Pre-Boarding Week Checklist
Paperwork for 5th- 8th Parents Only

The following documents must be filled out, if you have any questions please let the front office know. Please note that proof of residency <u>MUST</u> be attached!

This is a checklist of the things you will need to email or bring with you. Please **PRINT** this checklist to complete and bring with your *required* documents. If you have children in multiple grades, please submit each student's paperwork to their assigned grade level classroom.

Student Name:_____ Grade _____

Parent(s) Name(s):_____

<u>T-Shirts:</u> My child's T-shirt size is: *(circle one)*

Youth Sizes:	XS/2-4	S/6-8	M/10-12	L/14-16	
Adult Sizes:	XS	S	M	L	XL

<u>Please complete and turn in the following:</u>

<u>STUDENT INFORMATION PACKET:</u> *(available on our webpage)*

- ❑ School-Parent-Student Compact Form
- ❑ Permissions & Authorizations Form
- ❑ Dismissal Directive Form
- ❑ Annual Medical Alert Form
- ❑ Authorization for the Administration of Medication (if applicable)
- ❑ Free/Reduced Meal Application
- ❑ Chromebook Contract
- ❑ Chromebook Checkout
- ❑ After School Care Form (if applicable to your student)
- ❑ Proof of Residency (current utility bill, mortgage or lease)
- ❑ Economic Impact Form

Also, please review the following documents found on the John Rex website under the Resources tab:

- ❑ Student Handbook
- ❑ School Calendar
- ❑ School Supply list
- ❑ Dress Code

School-Parent-Student Compact

As a school, we will:

- Provide a clearly articulated school mission through which the staff shares a commitment to continuous improvement. We can make a difference and see the results!
- Create a climate of high expectations in which the staff demonstrates that all students can attain mastery of essential skills. We control enough of the variables to assure all students experience success.
- Model positive attitudes and possess the influence necessary to shape the attitudes of students.
- Be knowledgeable and skillful in research-based high-yield strategies, learning theory, and teaching methods that will enable students to achieve success. We will differentiate instruction and provide specific interventions as well as opportunities for enrichment.
- Build instructional leaders who share leadership with the staff. Together with teachers, the administrators will advance teamwork by providing job-embedded opportunities for teachers to collaborate and grow professionally.
- Measure student academic progress frequently. A variety of assessments will be used and the results of the will be used to improve student performance and to improve the instructional program.
- Give all students the opportunity to learn. Learning is the constant—time and support are the variables! Lack of previous opportunity will not be interpreted as a lack of ability to learn. We will allocate a significant amount of classroom time to instruction in literacy and math.
- Develop a safe, orderly, and caring atmosphere that is free from threat or harm. Our climate will be conducive to learning.
- Recognize student accomplishments and provide opportunities for students to develop leadership and citizenship.
- Partner with parents so that they will understand and support our school's mission. Parents will be given the opportunity to play an important role in helping our school achieve our mission.
- Empowered all stakeholders to take the risks necessary for growth when encompassed in a climate of mutual respect, care, and compassion in which mistakes are seen as opportunities to learn and their ideas and efforts are appreciated. The entire staff will extend the same respect to students that we desire to receive from them and each other.

As a parent, I will:

- Support my child's learning by ensuring that he/she has proper rest, nutrition, and maintains excellent attendance and punctuality.
- Provide transportation to and from school. JRCS does **not** provide transportation for students; nevertheless, we will work with families through transportation concerns that may arise on a case-by-case basis.
- Abide by the Student Handbook, procedures, and policies of JRCS.
- Obtain the required uniform(s) and ensure my child abides by the Uniform Dress Code of JRCS.
- Support my child's learning by reading with him/her 20 minutes each day, set a positive tone for learning at home, and provide "protected" time for homework completion.
- Strive to make positive use of my time with my child ("quality" one-on-one time).
- Participate in decisions relating to my child's education through a mutually respectful relationship with school staff.
- Provide a mutually respectful relationship between all parties (students, parents, teachers, and volunteers).
- Support my child's class/school (i.e. helping in class/school, volunteering in my child's classroom/school, communicating with my child's teachers, attending school events when possible, etc.).

As a student, I will:

- Respect and obey those in authority.
- Proudly follow the behavioral standards expected at our school and abide by the Code of Conduct, school creed, expectations, procedures, and policies of JRCS.
- Ask questions and seek out additional support when I am not sure about a lesson or learning objective.
- Make good choices like paying attention in class, staying on task, doing my best, and working hard at my schoolwork.
- Be the very best that I can be each and every day.

