



U.S. Department of the Interior  
**Bureau of Indian Education**  
Bureau-Operated Schools

## Bureau of Indian Education

### Riverside Indian School

101 Riverside Drive - Anadarko, OK 73005

Toll Free: (888) 886-2029 - Phone: (405) 247-6670 - Fax: (405) 247-8039

[www.ris.bie.edu](http://www.ris.bie.edu)

# Application for Admission 2025-2026 School Year

Dear Parents/Guardians

Riverside Indian School (RIS) is now accepting applications for students seeking admissions in grades 4-12 for the 2025-2026 school year. RIS is the oldest and largest off-reservation boarding school in the United States and has been in operation since 1871. We serve approximately 500 students representing 80 tribal nations from 23 states. It is our goal to provide a safe and positive learning environment for our students. We take pride in implementing cultural elements into our curriculum while fulfilling academic requirements of the Bureau of Indian Education and the Oklahoma State Department of Education.

The application includes a checklist of documents that must be submitted with the applications. If the application form is incomplete, inaccurate, or the required documents are not included, your application will not be considered. Completed applications are reviewed by the RIS Admissions Committee on a first come-first served basis due to space limitations. Falsification of information will result in a denial of the application or an immediate dismissal of the student if the information is discovered after the student has been accepted.

Travel is provided by RIS for accepted students and includes travel to school, home for the holiday break, back to school after the holiday break, and then back home at the end of the school year. Travel arrangements are based on information provided in the application. Any additional travel based on withdrawals or family emergencies is the responsibility of the parents/guardians.

Thank you for considering Riverside Indian School for your child's education. If you have questions or need additional information regarding this application or our school, please feel free to contact us at 405-247-6670 or visit the school website at [www.ris.bie.edu](http://www.ris.bie.edu)

Sincerely,

A handwritten signature in cursive script that reads 'Jeremy Lee'.

Jeremy Lee, Principal



**RIVERSIDE INDIAN SCHOOL  
NEW STUDENT APPLICATION  
2025-2026**

**PLEASE ANSWER ALL QUESTIONS**

**SIGN AND DATE EVERY PAGE**

**Need copies of the following documents:**

- **Immunization record** with the current date printed on top
- **CDIB-Tribal enrollment**
- **State certified birth certificate**
- **Social security card**
- **Transcripts for high school students. Report cards for grades 4-8**
- **School reference form--must take to the school**
- **Medical insurance cards/numbers**
- **Physical--must use our OSSAA Physical Examination and Consent**
- **Free and reduced lunch forms--Only for Oklahoma students**
- **If there is guardianship or custody papers must have a copy**

**Email: [Lacretia.vasquez@bie.edu](mailto:Lacretia.vasquez@bie.edu)**

**Fax: 405-247-8039 OR 405-247-5529**

**Phone: 405-247-8000 Ext. 228, Direct Line: 405-247-4183**



**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**3. SCHOOL(S) STUDENT PREVIOUSLY ATTENDED**

Have you completed a GED: Yes ( ) No ( )

School Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grades: \_\_\_\_\_  
 Address: \_\_\_\_\_ Attended: \_\_\_\_\_ Completed: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 Student Participated in Special Education Program: Yes ( ) No ( )  
 Student Participated in Gifted and Talented Program: Yes ( ) No ( )

School Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grades: \_\_\_\_\_  
 Address: \_\_\_\_\_ Attended: \_\_\_\_\_ Completed: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 Student Participated in Special Education Program: Yes ( ) No ( )  
 Student Participated in Gifted and Talented Program: Yes ( ) No ( )

School Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grades: \_\_\_\_\_  
 Address: \_\_\_\_\_ Attended: \_\_\_\_\_ Completed: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 Student Participated in Special Education Program: Yes ( ) No ( )  
 Student Participated in Gifted and Talented Program: Yes ( ) No ( )

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before the student is enrolled.

\_\_\_\_\_  
 Signature of Parent/Legal Guardian/Adult Student

\_\_\_\_\_  
 Date

## STUDENT TRAVEL INFORMATION

**(REQUIRED for students living outside the state of Oklahoma Only)**

\*Please complete the form if your student does **NOT** live in the state of Oklahoma. All out of state students are **REQUIRED** to travel by plane at the beginning of the school year. If your student does not fly at the beginning of the school year, you will be responsible for his/her transportation during the Christmas break and at the end of the school year.

<b>STUDENT INFORMATION</b>	
<b>Name:</b> _____ (As it appears on their student ID/State ID/Tribal ID)	
<b>Date of Birth:</b> _____ <b>Age:</b> _____	
<b>Gender:</b> _____ <b>Male</b> _____ <b>Female</b>	
<b>TRAVEL INFORMATION</b>	
<b>Airport:</b> _____ (Large Airport Nearest to your home)	
Please list any siblings / relatives that your child will need to fly with:	
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
<i>*If requesting to travel with other students, travel will not be scheduled until all students have been accepted.</i>	
<b>PARENT/GUARDIAN CONTACT INFORMATION</b>	
Parent/Guarding/Adult/Student: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Cell Phone: _____ Home Phone: _____ Work Phone: _____	
Parent Email: _____	

**Any travel questions may be directed to Mrs. Dobson at 405-247-8024 or 888-886-2029 ext. 261.**

LEGAL CUSTODY FORM  
(PLEASE COMPLETE REQUIRED FORM)

Is child currently under ICW or State custody? (please circle) Yes No

Caseworker: \_\_\_\_\_

Tribe: \_\_\_\_\_

If yes, please provide a copy of custody documents.

I, \_\_\_\_\_, have legal custody  
of (Print Parent/Guardian)

\_\_\_\_\_ as set forth by  
(Print Student Name)

- Birth Divorce
- Decree
- Tribal Court

Please attach a copy of one of the above named documents and return with application. Is

there a restraining order in place? (please circle) Yes No

If yes, please give name of person \_\_\_\_\_

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

### Authorization for Medical Care of a Minor

I, \_\_\_\_\_ (Print Parent/Guardian's Name), the parent/legal custodian/legal guardian of \_\_\_\_\_ (Print minor's name).

