



## 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 **MUST** 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): \_\_\_\_\_

**T-Shirts:** 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

**Please complete and turn in the following:**

**STUDENT INFORMATION PACKET:** *(available on our webpage)*

- School-Parent-Student Compact Form
- Permissions & Authorizations Form
- Dismissal Directive Form
- Car Tag Information & Waiver
- Annual Medical Alert Form
- Authorization for the Administration of Medication (if applicable)
- Student Technology Contract
- Chromebook Checkout
- Free/Reduced Meal Application
- Economic Impact Form
- John Rex Housing Information Form
- Bring Proof of Residency (current utility bill, mortgage or lease)

**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



Child's Name \_\_\_\_\_ Child's Teacher Name \_\_\_\_\_ Grade \_\_\_\_\_

## School-Parent-Student Compact

### As a school, we will:

- Provide a unique educational experience in downtown OKC that prepares all students for success in high school, college, career and life.
- 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: \_\_\_\_\_



Child's Name \_\_\_\_\_ Child's Teacher Name \_\_\_\_\_ Grade \_\_\_\_\_

**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 will not initial this section as indication for my student's photograph to not be used in the above publications.

\_\_\_\_\_ 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 will not initial this section as indication for my information to not be used in a school directory.

\_\_\_\_\_ INITIAL: **INTERNET USAGE** I understand JRCS provides computer network resources. The use of electronic resources shall be consistent with the purpose, mission, and goals of JRCS 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 Signature: \_\_\_\_\_ 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				<p style="text-align: center;"><b>Authorized Persons for Pick-up</b></p> <p>Please list the names of those authorized to pick up your child on a regular basis.</p> <ul style="list-style-type: none"> <li>● _____</li> <li>● _____</li> <li>● _____</li> <li>● _____</li> <li>● _____</li> </ul>
Tuesday				
Wednesday 1:45 dismissal				
Thursday				
Friday				

**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 \_\_\_\_\_



John Rex Charter School will be issuing numbered hanging car tags to every family. Tags will be **yellow** this year and will change color every year. Last year's tags will NOT be accepted. Each family will get 2 copies of their issued car tag.

**Displaying Car Tags:**

- Car tags must be displayed in the window, whether it's hung from the rear view mirror or on the dashboard, in order to have the student released to the parent.
- Car tags must also be carried in hand to pick a child up from the North Walker gate. Pictures of the tag on a phone or photocopies will not be accepted.
- If you forget your car tag at dismissal, you will need to park and come into the school office with a photo ID to have your child released.

I understand that if I (parent/guardian) shares my family car tag and number with anyone, I assume the responsibility for my child's safety.

If I lose my tag, it is my responsibility to notify the front office immediately so that a new tag can be issued. New tags will cost \$2 each. The school does not assume responsibility for lost or stolen tags if not reported to the school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Complete one page per family

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Grade Level

# ANNUAL MEDICAL ALERT 2023-2024

John Rex Charter School

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT/LEGAL GUARDIAN NAME \_\_\_\_\_ 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 <input type="checkbox"/> Hay Fever <input type="checkbox"/> Reactions to insect bites/stings <input type="checkbox"/> Medications <input type="checkbox"/> Foods <input type="checkbox"/> 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



Child's Name \_\_\_\_\_ Child's Teacher Name \_\_\_\_\_ Grade \_\_\_\_\_

## 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 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 (Grades 2-8)

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 2023 - 2024**  
**Economic Impact Form**

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

School: John Rex Charter School

Please select the income range that represents your household annual gross income:

- |  |  |
|--|--|
| <input type="checkbox"/> Less than \$26,973            | <input type="checkbox"/> Between \$84,027 and \$93,536   |
| <input type="checkbox"/> Between \$26,973 and \$36,482 | <input type="checkbox"/> Between \$93,536 and \$103,045  |
| <input type="checkbox"/> Between \$36,482 and \$45,991 | <input type="checkbox"/> Between \$103,045 and \$112,554 |
| <input type="checkbox"/> Between \$45,991 and \$55,500 | <input type="checkbox"/> Between \$112,554 and \$122,063 |
| <input type="checkbox"/> Between \$55,500 and \$65,009 | <input type="checkbox"/> Between \$122,063 and \$131,572 |
| <input type="checkbox"/> Between \$65,009 and \$74,518 | <input type="checkbox"/> More than \$131,572             |
| <input type="checkbox"/> Between \$74,518 and \$84,027 |  |

Please select the total number of people in your household:

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> One (1)   | <input type="checkbox"/> Eight (8)                              |
| <input type="checkbox"/> Two (2)   | <input type="checkbox"/> Nine (9)                               |
| <input type="checkbox"/> Three (3) | <input type="checkbox"/> Ten (10)                               |
| <input type="checkbox"/> Four (4)  | <input type="checkbox"/> Eleven (11)                            |
| <input type="checkbox"/> Five (5)  | <input type="checkbox"/> Twelve (12)                            |
| <input type="checkbox"/> Six (6)   | <input type="checkbox"/> More than 12: Indicated how many _____ |
| <input type="checkbox"/> Seven (7) |   |

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

# KNOW YOUR RIGHTS

- Are you staying in temporary housing?
- Do you want your children to stay at their current school?
- Are you having trouble enrolling your children in school or getting them there?

## Help may be available



- If you are staying temporarily with someone else because you lost your housing, or staying in a motel, campground, shelter, or in an outside or inadequate place, you and your children have special rights at school.
- Those rights include:
  - Staying in the same school even if you move, and receiving transportation to that school, as long as it is in the student's best interest
  - Enrolling in school immediately without the documents schools usually require
  - Receiving free school meals
  - Getting help with school supplies and other needs
  - Extra support for youth who are on their own
  - Help connecting young children with early childhood services
- Contact your school district's McKinney-Vento Liaison to find out if you qualify for help: Lana Ingram, [lingram@johnrexschool.org](mailto:lingram@johnrexschool.org), 405-875-0032
- Contact your McKinney-Vento State Coordinator if you can't reach the Liaison or have other questions: Tammy Smith, [tammy.smith@sde.ok.gov](mailto:tammy.smith@sde.ok.gov), 405-522-3260

# John Rex Housing Information Form

Your answers will help determine if your student meets eligibility requirements for services under the McKinney- Vento Act.

Student Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_  
Phone Number \_\_\_\_\_ Student Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is this address Temporary or Permanent?

- Temporary  
 Permanent

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian  
 Motel, car, or campsite  
 Shelter or other temporary housing  
 With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing  
 Economic situation  
 Temporarily waiting for house or apartment  
 Provide care for a family member  
 Living with boyfriend/girlfriend  
 Loss of employment  
 Parent/Guardian is deployed  
 Other (Please explain)

Is this student living apart from their parents or guardians?

- Yes  
 No

**Students without fixed, regular, and adequate nighttime residences have the following rights:**

- Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- Transportation to the school of origin for the regular school day;
- Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison, Lana Ingram, at 405-875-0032, or the State Coordinator, Tammy Smith, at 405-522-3260.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_