

# STUDENT INFORMATION

Mulhall-Orlando Schools

20\_\_-20\_\_

Student's Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Student's Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent Email(s) \_\_\_\_\_

Name & Phone Numbers of Emergency Contact Person(s) Other Than the Parents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical and/or Important Information (asthma, food allergies, who can or cannot pickup the student etc...)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Parent/Guardian Authorization to Administer Medicine

\_\_\_\_\_ I give Mulhall-Orlando staff permission to administer a non-prescription medication to my child.  
(cough drops, Tylenol, Ibuprofen, etc...)

\_\_\_\_\_ I give Mulhall-Orlando staff permission to administer a prescription medication, which I am  
supplying, in the original bottle/container, with label directions, when needed, to my child.

Child's Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## MULHALL-ORLANDO HOUSING INFORMATION FORM

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

Student \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
School \_\_\_\_\_ Phone \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip Code \_\_\_\_\_ Is this address Temporary or Permanent? (Circle one)

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)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

### Housing and Educational Rights

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

- 1) 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;
- 2) Transportation to the school of origin for the regular school day;
- 3) 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 at (405) 649-2000.

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

\_\_\_\_\_  
Signature of Parent/Guardian/Unattached Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of McKinney-Vento Liaison

\_\_\_\_\_  
Date

# MULHALL-ORLANDO PUBLIC SCHOOL

## AUTHORIZATION

### TO CONSENT TO MEDICAL AND DENTAL TREATMENT FOR MINOR CHILD TO ADULT NONPARENT

We, \_\_\_\_\_, of \_\_\_\_\_  
Parent/Guardian Address

County of \_\_\_\_\_, State of Oklahoma, the parent(s) or guardian(s) having legal custody of \_\_\_\_\_, who resides with us at the address set forth above, do hereby authorize Mulhall-Orlando Public Schools in whose care the minor(s) has/have been entrusted, to consent such minor(s) to be taken to the doctor or hospital if the parent/guardian cannot be contacted.

This authorization cover the following time period: August 20\_\_ through May 20\_\_

Physician of choice: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Name Address Phone

#### WHO TO CONTACT IF PARENT/GUARDIAN ARE NOT AVAILALBE

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Name Relationship Phone Number(s)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Name Relationship Phone Number(s)

We also give Mulhall-Orlando Public Schools permission for the child/children to be released in the custody of the above named person if the parent/guardians are not available.

\_\_\_\_\_  
Parent Signature Date

STATE OF OKLAHOMA

\_\_\_\_\_  
Parent Signature Date

COUNTY OF LOGAN

Before me, the undersigned, a Notary Public in and for said County and State on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, personally appeared \_\_\_\_\_ to me known to be the identical person(s) who executed the foregoing instrument and acknowledged to me that \_\_\_\_\_ executed the same as \_\_\_\_\_ free and voluntary act and deed for the uses and purposes therein set forth.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Number

## Parental Authorization to Administer Medicine

To: Ms. Oldenburg, Principal, Mulhall-Orlando High School

I am the parent with legal custody or the legal guardian of \_\_\_\_\_,  
a student attending this school. This student requires medication at intervals during the day.

I hereby give my consent and authorize the school principal, my child's teacher, or an employee  
of Mulhall-Orlando Public School to administer:

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Dosage Time(s) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Dosage Time(s) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Dosage Time(s) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

I understand that under state law, the Board of Education, the School District, or employees of  
the District shall not be liable to the student or the student's parent(s) or guardian(s) for civil  
damages for any personal injuries to the student which results from acts or omissions of school  
employees in administering the medicine I have hereby authorized.

Date \_\_\_\_\_

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

Witness \_\_\_\_\_ Signature \_\_\_\_\_



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.
  - 2. Scored unsatisfactory or limited knowledge in Reading 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(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	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	Reading Total Composite Score(s) %

**From Above:**  
 Question 1: Reference WAVE code 1036  
 Question 2: Reference WAVE code 1037  
 Question 3: Reference WAVE code 1038

# Mulhall-Orlando Public Schools

"Home of the Panthers"

P.O. Box 8

Orlando, OK 73073

(580) 455-2211

## Student Information and Media Release

I GRANT MULHALL-ORLANDO SCHOOL AND IT'S EMPLOYEES PERMISSION TO PRINT INFORMATION AND PICTURES CONCERNING MY SON/DAUGHTER FOR USE IN SCHOOL PROGRAMS (MUSIC PROGRAMS, ATHLETIC PROGRAMS, AWARD PROGRAMS, ETC.); A STUDENT DIRECTORY (FOR STUDENT USE); AND ANNOUNCEMENTS FOR HONORS AND AWARDS (NEWSPAPER, WEBSITE, SOCIAL MEDIA, ETC.)