DO HEREBY AUTHORIZE **RIVERSIDE INDIAN SCHOOL** to:

Act in my behalf, in the best interests of the child, in authorizing medical care or behavior or mental health care for him/her: (to include any vaccinations, x-ray, laboratory, anesthetic, medical, surgical or dental diagnosis and/or treatment) care to be rendered to the above named minor under supervision and upon advice of a physician, surgeon or dentist licensed to perform such care.

In giving this consent, I recognize and understand that in situations where the above named minor required immediate medical or hospital care, it may not be possible to contact me. In such situations, I authorize a physician, surgeon or dentist to exercise his/her professional judgment and assess risks incident to and choose the necessary treatment as he/she in professional judgment determines to be necessary for the health or safety of the above named minor.

\_\_\_\_\_ Date Signature of parent or person having legal custody or legal guardian

\_\_\_\_\_ Address City State Zip Code

\_\_\_\_\_ Phone Number (Home) Phone Number (Work)

Minor's Birth Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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This form for Authorization for Medical Care of a Minor gives permission for a physician, surgeon or dentist to provide necessary care to a child whose parents are not immediately available. Riverside Indian School administration and staff, of course, will make every effort possible to contact you in case of an emergency.

## Consent for Treatment

This form is to document that I give my permission and consent for my child to receive psychotherapeutic treatment (if deemed needed to \_\_\_\_\_  
Name of Student  
who is my \_\_\_\_\_  
Relationship to Student

I understand that conversations with the therapist will usually be confidential. I further understand that therapists, by law, must report actual or suspected child or elder abuse to appropriate authorities. In addition, the therapist has a legal responsibility to protect anyone who may feel threatened with violence, harmful or dangerous actions and may break confidentiality of communications if such a situation arises. I understand that the therapist will attempt to resolve these situations before breaking confidentiality.

I know of no reasons why this therapy should not be undertaken for my child and agree to participation.

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

\_\_\_\_\_  
Date

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

What is the name of the clinic where the applicant receives care? \_\_\_\_\_

What is the date of the applicant's last physical exam? \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

List any medications applicant is taking and the reason for taking medications: \_\_\_\_\_

Has applicant been hospitalized in the last two years? \_\_\_\_\_ NO \_\_\_\_\_ YES. If yes, describe reason? \_\_\_\_\_

Is applicant allergic to any food, medicine or has any other allergies? \_\_\_\_\_ NO \_\_\_\_\_ YES

If yes, describe \_\_\_\_\_

Does applicant use alcohol or drugs? \_\_\_\_\_ NO \_\_\_\_\_ YES

If yes, describe \_\_\_\_\_

Does applicant use tobacco? \_\_\_\_\_ NO \_\_\_\_\_ YES

If yes, describe \_\_\_\_\_

Is the applicant diabetic? \_\_\_\_\_ NO \_\_\_\_\_ YES

If yes, does the applicant take medicine for it? \_\_\_\_\_

Does the applicant have any health conditions staff needs to be aware of? \_\_\_\_\_ NO \_\_\_\_\_ YES

If yes, describe \_\_\_\_\_

Has the applicant had suicidal thoughts or verbalized thoughts or ideas, been depress? \_\_\_\_\_ NO \_\_\_\_\_ YES

If yes, describe \_\_\_\_\_

Has applicant ever had the following, check No or Yes:

- |                     |          |           |                              |          |           |
|---------------------|----------|-----------|------------------------------|----------|-----------|
| Bleeding Problem    | _____ No | _____ Yes | TB or Lung Disease           | _____ No | _____ Yes |
| Chest Pains         | _____ No | _____ Yes | Asthma                       | _____ No | _____ Yes |
| Hepatitis           | _____ No | _____ Yes | Sinus Trouble                | _____ No | _____ Yes |
| Heart Murmur        | _____ No | _____ Yes | Cancer or Tumors             | _____ No | _____ Yes |
| Heart Attack        | _____ No | _____ Yes | Seizures or Epilepsy         | _____ No | _____ Yes |
| High Blood Pressure | _____ No | _____ Yes | Blood Transfusion            | _____ No | _____ Yes |
| Rheumatic Fever     | _____ No | _____ Yes | Sexually Transmitted Disease |          |           |
| Anemia              | _____ No | _____ Yes |                              | _____ No | _____ Yes |
| Stroke              | _____ No | _____ Yes | Kidney Problems              | _____ No | _____ Yes |
| Ulcers              | _____ No | _____ Yes | Liver Problems               | _____ No | _____ Yes |

FEMALES ONLY

Is the applicant pregnant? \_\_\_\_\_ NO \_\_\_\_\_ YES

Is the applicant on any type of birth control? \_\_\_\_\_ NO \_\_\_\_\_ YES

These answers are true to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Riverside Indian School Residential Checklist

Items provided by Riverside Indian School are in bold.

### Bed and Bath

- Pillows
  - Blanket
  - Towels & Washcloths
- Optional if desired
- Shower Shoes/Flip Flops
  - Shower Caddy
  - Plastic Hangers

### Laundry Supplies

- Detergent
- Optional if desired
- Dryer Sheets
  - Fabric Softener
  - Laundry Bag/Basket

### Personal Supplies/Toiletries

- Soap/Shampoo
- Toothbrush/Toothpaste

Optional if desired

- Deodorant
- Tampons
- Prescription Medication(s)
- Hair Products/Hair Dryer
- Makeup/Moisturizers

- Shaving Accessories

*\*\*All razors, perfume, cologne & Medication will be given to HLA for safe keeping. \*\**

Identification/Money Optional if desired

- ATM Card\*
- Driver's License/Identification

Electronics Optional if desired

- Alarm Clock
- Camera
- Music Player
- Cell Phone Charger
- Computer/Laptop-  
-Don't forget the laptop's charger and locking cable
- Gaming System