Parent Signature: _____ Date: _____

Child's Name/Signature: _____ Date: _____

John Rex Charter School
Permissions & Authorizations

Parents please read & initial each statement below

_____INITIAL: **CHARTER SCHOOL** I understand that by enrolling my child at JRCS, I am waiving my right to attend the local, non-charter public school.

_____INITIAL: **AFFIRMATION OF MISSION STATEMENT** I understand and agree to support the mission statement of JRCS of, "To offer quality educational opportunities to children in the heart of downtown Oklahoma City through an innovative public-private partnership." I also agree to support the Head of School and Faculty in pursuing this mission.

_____INITIAL: **TRANSPORTATION** I understand that JRCS does **not** provide transportation services for students to and/or from school. I further understand that it is my responsibility to provide or arrange for transportation for my child to and/or from school each day. I will comply with state compulsory attendance laws. JRCS will work through transportation issues and needs with families on a case-by-case basis.

_____INITIAL: **WALKING FIELD TRIPS** I hereby grant permission for my child to participate in walking field trips from JRCS to nearby locations (e.g. Downtown Library, Myriad Gardens, etc.) Teachers will notify parents about regularly scheduled trips. Teachers will also notify parents of any additional walking trips at least 24 hours in advance.

_____INITIAL: **PHOTOGRAPHS** I understand that student photographs may be used in yearbooks, newsletters, websites, and other school-related publications (e.g. PTA publications.) If I do **not** want my student's photograph used or released for these purposes or for news media, I must contact the school office to submit a written request. This form must be completed each year.

_____INITIAL: **SCHOOL DIRECTORY** I understand that the PTA may publish a school directory and share contact information with classroom representatives that could include: student name, grade level, classroom teacher, parent/guardian names, and contact information. If I do **not** want my name and contact information released for these purposes, I must contact the school office to submit a written request. This form must be completed each year.

_____INITIAL: **INTERNET USAGE** I understand JRCS provides computer network resources via Oklahoma City Public Schools. The use of electronic resources shall be consistent with the purpose, mission, and goals of JRCES and used only for educational and professional
purposes.

_____INITIAL: **COMMITMENT OF INVOLVEMENT** I acknowledge and affirm parental involvement in a child's education is of primary importance. The role of parents/guardians is to reinforce and assist the teacher in academics, as well as social/emotional, learning in the classroom and at home. Parents are encouraged to demonstrate this involvement by becoming an active member of the JRCS PTA.

_____INITIAL: **PROMPTNESS, ATTENDANCE:** I understand that JRCS begins the school day at 7:50 a.m. and dismisses at 3:15 p.m. Attending and being on time every day is very important. I pledge to support promptness/attendance at JRCS. Failure to maintain satisfactory attendance & punctuality in accordance with the JRCS Student Handbook may result in revocation of the transfer, if applicable, or other disciplinary actions.

_____INITIAL: **UNIFORM DRESS CODE** I pledge to support the published uniform dress code. Failure to maintain satisfactory dress in accordance to the Uniform Policy may result in revocation of the transfer, if applicable, or other disciplinary actions.

_____INITIAL: **DISCIPLINE AND ACADEMIC WORK** I acknowledge that my child will follow the JRCS Code of Conduct and Expectations as well as Leveled Discipline Plan. In order to have a climate conducive to learning, each child is responsible for his/her own behavior and learning. Complying with the published rules is mandatory. Failure to do so will result in revocation of the transfer, if applicable, or other disciplinary actions. Additionally, my child and I are committed to academic work, homework, daily class assignments and maintaining
continual academic growth.

_____INITIAL: **STUDENT HANDBOOK** I acknowledge that my child and I understand the JRCS Student Handbook and that it is available online at the JRCS website. We will read and comply with the policies contained therein. Paper copies will be made available upon
request.