NAME OF STUDENT \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

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## Mulhall-Orlando Public Schools Cell Phone Contract

As stated in our school handbook, cell phones are to be turned off and placed in their vehicle/locker or placed in classroom phone caddy. Any phone seen or heard during the school day will be confiscated. **If a student's cell phone is confiscated, the student's parent will be responsible for picking the cell phone up from school.** The cell phone will not be returned to the student by a school official. Any reoccurring cell phone offenses will be handed according to Mulhall-Orlando School's discipline policy and may result in suspension.

If a student wishes to have the privilege of bringing a cell phone to school he/she must do the following:

- 1) Sign this contract along with his/her guardian/parent.
- 2) Submit his/her cell phone number to the school.
- 3) Must have read the cell phone contract policy and abide by its rules.

By not agreeing to this contract the student is forfeiting their privilege to bring a cell phone to school. Any student who did not sign a cell phone contract and is caught with a cell phone will be immediately suspended from school for 1 day.

Student (print) \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

By signing this contract I agree to abide by the cell phone policy for Mulhall-Orlando Public Schools.

Student \_\_\_\_\_

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

**Mulhall-Orlando Public Schools**  
**POLICY, TERMS AND CONDITIONS FOR USE OF INTERNET**  
**USER AGREEMENT**

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The following is a legal binding document. Please read carefully before signing.

Acceptable Use

The use of your Internet access must be in support of education and research and consistent with the educational objectives of the Mulhall-Orlando Public School System.

It is not acceptable to use the Internet for any reason other than educational objectives.

It is not acceptable to use the Internet to transit or receive threatening, obscene, or harassing materials.

It is not acceptable to use vulgarities or any other inappropriate language. Illegal activities are strictly prohibited.

It is not acceptable to use the network in such a way that you disrupt the use of the network for other users.

It is not acceptable to use another user's account without written permission from that individual.

It is not acceptable to harm or destroy data of another user, internet, or any other networks that are connected to the connections.

It is not acceptable to change the settings of a computer or disable the filter.

Privileges

The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The system administrator will deem what is appropriate use and their decision is final. The administration, faculty, and staff of Mulhall-Orlando Public School may request the system administrator to deny, revoke, or suspend specific user accounts.

Warranties

The Mulhall-Orlando Public School system makes no warranties of any kind, whether expressed or implied, for the service it is providing. The Mulhall-Orlando Public School System will not be responsible for any damages you suffer. This includes loss of data resulting from delays, nondeliveries, misdeliveries, or service interruptions caused by its on negligence or your errors or omissions. Use of any information obtained via Mulhall-Orlando Public School is at your own risk. The Mulhall-Orlando Public School System specifically denies any responsibility for the accuracy or quality of information obtained through this service.

Exception of Terms and Conditions

All terms and conditions as stated in this document are applicable to the Mulhall-Orlando Public School System. These terms and conditions reflect the entire agreement of the parties and supersede all prior oral or written agreements and understandings of the parties. These terms and conditions shall be governed and interpreted in accordance with the laws of the State of Oklahoma and the United States of America.

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**STUDENT**

I further understand that any violations of the regulations above is unethical and may constitute a criminal offense. Should I commit any violations, my access privileges may be revoked, school disciplinary action and/or appropriate legal action may be taken.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PARENT OR GUARDIAN**

As the parent or guardian of this student, I have read the Terms and Conditions for Internet access. I understand that this access is designed for educational purposes and the Mulhall-Orlando Public School System has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for the Mulhall-Orlando Public School System to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use of the network is not in a school setting. I hereby give permission to issue access for my child and certify that the information contained on this form is correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Mulhall – Orlando Public Schools

“Home of the Panthers”

P.O. Box 8

Orlando, OK, 73073

(580) 455-2211

### PERMISSION TO DRIVE OR RIDE TO MULHALL FOR P.E. CLASSES

Due to the use of the new gym in Mulhall and location of softball field, students enrolled in competitive sports will be transporting to Mulhall on some days to practice.