***\*\*The school is not responsible for theft or Loss of electronic devices\*\****

### Miscellaneous

#### School Supplies

- |   |   |
|---|---|
| <input type="checkbox"/> Pens/Pencils         | <input type="checkbox"/> Spiral Notebooks |
| <input type="checkbox"/> Calculator           | <input type="checkbox"/> Tape/Post-its    |
| <input type="checkbox"/> Dictionary/Thesaurus |   |

Optional if desired

- Backpack
- Posters
- Plastic Food Storage containers with sealing lids\*
- Dishware/Silverware - plastic
- Jacket/Coat\*
- Umbrella\*
- Sports Equipment (balls, pool sticks, skate boards - helmet required)

### Prohibited Items

- Candles/incense
- Pets
- Toaster Oven
- Hot Plates
- Microwave
- Refrigerator
- Apparel that signify gang affiliation
- + Connotations &/or embellishments
- + Handkerchiefs/bandanas
- + Necklaces
- + "Colors"

- Clothing depicting
- + Drugs
- + Tobacco
- + Liquor
- + Explicit or implied sexual connotation
- "Sagging" clothes
- Midriff blouses/shirts
- See thru net or mesh blouses/Shirts
- Clothing with spaghetti straps
- Halter Tops
- Short Shorts

## School Database Enrollment Form

Are you interested in having access to your student's information (*attendance, grades, behavior*) on our school's database?     YES     NO

\*If answered "no", continue to the next page.

\*\*If answered "yes", please provide the following information:

Parent/Guardian Name(s): \_\_\_\_\_  
\_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

List Student(s): \_\_\_\_\_  
\_\_\_\_\_

## PARENTAL CONSENT FORM

### 1. FIELD TRIPS

I (we) hereby grant permission for the above student to participate in any organized school sponsored activity trip as approved by Riverside Indian School Administration.

I (we) understand the student will be properly chaperoned and all precautions will be taken to ensure his/her safety.

### 2. COMPETITIVE SPORTS

I (we) hereby grant consent/permission/authorization for the above student to participate in the competitive sports sponsored by Riverside Indian School.

### 3. PHOTOGRAPH RELEASE

I (we) hereby grant permission to the Riverside Indian School and Bureau of Indian Education for use of the above student's photograph and name for public information or exhibit purposes as deemed appropriate by representatives of the Riverside Indian School or Bureau of Indian Education. This includes Riverside web page internet displays. It is clearly understood that no royalty, fee or other compensation of any character will become payable to me by reason of such use or release.

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*Signature of Parent/legal Guardian*

*Date*

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### HEALTH INSURANCE INFORMATION

Is your child covered under health insurance provided by a Private, Tribal, State, Federal, or

Local Health Insurance Provider?            Yes            No

Name of Provider: \_\_\_\_\_ Card Number: \_\_\_\_\_

Tribal Health Care Provider: \_\_\_\_\_ Card Number: \_\_\_\_\_

OHS Card Number: \_\_\_\_\_

Title-19 or Child Health Insurance Program Card Number: \_\_\_\_\_

**Please provide a copy of your child's health insurance card**

## SCHOOL CHECKOUT POLICY

**STUDENT NAME:** \_\_\_\_\_

At the beginning of each year, the parents/guardians of Riverside Indian School students are required to sign an acknowledgment of rules for attendance, check-outs, and weekend passes for their children. The following policy will be understood and signed by the parent/guardian.

1. Student checkouts during the academic day are limited to the parent/legal guardian. Individuals who are not the parent/guardian will not be allowed to check students out during the academic day unless requested by the parent/guardian in writing.
2. Individuals **must be 25 years or older** to be added and approved to a student checkout list. Individuals who fail to comply with RIS checkout policies will be removed from student checkout lists. PERMISSION NOTES WILL BE ACCEPTED AND APPROVED AT RIVERSIDE INDIAN SCHOOL ADMINISTRATION'S DISCRETION.
3. All overnight checkouts by someone other than the legal guardian must be pre-approved by the guardian and RIS administration
4. Checkout forms will be provided by the school.
5. Students may be checked-out through the school offices, Dorm Wing, or with the designated Duty Officer.
6. Students who are on campus restriction may only be checked out by the legal guardian.
7. All check-outs are subject to final approval by the School Administration.

I have read and understand the listed rules as stated above:

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

\_\_\_\_\_  
Date

**STUDENT CHECK OUT INFORMATION (MUST BE 25 YEARS OF AGE OR OLDER)**  
Provide the name and relationship of individuals who you are giving consent to check out your child

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that the school my request additional information before student is admitted.

Signature of Parent/Legal Guardian/Adult Student: \_\_\_\_\_ Date: \_\_\_\_\_

Failure to provide inclusive and accurate information could result in immediate dismissal.

\_\_\_\_\_ I do not wish to have my child checked out by anyone other than myself.

## SOCIAL SUMMARY

The enrollment of your child in a federal government boarding school should be a shared and continuous responsibility with you as parent(s) and/or guardian(s) or responsible relative-particularly, in reference to your child's social and educational development while he/she is in attendance at a boarding school. Therefore, we seek your cooperation in the completion of the following questions with your answers being handled in a confidential manner. Please continue on another sheet of paper if more space is needed.

1. In your own words, state your reason for wanting your child to attend boarding school at this time.
  
2. Briefly tell us about your child. How do you as a parent/guardian see and feel about him/her. What kind of behavior and attitude do you believe can be expected from your child while he/she is in boarding school?
  
3. Describe what you believe to be your child's interests, talents, or special abilities.
  
4. Has your child any specific problems which you think the school personnel should know about so they can be prepared to help in the best way they can?
  
5. With the knowledge that the boarding school will provide room and board for nine (9) months for your child, will you be able to provide school clothing and miscellaneous spending money on a regular basis?
  