_____ _____
Parent Name (please print) Parent Signature

_____ _____ _____
Student Name Grade Date

JRCS Dismissal Parent Directive: *5th-8th*

The information below assists our staff in making sure your child is in the right location for dismissal procedures. It is our goal that every child is safely dismissed from John Rex School. Your child's teacher must know the directions from you, the parent, in order to carry them out successfully each day. *Changing this information can be confusing to students and teachers.* **Please remember, all students are only released to adults with Student Number Match Card.**

Child's Name _____ Dismissal Number (completed by office): _____

Grade: _____ Teacher: _____

Please indicate by placing an X in the respective column *for each day* how your child will go home at the end of the day and **leave this form with your child's teacher.**

	Car Rider	DayCare Bus/Van Rider	Walker (outside north doors)	
Monday				
Tuesday				
Wednesday 1:45 dismissal				
Thursday				
Friday				

Authorized Persons for Pick-up

Please list the names of those authorized to pick up your child on a regular basis.

- _____
- _____
- _____
- _____
- _____

DAYCARE - If your child will be riding a Daycare Bus/Van, please list the following:

Daycare Name: _____

Address:_____

Phone: _____Contact Person: _____

Print Parent Name_____Phone #_____

Parent Signature_____Date _____

_____

ANNUAL MEDICAL ALERT

John Rex Charter School

STUDENT NAME _____ DATE OF BIRTH _____

_____

PARENT/LEGAL GUARDIAN _____ SCHOOL YEAR 2022-2023 GRADE _____

_____

A signed copy of this form must be turned in to the office as part of the annual enrollment.

If prescription medication is to be administered at school, it **must** be in the *original* prescription container **and** the form *Authorization for the Administration of Medication* must be signed by the prescribing physician and parent/legal guardian.

Please mark one of the following:

_____ My child does **not** have any medical conditions.

_____ My child does have a medical condition(s). Please check and explain any medical conditions your child has that you would like the school and faculty and staff to be informed of

Conditions	Treatment
Allergies ❑ Hay Fever ❑ Reactions to insect bites/stings ❑ Medications ❑ Foods ❑ Other _____	
Asthma	
Diabetes	
Seizure Disorder	Action plan required. See office.
Hearing Problems	Action plan required. See office.
Visual Problems (including wearing glasses/contacts)	
Other (please explain):	

PHYSICAL EDUCATION CLASS:

_____ My child can participate in P.E. with **NO** restrictions.

_____ My child can participate in P.E. **with certain** restrictions.

If yes, EXPLAIN: _____

_____ My child CANNOT participate in P.E. because of medical restrictions. *(Physician's note required)*

If yes, EXPLAIN: _____

Parent/Legal Guardian Signature _____ Date _____

John Rex Charter School

Authorization for the Administration of Medication

Authorization and Request for the Administration of Medication at school to be used when a physician orders:

A. Prescription Medication that is to be given for longer than a 10 day period.
B. Medication that is to be given only when needed.
C. Non-prescription or "over-the-counter" medication.

Student Name _____ Date of Birth _____
Phone Number _____ Teacher _____ Grade _____
School John Rex Charter School Phone 405-421-0014 Fax 539-202-7104
Date form received by the school _____

_____

TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER:

1. Reason for medication_____
2. Name of medication_____
3. Dosage/amount to be given_____
4. Specific time to be administered_____
5. Duration (week, month, indefinite, etc.)_____
6. Anticipated reaction to medication (symptoms, side effects, etc.)_____

   _____
7. Form of medication/treatment: _____
   ____ Tablet ____ Liquid ____ Inhaler ____ Injection ____ Nebulizer ____Other

8. Special storage requirements: ____None ____Refrigerate___

_____ _____ _____
Physician's Name Physician's Signature Date

_____ _____ _____
Address Phone Fax

****

TO BE COMPLETED BY THE PARENT/GUARDIAN:

I hereby request and give my permission for the above named school to administer the medication prescribed on this form to my child. If the medication is prescribed by a physician, the pharmacy label must be attached to the medication. If this medication is an "over the counter medication" it must be brought in the original container/box. I further understand that I will be responsible for picking up any medication at the end of the school year. Any medication left at school after June 1 will be discarded utilizing proper procedure.

_____ _____
Parent/Guardian Signature Date

Student Technology Contract

1. I understand that Chromebooks, iPads, and iMacs are property of John Rex Charter School and as such is a privilege that can be revoked at any time.

2. I understand Chromebooks, iPads, and iMacs are electronic tools for learning first and foremost.

3. I understand that Chromebooks, iPads, and iMacs are for my sole purpose as designated by my signature below.

4. I understand under no circumstances should any device leave the premises of John Rex Charter School without consent from the parent/guardian and teacher.

