear. Meningococcal disease has a 15% risk of death if it is not treated promptly.

## How soon do the symptoms appear?

The symptoms may appear two to ten days after infection, but usually within three to four days.

## What is the treatment for meningococcal disease?

Antibiotics, such as penicillin or a cephalosporin such as ceftriaxone, are used to treat meningococcal disease.

## Should people who have been around a person infected with meningococcal disease receive treatment?

When meningococcal disease occurs in one person, only the people who have had recent close contact with that person's respiratory secretions are recommended to receive antibiotics. These include household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc. Such people are usually advised to obtain a prescription for a specific antibiotic (rifampin, ciprofloxacin, ceftriaxone, or azithromycin) from their physician. The health department will contact the individuals who are recommended to receive antibiotics, and advise them of options to obtain antibiotics. Casual contacts including classmates, co-workers, or those in a factory setting are not at increased risk of disease when a single person has meningococcal illness. When clusters or outbreaks occur, the health department may expand the recommendations for which groups need to receive antibiotics to prevent possible spread. Antibiotics do not protect people from future exposure to *Neisseria meningitidis*.

**Is there a vaccine to prevent meningococcal disease?**

Three types of meningococcal vaccines are available in the United States. They are effective against four of the five most common disease-causing types of meningococcal disease: A, C, Y, and W-135. An additional vaccine is now available that protects against serogroup B, but is currently only licensed for high-risk children over ten years of age. Consult with your healthcare provider or the local health department about receiving the vaccine.

# KREMLIN-HILLSDALE SCHOOLS

PO BOX 198  
KREMLIN, OK 73753

## AUTHORITY TO TRANSFER EDUCATION RECORDS

To: \_\_\_\_\_  
SCHOOL DISTRICT/AGENCY FAX DATE

\_\_\_\_\_  
STREET ADDRESS/PO BOX CITY STATE ZIP

In accordance with the Family Education Rights and Privacy Act (FERPA), 34 CFR 99.31, transfer education records is requested for:

\_\_\_\_\_  
NAME OF STUDENT BIRTHDATE GRADE

\_\_\_\_\_  
PARENT'S/GUARDIAN'S SIGNATURE

Request for education records includes, but is not limited to: health, grades, EOI or state testing, cumulative, discipline records, and special education records. Transfer of student records, including disciplinary records, must be made in a timely manner, within three business days of receipt of request, under state law. (70 O.S. 24-101.4)

The student intends to enroll or is enrolled in our school district agency. Therefore please **fax to 580-874-4485 or email to [novosadf@kremlin.k12.ok.us](mailto:novosadf@kremlin.k12.ok.us)** the following items:

Transcript  
Immunization Records  
EOI or State Testing Reports  
Special Education Records

**All other items should be mailed to:**

Kremlin-Hillsdale Public Schools  
PO Box 198  
Kremlin, OK 73753

Sincerely,

Kremlin-Hillsdale Public Schools

Education records are maintained and released in accordance with the Family Educational Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with 34 CFR § 99.31.

KREMLIN-HILLSDALE PUBLIC SCHOOL  
MEDICAL ALERT FORM

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRIMARY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PLEASE CHECK THE FOLLOWING CONDITION(S) THAT APPLY TO YOUR STUDENT:**

Diabetic; type: _____	Seizures; type: _____
Allergies; list: _____	Heart; diagnosis: _____
Neurological; diagnosis: _____	Joint/Muscle; diagnosis: _____
Pulmonary; diagnosis: _____	Metabolic; diagnosis: _____
Chronic illness; diagnosis: _____	Irritable Bowel Syndrome: _____
Migraines: _____	Other; diagnosis: _____
Asthma: _____	

Please list symptoms of condition: \_\_\_\_\_

I, hereby grant permission for the secretarial personnel at Kremlin-Hillsdale School to give my child medication furnished by me in the dosage described below:

Kind of Medicine \_\_\_\_\_ Dosage \_\_\_\_\_

Kind of Medicine \_\_\_\_\_ Dosage \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian(s) Signature

\_\_\_\_\_  
Date



**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 35<sup>th</sup> 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
	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

# OSIS - Authorization to Use or Share Protected Health Information to School or Day Care

Student Name: \_\_\_\_\_ Demographic/Client ID #: \_\_\_\_\_  
*(For School/Day Care receiving PHI to fill out)*

Date of Birth: \_\_\_\_\_

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System ("OSIS") to: \_\_\_\_\_  
*(Name of Person/Organization receiving PHI)*

The information may be disclosed for the following purpose(s):

to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310: 535-1-3

Other: \_\_\_\_\_

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- 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.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be **one year** from the date of my signature or upon the occurrence of the following event [ e.g., child no longer enrolled in school/day care center] \_\_\_\_\_

\_\_\_\_\_  
Signature of Student or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Legal Representative's Authority

## McKinney-Vento Residency Form 2021-22

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

The McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines "homeless" as "individuals who lack a fixed, regular, and adequate nighttime residence." This includes children who "are temporarily sharing the housing of other persons due to the loss of housing or economic hardship."

**1. \_\_\_ Student is not homeless; does not apply.**

*If you checked this box, please sign, date and return form.*

**Please check one of the following statements if your family is experiencing temporary homelessness:**

2. \_\_\_ Living in a shelter, including transitional housing shelters; awaiting foster care, etc. Please provide the name of the shelter: \_\_\_\_\_ address: \_\_\_\_\_

3. \_\_\_ Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation. Please provide information regarding area in which student is living: \_\_\_\_\_

4. \_\_\_ Living in hotels/motels for lack of other suitable housing. Please list name and address of hotel/motel: \_\_\_\_\_

5. \_\_\_ Doubled-up; temporarily living with family or friends due to lack of adequate housing or financial conditions. Please provide the address of where the student is living: \_\_\_\_\_

**Please answer the following if you checked one of the four boxes above:**

How long do you expect to be at this address? \_\_\_\_\_

Are you seeking permanent housing? \_\_\_\_\_

Date student moved to this address: \_\_\_\_\_

Is a parent living in the home with the student? \_\_\_\_\_

If no, with whom is student living? \_\_\_\_\_ Relationship: \_\_\_\_\_

I have read the information provided and indicated our living circumstances above with regard to the McKinney-Vento Act:

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

College & Career Readiness Assessment Community Stakeholder Consultation

In compliance with Section 1111(b)(2)(H) of ESSA, Kremlin-Hillsdale Public School would like to provide community stakeholders with an opportunity to provide meaningful input regarding our district's intent to request permission to administer the ACT in lieu of the statewide assessment.

1. Do you live within the Kremlin-Hillsdale's district boundaries? 

Yes	No
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2. Our district selection for the College & Career Readiness Assessment to be administered to all grade 11 students during the OSTP testing window is the ACT. Please list any comments, thoughts, and feedback you have regarding this selection.

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3. Please list any comments, thoughts, and feedback you have regarding this selection and its effect on {district name}'s instructional programming.

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