6. Children living away from their families crave and need constant contact with their parents to reassure themselves everything is okay at home and their parents care about them. Would you share with us how often you feel you will be writing letters, telephoning, visiting at the school, or having your child visit at home.
  
7. Home visits during the year may be beneficial to your child, however, when he/she overstays his leave or drops out of school, it hurts your child's educational development and interferes with the school program. In most cases, the decision to overstay leave or drop school is made by the child and not the parent. We are interested in your reaction to this type of situation and would like to know how you, the parent, can help avoid having this happen to your child.

Have you discussed these questions and answers with your child? *(please circle)*

Yes

No

### Riverside Indian School SPECIAL PROGRAM FORM

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

**EDUCATION INFORMATION:**

1. List all schools student attended in the last year: \_\_\_\_\_

2. Did the student miss 15 or more days in the last year? (please circle)      YES      NO

3. Has student ever been suspended? (please circle)      YES      NO      Expelled?      YES      NO

If yes, date and reason must be given:

\_\_\_\_\_

4. Had student ever received extra help in school? (please circle)      YES      NO

If yes, please check one of the following:      \_\_\_\_\_ Tutoring      \_\_\_\_\_ Special Education      \_\_\_\_\_ G & T

**MEDICAL INFORMATION:**

1. Does the student have any medical problems which might interfere with school attendance and/or need medical care while in school?      \_\_\_\_\_ YES      \_\_\_\_\_ NO      If yes, please list: \_\_\_\_\_

2. List any medication(s) taken regularly: \_\_\_\_\_

3. Is the student allergic to any type of medication(s)? \_\_\_\_\_

4. Does the student wear glasses or contacts? (circle) YES      NO      Examination needed?      YES      NO

5. Hearing and/or ear problems? (circle) YES      NO      If yes, please explain: \_\_\_\_\_

**SOCIAL INFORMATION:**

1. Is the student a ward of the court?      \_\_\_\_\_ YES      \_\_\_\_\_ NO      If yes, a copy of court order must be submitted.

2. Has student ever been arrested?      \_\_\_\_\_ YES      \_\_\_\_\_ NO      If yes, what were the violation(s)?

\_\_\_\_\_

3. Has student ever been in jail or detention center?      \_\_\_\_\_ YES      \_\_\_\_\_ NO      If yes, how many times? \_\_\_\_\_

4. Does Student have a probation/parole officer?      \_\_\_\_\_ YES      \_\_\_\_\_ NO      Student have a criminal record?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

5. Has student ever received counseling, therapy or been in a treatment facility?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

Name: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_

I, the parent/legal guardian of the above mentioned student hereby certify the information is true and accurate to the best of my knowledge and I understand that Riverside Indian School will verify all information. Any false statement or misrepresentation or omission of required in application will result in denial of application immediate dismissal.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## STUDENT POLICIES

The staff of Riverside Indian School wants to provide a positive learning environment for our students. Our major concerns are to encourage strong academic progress and to create a safe, effective classroom and dormitory situation. Therefore, we have adopted policies regarding gang-related activities and more intense surveillance in relation to drugs and alcohol.

### SEARCH AND CONFISCATION POLICY

Riverside Indian School, in their desire to provide for health, safety, and general welfare of the students with whom they are entrusted will conduct periodic random searches for illicit drugs, alcohol and weapons. The search may include all personal items and school assigned items. Searches may be conducted with a dog trained to detect illicit drugs and alcohol. Illicit items will be promptly confiscated when found. Students eighteen years of age or older who are found to be in possession of illegal items may be turned over to the local law enforcement authorities.

### GANG BEHAVIORAL POLICY

Riverside Indian School recognizes that gang activity in any form threatens the safety and well-being of individuals and is disruptive and harmful to the education process. Riverside Indian School refuses to allow gang activity to be associated with any aspect of the educational environment and prohibits the following behavior:

- Gang initiation or hazing
- Gang graffiti or tagging in any form
- Gang hand signs or gestures
- Gang solicitation or recruitment
- Threats or intimidation
- "Representing" of gang affiliation in any form (clothing and behavior)
- Any other gang-related activity that leads school officials to reasonably believe that such behavior is disruptive and/or threatening to the health and safety of students and staff.

At the discretion of Riverside Indian School authorities, a violation of the personal appearance and/or behavioral policy may result in the student being required to sign a "Gang Contract" promising to not engage in gang behavior. A violation of such contract may potentially result in disciplinary action up to and including a recommendation for expulsion.

## CELLPHONES

Due to disruption of the educational process, cell phone policy must be followed as written in the student handbook.

**My signature below indicates that I have been informed of the policy:**

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

## Acceptable Use Policy

Internet and network access is provided to the students and staff at Riverside Indian School. Education is the primary function of Riverside Indian School. Computers are tools with which to perform research, retrieve information, compile data, and create documents.

By signing the Acceptable Use Policy, the students, staff, and students' parents or guardian agree to obey the rules outlined in this policy. It includes responsibilities when using the network and internet and the consequences when the privileges are abused.

The use of equipment, computers, network resources, and internet is a privilege, not a right, and inappropriate use will result in a cancellation of these privileges.

Network Etiquette-Users are expected to abide by the general accepted rules of network etiquette. These include but are not limited to the following:

- Be polite. Messages should not be abusive to others.
- Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
- Do not reveal personal addresses, credit card numbers, and phone numbers.
- Illegal activities are strictly forbidden.
- Electronic mail is not guaranteed to be private. People who operate the system do have the access to all mail.
- Message relating to or in support of, illegal activities may be reported to the authorities.
- Do not use the network in such a way that others' use of the network would be disrupted.

Users agree to abide to the following:

- Use of the network must be in support of education and research.
- Users must not reveal their password or use other users' passwords.
- Shall not damage computers, computer systems or computer networks, which includes altering software components of a computer system, and removing any identification tags/stickers located on the computer itself.
- Transmitting or intentional receipt of hate mail, harassment, and other antisocial behaviors are prohibited on the network.
- Shall not use the network to access or process pornographic material, inappropriate text files, or any illegal activity.
- Shall not conduct any kind of personal business transaction.
- Students agree not to play games on the computers unless authorized by monitoring staff member.
- Agree not to use the chat rooms.
- Agree not to send chain letters.
- Students shall not send, receive or check personal E-mail, except before or after school.