5. I understand that I am not permitted to remove any device from the johnrexschools.org domain.

6. I understand that I am not permitted to alter the design of any device (no stickers or markings may be removed or added).

7. I understand that any device is school property and if I damage or destroy a device, I am responsible for those damages.

8. I agree to the JRCS internet usage policy.

> "The use of electronic resources shall be consistent with the purpose, mission, and goals of JRCS and used **only** for educational and professional purposes."

I have read and understand all terms of the Chromebook contract. I will adhere to JRCS internet usage policy as well as the above listed agreements.

Student's Full Name_____ Student Signature _____

Date _____

I have discussed this contract with my child and will support the school by reinforcing my child's correct use of technology in our school.

Parent's Full Name_____ Parent Signature _____

Date _____

JOHN REX
CHARTER SCHOOL™

Chromebook Checkout Form

Student Name_____ Student Grade Level/Teacher_____ __

This form must be filled out for any John Rex student who wants to check out a Chromebook. The following guidelines must be initialed and signed by both the student and their parents.

I understand that I am only to use the Chromebook for school related activities.
_____(parent initials) _____(student initials)

I understand that my use of the Chromebook, including websites and documents, can be monitored.

_____(parent initials) _____(student initials)

I understand that, as a parent, I am responsible for monitoring my child's usage of the Chromebook and will supervise my child while he/she is accessing the internet.

_____(parent initials) _____(student initials)

I understand that I am financially responsible for any damages that occur to the Chromebook while it is in my possession.

_____(parent initials) _____(student initials)

I understand that failing to return the Chromebook will result in purchasing the Chromebook for $200.

_____(parent initials) _____(student initials)

I agree to the above guidelines for the use of a loaned Chromebook owned by John Rex Charter School.

_____(Parent Signature)

_____(Student Signature)

School Year 2022 - 2023
Economically Disadvantaged Form

This application should be completed for ALL students regardless of income eligibility or qualification.

School: John Rex Charter School Grade:_____ Teacher: _____

Student Name:_____

Please select the income range that represents the total annual gross income:

- ○ Less than $25,142
- ○ Between $25,142 and $33,874
- ○ Between $33,874 and $42,606
- ○ Between $42,606 and $51,338
- ○ Between $51,338 and $60,070
- ○ Between $60,070 and $68,802
- ○ Between $68,802 and $77,534
- ○ Between $77,534 and $86,266
- ○ Between $86,266 and $94,998
- ○ Between $94,998 and $103,730
- ○ Between $103,730 and $112,462
- ○ $112,462 +

Please select the total number of people in your household:

- ○ One (1)
- ○ Two (2)
- ○ Three (3)
- ○ Four (4)
- ○ Five (5)
- ○ Six (6)
- ○ Seven (7)
- ○ Eight (8)
- ○ Nine (9)
- ○ Ten (10)
- ○ Eleven (11)
- ○ Twelve (12) or more

Signature: I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school.

Sign Here:_____ **Date:** _____

Print Name: _____

For Office use only:

- ○ Qualified
- ○ Not Qualified

2022-2023 Household Application for Free and Reduced Price School Meals

Apply online:

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper.)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless**, **Migrant** or **Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	DOB	School Name	Grade	Student? Yes	Student? No	Foster Child	Homeless, Migrant, Runaway

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

If NO > Go to STEP 3.

If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child income $ ____ How often? Weekly ○ Bi-Weekly ○ 2x Month ○ Monthly ○

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work $	How often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/Alimony $	How often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/Retirement/ All Other Income $	How often? Weekly	Bi-Weekly	2x Month	Monthly
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults) ____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X X ____ **Check if no SSN** ☐

STEP 4 Contact information and adult signature. Mail Completed Form To:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) ____ Apt # ____ City ____ State ____ Zip ____ Daytime Phone and Email (optional) ____

Printed name of adult signing the form ____ Signature of adult ____ Today's date ____

INSTRUCTIONS Sources of Income

Sources of Income for Children

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov

This institution is an equal opportunity provider

Do not fill out For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income

How often?

Weekly	Bi-Weekly	2x Month	Monthly
○	○	○	○

Household Size

Categorical Eligibility ☐

Eligibility:

Free	Reduced	Denied
○	○	○

Determining Official's Signature **Date**

Confirming Official's Signature **Date**

Verifying Official's Signature **Date**