The school wishes to insure that we are informed of the types of transportation the student permission to utilize.

(Check all choices that apply and sign)

Name of Student \_\_\_\_\_

\_\_\_\_\_ A. Permission to drive their own vehicle.

Passengers Allowed \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ B. Permission to ride with the other students.

\_\_\_\_\_ C. Permission to ride with only the following students (please notify office of any changes)

\_\_\_\_\_  
List students with which your child may ride.

\_\_\_\_\_ D. Must ride school bus only.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE





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**DRIVING RELEASE FOR STUDENTS TO DRIVE TO CAREER-TECH**

I GIVE PERMISSION FOR MY CHILD \_\_\_\_\_  
Student’s Full Name

(CHECK ALL CHOICES THAT APPLY)

\_\_\_\_ A. DRIVE TO CAREER-TECH IN THEIR OWN VEHICLE

PASSENGERS ALLOWED \_\_\_\_ YES \_\_\_\_ NO

\_\_\_\_ B. RIDE WITH THE FOLLOWING STUDENT

\_\_\_\_\_  
List students with which your child may ride.

\_\_\_\_ C. DRIVE ONLY ON DAYS THAT SPECIAL PERMISSION IS GIVEN BY ME THE PARENT

\_\_\_\_ D. MUST RIDE SCHOOL BUS ONLY

AS THE PARENT/GUARDIAN OF \_\_\_\_\_ I TAKE FULL RESPONSIBILITY AND GIVE MULHALL-ORLANDO PUBLIC SCHOOL PERMISSION TO ALLOW MY CHILD TO DRIVE OR RIDE TO CAREER-TECH AS INDICATED ABOVE. I UNDERSTAND THAT THIS PRIVILEGE CAN BE REVOKED BY THE SCHOOL IF MY CHILD IS SEEN DRIVING IN A RECKLESS MANNER, SPEEDING, ALLOWING UNAUTHORIZED PASSENGERS, NOT RETURNING TO SCHOOL ON TIME OR BREAKING THE LAW IN SOME OTHER MANNER. I FURTHER UNDERSTAND THAT THERE IS A BUS AVAILABLE FOR MY CHILD TO RIDE TO AND FROM CAREER-TECH, BUT I AM GIVING HIM/HER PERMISSION TO DRIVE.

\_\_\_\_\_  
PARENT SIGNATURE

NOTARIZED BY \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_  
DATE



# Sign up for important updates from M-O Admin.

Get information for **Mulhall-Orlando Public Schools** right on your phone—not on

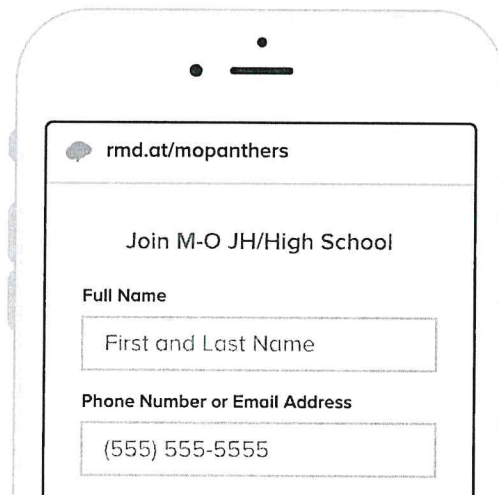
Pick a way to receive messages for **M-O JH/High School**:

**A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

[rmd.at/mopanthers](https://rmd.at/mopanthers)

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



**B** If you don't have a smartphone, get text notifications.

Text the message @mopanthers to the number 81010.

If you're having trouble with 81010, try texting @mopanthers to (405) 896-6110.



Don't have a mobile phone? Go to [rmd.at/mopanthers](https://rmd.at/mopanthers) on a desktop computer to sign up for email notifications.

# NEW POLICY ON LUNCH BILLS

LUNCH BILLS ARE NOT TO EXCEED \$50.00 PER FAMILY.

IF YOUR LUNCH BILL GOES OVER THAT LIMIT YOUR STUDENT(S) WILL BE SERVED AN ALTERNATIVE BREAKFAST AND LUNCH UNTIL THE BILL IS PAID IN FULL.

THEY CAN BRING THEIR LUNCH DURING THAT TIME OR PAY FOR THEIR MEAL EVERY DAY.