Computer Lab usage:

- All staff is responsible for monitoring student activity on the network. The staff members assigned to a group of student is responsible for monitoring and overseeing their network and internet activity.
- No food or drinks in the Computer Labs.
- Teachers are expected to have lesson plans before students use the internet, which includes pre-researching sites that are used.

Consequences of unacceptable use are:

- Suspension and/or termination of network and internet privileges.
- And/or additional disciplinary action as determined at the administrative level regarding unacceptable language and/or behavior.
- And/or referral to law enforcement authorities for criminal or civil prosecution.



**United States Department of the Interior**  
**BIE – Albuquerque Education Resource Center**  
**Riverside Indian School**  
 101 Riverside Drive • Anadarko, OK 73005  
 (405) 247-6670 • 1-888-886-2029



**HOME LANGUAGE SURVEY**  
 School Year 2025-2026

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Dear Parents and Guardians:

In order to help your student succeed in school, we ask that you please answer the following questions for each student in your family. Your answers will help us in creating the best possible educational program for your student's language development.

1. What was the first language(s) your student learned? \_\_\_\_\_
2. What language(s) does your student understand?  
 English                       Other language (list) \_\_\_\_\_
3. What Language(s) does your student use when speaking to family members?  
 English                       Other language (list) \_\_\_\_\_
4. Do any family members or friends speak another language at home?  
 English                       Other language (list) \_\_\_\_\_
5. What other language(s) is your student exposed to outside school?  
 English                       Other language (list) \_\_\_\_\_

Do you need an interpreter to complete this form?    Yes \_\_\_\_    NO \_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Document will be kept in student's file per Family Educational Rights and Privacy Act regulations (FERPA). If you have any questions regarding this survey please contact school Principal.

<b>Official Use:</b>		
ELL Coordinator: _____	Reviewed survey on (Date) _____	Contacted parent on (Date) _____
Notes:		



U.S. Department of the Interior  
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Riverside Indian School

101 Riverside Drive • Anadarko, OK 73005  
(405) 247-6670 • 1-888-886-2029



English Language Learner Program

**PARENT PERMISSION TO ASSESS**

Dear Parents:

This letter is to inform you that your son or daughter, \_\_\_\_\_, may be  
*Student Name*

Limited English Proficient Language Learner based on the Home Language Survey you completed. To further verify your student’s level of English language Acquisition we would like to administer a pre-assessment, the WiDA Screener.

If your student is identified as a Limited English Language Learner (ELL) after the pre-assessment he or she will be provided with additional academic language supports in the classroom.

I, \_\_\_\_\_, give permission for the school to administer the WiDA  
*Parent and/or Guardian Name*

Screener to my child.

The goal of additional supports in the classroom is to develop proficiency in academic English and to provide student success. Although parents have the prerogative to decline support service to their child, it is strongly recommended that students receive academic support services that this program provides.

In February, WiDA ACCESS assessment will be administered to your student. When your son or daughter becomes English proficient according to WiDA Proficiency Assessments, your child will be exited from the Limited English Language Learner (ELL) program and monitored for 2 year.

Results of the WiDA ACCESS, which indicates your child’s level of English proficiency, are sent home with your child annually. For English Language Learners who are also Special Education students, their Individual Education Plan (IEP) will reflect acquisition of English Fluency objectives.

**Grant Permission to Assess:**

I, \_\_\_\_\_, give my permission to administer the WiDA ACCESS Language  
*Parent and/or Guardian Name*  
assessment each year until my child, \_\_\_\_\_, meets the Bureau of Indian  
*Student Name*  
Education (BIE) requirements of an over score of 4.5.

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

\_\_\_\_\_  
Date

If you have questions, please contact administration at (405) 247-6670.





United States Department of the Interior  
 BIE – Albuquerque Education Resource Center  
 Riverside Indian School

101 Riverside Drive • Anadarko, OK 73005  
 (405) 247-6670 • 1-888-886-2029



Gifted and Talented Education Program (GATE)

**PARENT AND/OR GUARDIAN CONSENT TO PARTICIPATE**

I, \_\_\_\_\_, will participate in the development of my child's Individualized Educational Plan (IEP) and give my permission and consent for my child, \_\_\_\_\_, to participate and receive services in the GATE Program. The services will be defined and explained to me and I will show my satisfaction by participating and signing my child's IEP which will explain how GATE services will benefit my child.

*Parent &/or Guardian Name*

*Student Name*

I understand that updates on the progress of my child's achievement will be provided every Academic Quarter. In addition, at the end of each school year I will receive a copy of the Annual Evaluation Progress Report. I hereby certify that I have been advised of my rights to inspect education records, to question such records, and to obtain copies of all records pertaining to my child.

I recognize my right to discontinue the participation of my child in the GATE program at any time and will provide written notice to the school immediately.

**Required Signatures**

_____	_____	_____
Parent &/or Guardian Signature	Print Parent &/or Guardian Name	Date
_____	_____	_____
Student Signature	Print Student Name	Date

School use: \_\_\_\_\_ Date Received: \_\_\_\_\_ GATE staff initials: \_\_\_\_\_

## STUDENT CODE OF CONDUCT

The following rules and regulations shall apply to all enrolled students of Riverside Indian School and remain in *effect* during the academic year for the purpose of establishing and maintaining an orderly atmosphere conducive to an effective teaching-learning-living environment appropriate with approved educational program in federal boarding schools:

1. The use and/or possession of the following is prohibited: (a) alcoholic beverages; (b) illegal drugs, such as marijuana; (c) inhalants such as paint, glue, gasoline, etc. (d) Tobacco.
2. Unauthorized leave from the campus of the following types will not be tolerated: (a) absent without Official leave-AWOL; (b) absence from classroom, assembly, or other school functions; (c) excessive tardiness; (d) excessive absence such as checking out on Friday and failure to return by curfew Sunday evening from weekend check-out.
3. Failure to fulfill proper check-out and check-in procedures when leaving or returning to campus will result in loss of check-out privileges.
4. All students are required to perform assigned work details and abide by the dorm's rules of operations.
5. Possession or use of any instrument that is intended as a weapon for assault including but not limited to: explosives, firearms, knives, straight razors, clubs or fireworks are prohibited. Toy guns, water guns, or any replica of any weapon is not allowed.
6. None of the following will be tolerated and may lead to legal prosecution: (a) theft; or (b) damage to private property; (c) unauthorized entry of government or personal property; (d) gambling; (e) being under the influence of drugs or alcohol.
7. Disrespectful, violent or defiant actions are not permitted and will be documented on an incident report form.
8. Engaging in defacement or destruction of personal or government property is prohibited. This would also include any act of desecration of the American Flag.
9. Willful or defiant disobedience to a reasonable request by a staff member shall be a violation of school rules.
10. Students will be liable for all unauthorized charges made to government telephones as well as charges made from pay telephones.

**I fully understand the foregoing "Student Code of Conduct", and if accepted as a student at Riverside Indian School, I agree to abide by these rules:**

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

**I, the parent/guardian, have read the foregoing rules and will encourage my child to abide by the prescribed "Student Code of Conduct," further I agree to cooperate in resolving any disciplinary problems that may involve my child:**

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



# Riverside Indian School

"HOME OF THE BRAVES"

101 Riverside Drive, Anadarko, Oklahoma 73005

## McKINNEY- VENTO INTAKE AND REFERRAL FORM

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:  Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_ Tribe: \_\_\_\_  
Month Day Year (preschool-12)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

**The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they do not have the documents normally required, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.**

**Where is the student currently living? (Please check one box.)**

- In a shelter
- With more than one family or other person in a house, mobile home or apartment because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_
- In permanent housing

\_\_\_\_\_  
**Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)**

\_\_\_\_\_  
**Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)**

\_\_\_\_\_  
**Print name: McKinney-Vento Liaison**

\_\_\_\_\_  
**Signature: McKinney-Vento Liaison**

\_\_\_\_\_  
**Date**

The programs below are offered to 11<sup>th</sup> and 12<sup>th</sup> graders through the Caddo-Kiowa Technology Center. Riverside students who choose to attend the technology center for a program listed below, must be in good academic standing and up to date with graduation requirements. Interested students please contact Carla Whiteman through email [Carla.whiteman@bie.edu](mailto:Carla.whiteman@bie.edu) or 405-247-4167.

## HIGH SCHOOL PROGRAMS AT THE TECH



### AUTO SERVICE TECHNOLOGY

How would you like to learn how to work on any vehicle in a rapidly changing industry? At Caddo Kiowa Technology Center you will learn to diagnose, repair, and maintain imported and domestic cars and how to use the advanced diagnostic equipment. The shop at CCTC is a modern facility filled with professional and repair complex automotive systems in today's industry. Many employers look for automotive mechanics or technicians who possess a certificate, diploma, or associate degree from an accredited school. Caddo Kiowa Technology Center's Auto Service Technology Program can provide you with all of this and more!

### BIOMEDICAL SCIENCES

Do you like to investigate? Do you need to know how something happened and why? If so, the Biomedical Sciences program at CCTC is for you. The program challenges you to discover the answer with hands-on activities in crime scene investigation, human anatomy, genetics, disease research, experimental design, and much more. Biomedical Science courses are designed to help prepare you for college, or well. Many students of the program go on to advanced degrees such as laboratory assistants, biomedical engineers, doctors and nurses, veterinarians, plumbers, or forensic scientists. Let CCTC's Biomedical Sciences Program be the answer to your why!

### BUSINESS INFORMATION TECHNOLOGY

In our Business Information Technology Certificate program, you learn the foundational skills needed for employment in the business industry. This program provides the skills needed for today's office professional. From computer basics and popular software applications, to business communication, marketing, and design, there is a path to develop your business skills. You can choose from a variety of courses that range from Medical Office Assistant, Electronic Health Records and Insurance Coding, to Desktop Publisher or Graphic Designer. Learn from skilled professionals at CCTC and earn your certificate today!

### CONSTRUCTION TECHNOLOGY

If working with your hands, using tools, and creating finished products interests you, then construction training is a profession. CCTC's Construction Technology program teaches you the skills needed to get an entry-level position in the construction industry. With hands-on construction projects, you learn advanced skills in a live-work setting. You work alongside skilled instructors, or with industry professionals. Build more than a project with CCTC's training program. Build your future now!

### COSMETOLOGY

There is a demand for positive people who help others look their best. In fact you may already do this, so why not consider it a career? Cosmetology allows you to provide clients creative personal care services for hair, skin and nails. And because experience is valued in self-confidence, you directly help clients inside and out. CCTC's Cosmetology Program provides you quality education from professional cosmetologists in a full-service, interactive salon and spa environment. Put your passions to work, be your own boss and join Cosmetology!

### CRIMINAL JUSTICE

Are you looking for a career in Law Enforcement? If so, Criminal Justice is designed to give you the best practical training and integrated learning experiences for success in Law Enforcement. The organization and delivery of instruction in this course will help prepare you for future employment or to further your education. Criminal Justice focuses on discipline, professionalism and high performance skills!

### CULINARY ARTS

If you have an interest in culture, a love for food and a creative flare, a career in the culinary arts can make your passion your work. In CCTC's Culinary Arts Program you learn with a professional chef creating dishes in a full-service kitchen, carefully preparing and arranging food so that it is pleasing to the palate and the eyes. Careers in Culinary Arts include baking, pastry chefs, catering, executive chefs, personal chefs, restaurant owners and more. Find your recipe for success at CCTC's Culinary Arts Program now!

### DIESEL SERVICE TECHNOLOGY

Finding the problem and fixing it is a very rewarding task. At CCTC's Diesel Service Program, you learn to diagnose and repair diesel fuel systems, perform hydraulic services, and understand the technical operations of today's vehicles. Through hands-on training using equipment from leading brands in the industry, you perform a variety of maintenance and repair services, from oil changes to full-on engine rebuilds. Once you complete the program, you will have the opportunity to receive ASE Certifications. Join CCTC's Diesel Service Program and help keep vehicles on the road!

### DIGITAL IMAGING & PRINTING

Do you have experience of creating digital images, animation and simulations for the world to see? The Digital Imaging and Printing Program at CCTC gives you skills to design and develop content for video games, websites, animation, special effects and marketing initiatives from concept to completion. Learn from highly trained experts the computer applications, print technology and customer service needs to meet the demands of media marketing. Design your career at CCTC!

### EARLY CARE EDUCATION

Early childhood education equips children with the skills and capacity to be effective and engaged learners. If you love working with kids, and have the heart of a teacher, then you have found your true calling. In the Early Care Education program you can obtain an Early Level Child Care Training Certificate and Teachers Assistant State Competency Certification for employment in early care facilities and child development centers. If you enjoy creating fun and amazing activities and shaping the development of children, then this is the career for you!

### HEALTH CAREERS

By your future in the medical field? Come explore the various roles and responsibilities within the healthcare industry and discover your future career. With CCTC's Health Careers Program, you gain basic certifications to enter the medical industry. First year students learn the foundations of healthcare and complete training for the Long Term Care Aide state certification. During your second year, you earn the phlebotomy certificate. EKG certificate and study basic nursing fundamentals. Health Careers is a great avenue to open the door to advanced health careers training. Let CCTC help you become a successful health professional!

### HVAC

Do you enjoy working on complex systems, interacting with people, and not being bothered to a task or a computer all day every day? Then consider a career in the Heating, Ventilation and Air Conditioning industry. CCTC's HVAC Program teaches you to design, fabricate, install and maintain heating, or conditioning, ventilation and refrigeration systems. Learn from industry leaders in the industry on how to use emerging technologies and advanced equipment in the field. Start your cool career at HVAC today!

### PRE-ENGINEERING

Whether type of engineering you are interested in, it begins with CCTC's Pre-engineering Program. Gain a clear outlook of what it takes to become a mechanical, electrical, civil, software, or aerospace engineer. While working with hands-on projects and using the latest industry software, CCTC teaches you to think and problem solve an engineer. Hands-on based assignments will have you researching, designing, and constructing solutions to real-world engineering problems. Learn to think critically, work collaboratively and explore how math and science work in everyday life. Start building your future today!

### WELDING

Where architecture and engineer see construction designs, welders see one of those who bring it to reality. CCTC's Welding Program combines technical hands-on classroom, and critical work that can be applied to a vast array of jobs and industries. Using complex tools and flames, you will understand how the welding system works, gaining plenty of practice and training to be successful in the field. With guidance by certified metal fabrication experts, CCTC prepares you for a versatile welding career. Start preparing for your state welding certification today!



**PLEASE DO NOT RETURN THE FOLLOWING PAGE WITH THE APPLICATION**

**NOTE:**

**THE SCHOOL REFERENCE FORM MUST BE MAILED OR FAXED**

**DIRECTLY TO**

**RIVERSIDE INDIAN SCHOOL**

**FAX: 405-247-8039**

**(REFERENCE FORMS RETURNED BY THE STUDENT WILL NOT BE ACCEPTED)**

## School Reference Form

### To be completed by a Teacher, Principal or Counselor

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

The above student has applied for admission to Riverside Indian School. Please complete the following and return directly to the school. (Reference forms returned by the student will not be accepted.)

1. How long have you known the student? \_\_\_\_\_ Current Grade Level: \_\_\_\_\_ School year 2024-2025
2. What discipline and attendance problems, if any have you encountered with the student? \_\_\_\_\_
3. Has student ever been suspended?    YES    NO  
If yes, explain: \_\_\_\_\_
4. Has student ever been expelled?        YES    NO  
If yes, explain: \_\_\_\_\_
5. What is the student's Cumulative Grade Point Average? \_\_\_\_\_
6. How is the student's classroom behavior? \_\_\_\_\_
7. Is the student in the Special Education Program? \_\_\_\_\_  
If yes, what category? \_\_\_\_\_

Comments:

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

Teacher/Principal/Counselor Name (Please Print): \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

We appreciate your time completing this form.

Sincerely,  
RIS Admissions Committee

**Please mail or fax directly to:  
Riverside Indian School  
101 Riverside Drive  
Anadarko, OK 73005  
Fax: (405) 247-8039**



## PRE-PARTICIPATION PHYSICAL EVALUATION FORM AND PARENTAL CONSENT

No student shall be eligible to represent his/her school in athletics or marching band until there is on file with the school a physical examination and parental consent certificate.

All physicals for OSSAA participation must be given no earlier than May 1 of the preceding year in which the students are to participate and before the first day of practice in that student's particular activity. The physical will be valid from the date of the physical given until the next required physical. Parent(s) or guardian(s) must sign the parental consent form each year before the student participates in any organized athletic practice session including contest participation.

The pre-participation evaluation form is designed to identify risk factors prior to participation by way of a thorough medical history and physical examination. A qualified physician, physician's assistant, or an advanced practice nurse covered by professional liability insurance shall give the physical examinations.

1. The most current version of the OSSAA PPE form should be used; any other form used must contain a minimum of the information requested on the OSSAA PPE form.
2. The PPE Form must be signed and completed in its entirety. No pre-signed or pre-stamped forms will be accepted.
3. SIGNATURES
  - The person administering the PPE's signature must be hand-written and dated. No signature stamps will be accepted.
  - The parent/guardian signatures must be hand-written and dated.
  - The student-athlete signature must be hand-written and dated.
4. DISTRIBUTION
  - History Form retained by Physician/Healthcare Provider
  - Examination Form and Consent and Release Form signed and returned to member school.
  - PPE's should be held to HIPPA standards; however school medical personnel and coaches should be aware of any rescue medications or conditions relevant to the student.

# OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION



## PREPARTICIPATION PHYSICAL HISTORY FORM

Students should complete and sign this form (with your parents if younger than 18) before your appointment. *History Form is retained by member school and health care provider.*

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex at birth (Female or Male): \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie. Medicines, pollens, food, stinging insects). \_\_\_\_\_

Are your required vaccinations current? \_\_\_\_\_

	(CIRCLE ONE)	
1. Do you feel stressed out or under a lot of pressure?	YES	NO
2. Do you ever feel sad, hopeless, depressed, or anxious?	YES	NO
3. Do you feel safe at your home or residence?	YES	NO
4. Have you ever tried cigarettes, chewing tobacco, snuff, or dip?	YES	NO
5. During the last 30 days, did you use chewing tobacco, snuff, or dip?	YES	NO
6. Have you ever taken anabolic steroids or use any other appearance/performance supplement?	YES	NO
7. Have you ever taken any supplements to help you gain or lose weight or improve your performance?	YES	NO

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No	HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?			9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			10. Have you ever had a seizure?		
3. Do you have any ongoing medical issues or recent illness?			<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	Yes	No
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	Yes	No	11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
4. Have you ever passed out or nearly passed out during or after exercise?			12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic poly-morphic ventricular tachycardia (CPVT)?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?					
7. Has a doctor ever told you that you have any heart problems?					
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.					

# OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		
MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease?		
24. Have you ever or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (CONTINUED)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of food and food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

**Explain "Yes" answers here.**

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I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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# OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION

## PHYSICAL EXAMINATION

(Physical examination must be performed on or after May 1 for the following school year.)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School Name: \_\_\_\_\_

EXAMINATION					
Height	Weight	Sex at Birth: Male Female			
BP / ( / )	Pulse	Vision R 20/ L 20/ Corrected? Y N			
MEDICAL	NORMAL	ABNORMAL FINDINGS			
Appearance					
Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span height, hyperlaxity, myopia, MVP, aortic insufficiency)					
Eyes/ears/nose/throat					
Pupils equal					
Hearing					
Lymph nodes					
Heart					
Murmurs (auscultation standing, supine, +/- Valsalva)					
Location of point of maximal impulse (PMI)					
Pulses					
Simultaneous femoral and radial pulses					
Lungs					
Abdomen					
Skin					
HSV, lesions suggestive of MRSA, tinea corporis					
Neurologic					
MUSCULOSKELETAL					
	NORMAL	ABNORMAL FINDINGS		NORMAL	ABNORMAL FINDINGS
Neck			Knee		
Back			Leg/ankle		
Shoulder/arm			Foot/toes		
Elbow/forearm			Functional		
Wrist/hand/fingers			Duck-walk, single leg hop		
Hip/thigh					

Cleared for all sports without restriction  Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

Not cleared  Pending further evaluation  For any activities

Reason \_\_\_\_\_

Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the activities outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ License # \_\_\_\_\_

Signature of Health Care Professional \_\_\_\_\_



# OKLAHOMA SECONDARY SCHOOL ACTIVITIES ASSOCIATION

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## PARENT/GUARDIAN CONSENT FORM

*(To be retained by member school with history and parent consent forms)*

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury with participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, 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 in/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

SIGNATURE OF PARENT/ GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

**2024-2025 Application for Free and Reduced-Price School Meals** Complete one application per household. Please use a pen (not a pencil).

Apply online at \_\_\_\_\_

**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 <i>How to Apply for Free and Reduced-Price School Meals</i> for more information.	Child's First Name	M I	Child's Last Name	School Name	Grade	Birth Date	Student?		Check all that apply	Foster Child	Homeless, Migrant, Runaway
							Yes	No		<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

**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 children in the household listed in STEP 1 here.

\$	Child Income	How Often

**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 he/she does receive income, report 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.

Names of Adult Household Members (First and Last)	Earnings From Work				How Often				Public Assistance/ Child Support/ Alimony	How Often				Pensions/Retirement/All Other Income	How Often			
	Weekly	Bi-weekly	2x Month	Monthly	Weekly	Bi-weekly	2x Month	Monthly		Weekly	Bi-weekly	2x Month	Monthly					
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Total Household Members (Children and Adults)   Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member         Check if No SSN

**STEP 4: Contact information and adult signature** **Mail Completed Form to: Insert Your School District Mailing Address Here**

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 Code	Daytime Phone and E-Mail (Optional)
Printed Name of Adult Signing the Form			Signature of Adult Completing the Form		
			Today's Date		

## INSTRUCTIONS Sources of Income

Sources of Child Income	
Sources of Child Income	Example(s)
Earnings from work	A child has a regular full- or part-time job where he/she earns a salary or wages
Social Security —Disability payments —Survivor's benefits	<ul style="list-style-type: none"> <li>A child is blind or disabled and receives social security benefits</li> <li>A parent is disabled, retired, or deceased, and his/her child receives social security benefits</li> </ul>
Income from persons <i>OUTSIDE</i> the household	A friend or extended family member <i>REGULARLY</i> gives a child spending money
Income from any other source	A child receives 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
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li><i>NET</i> income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (<i>do NOT include combat pay, FSSA, or privatized housing allowances</i>)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Worker's compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from state or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li><i>REGULAR</i> cash payments from outside household</li> </ul>

## 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 on the basis of 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](mailto: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?				Household Size	Categorical Eligibility <input type="checkbox"/>	Eligibility:		
	Annually	Bi-Weekly	2 x Month	Monthly			Free	Reduced	Denied
Determining Official's Signature	Date				Confirming Official's Signature	Date		Verifying Official's Signature	Date