1

Page # | STUDENT APPLICATION
---|---
1 | Letter and check off list
2,3 | Enrollment Application
4 | FERPA—Release of student records
5 | Social Information
6-7 | Behavioral Health Survey
8 | Consent for Therapeutic Treatment
9-10 | Power of Attorney allowing Jones Academy to act in lieu of parent/legal guardian when unable to contact parent/legal guardian, e.g. medical emergency
11-12 | Health History Assessment
13-14 | Parental Consent for Activities
15 | Authorization to Initiate Detention Order
16 | Privacy Act Information

You will also need to submit the following documents as part of our admission process.

- COPY OF CDIB CARD/MEMBERSHIP
- BIRTH CERTIFICATE (state certified copy only)
- COPY OF SOCIAL SECURITY CARD (if none, please apply)
- COPY OF IMMUNIZATION RECORD (up to date)
- REPORT CARD/SCHOOL TRANSCRIPT
- COPY OF CURRENT IEP (Individualized Education Plan) AND CURRENT TESTING (if applicable)
- CURRENT INSURANCE OR MEDICAID CARD (Application)
- CURRENT LIST OF PRESCRIPTION MEDICATIONS AND EXPLANATION
- CURRENT LIST OF OVER THE COUNTER MEDICATIONS (used regularly)
- DOCUMENT(S) SHOWING GUARDIANSHIP AND/OR LEGAL CUSTODY (if applicable)

Dear Parent/Guardian,

We are asking that this application for admission to Jones Academy be completed and returned to Jones Academy as soon as you are able. We will review it and a decision will be made by the admissions committee. You will receive notification of the decision and if your child is accepted, an enrollment packet will be sent from Jones Academy to be completed and sent back.

We need pages eight and nine notarized. Notary Publics may be found at the local bank, tribal offices, public schools, municipal offices, and/or courthouse.

Thank you for your interest in enrolling your child in Jones Academy.

Jones Academy
909 Jones Academy Rd.
Hartshorne, OK 74547

Jay McAdams, Superintendent

Rev. 03/18
JONES ACADEMY  
Student Enrollment Application  
Peripheral Dormitory Grant School

School Year 20

<table>
<thead>
<tr>
<th>STUDENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name ________________________</td>
</tr>
<tr>
<td>Address: __________________________</td>
</tr>
<tr>
<td>Student’s Cell Phone: __________________________</td>
</tr>
<tr>
<td>Date of Birth: __________________________</td>
</tr>
<tr>
<td>Social Security #: ____________________</td>
</tr>
<tr>
<td>Tribal Affiliation: __________________________</td>
</tr>
<tr>
<td>Home Agency: __________________________</td>
</tr>
<tr>
<td>Do you live with: Mother _____ Father _____ Legal Guardian _____ Other (Specify) ____________________</td>
</tr>
<tr>
<td>Dominant Language Spoken in Home ____________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARENT OR LEGAL GUARDIAN (WITH WHOM YOU LIVE) INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father’s Name: __________________________</td>
</tr>
<tr>
<td>Tribal Affiliation: __________________________</td>
</tr>
<tr>
<td>Address: __________________________</td>
</tr>
<tr>
<td>City: ______ State: ______ Zip: ______</td>
</tr>
<tr>
<td>Father’s Cell Phone: __________________________</td>
</tr>
<tr>
<td>Home Phone: __________________________</td>
</tr>
<tr>
<td>E-mail address: __________________________</td>
</tr>
<tr>
<td>Father’s Work Phone: __________________________</td>
</tr>
<tr>
<td>Work Place: __________________________</td>
</tr>
<tr>
<td>Legal Guardian(s) if not Parent: __________________________</td>
</tr>
<tr>
<td>Address: __________________________</td>
</tr>
<tr>
<td>Tribal Affiliation: __________________________</td>
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<tr>
<td>Cell Phone: __________________________</td>
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<tr>
<td>E-mail address: __________________________</td>
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<tr>
<td>Work Place: __________________________</td>
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If you are the court appointed custodial parent, you must attach appropriate documentation. If the student does not live with either parent or is a ward of the court, attach documentation and provide information on the person(s) responsible for the applicant who will be the primary contact person. A student may not list himself/herself as a guardian even if he/she is 18 years of age or older.
### EMERGENCY CONTACT INFORMATION – Other than Legal Guardian

<table>
<thead>
<tr>
<th>Name: ______________________________</th>
<th>Relationship: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: ____________________________</td>
<td>City: ___________________________</td>
</tr>
<tr>
<td>Phone: ______________________________</td>
<td>Work Place: _____________________</td>
</tr>
<tr>
<td>Work Phone: _________________________</td>
<td>E-mail address: __________________</td>
</tr>
</tbody>
</table>

### NAME OF BROTHERS AND SISTERS

<table>
<thead>
<tr>
<th>Name: _____________________________</th>
<th>male ___</th>
<th>female ___</th>
<th>DOB __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. _________________________________</td>
<td></td>
<td></td>
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<tr>
<td>2. _________________________________</td>
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<td>3. _________________________________</td>
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<tr>
<td>4. _________________________________</td>
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</tr>
</tbody>
</table>

### DATE SIGNATURE OF PARENT OR GUARDIAN

<table>
<thead>
<tr>
<th>DATE: ______________________________</th>
<th>SIGNATURE OF PARENT OR GUARDIAN: ______________________________</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

### SCHOOLS PREVIOUSLY ATTENDED

<table>
<thead>
<tr>
<th>SCHOOL NAME: ______________________</th>
<th>Grade Completed: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: __________________________</td>
<td>City: ____________________</td>
</tr>
<tr>
<td>Phone: ____________________________</td>
<td>Fax Number: ______________</td>
</tr>
<tr>
<td>Date Attended: ____________________</td>
<td>Reason for Leaving: ______</td>
</tr>
<tr>
<td>Student Participated in Special Education Program: Yes_____ No _____</td>
<td></td>
</tr>
<tr>
<td>Student Participated in Gifted and Talented Program: Yes_____ No _____</td>
<td></td>
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</tbody>
</table>

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</tr>
<tr>
<td>Student Participated in Special Education Program: Yes_____ No _____</td>
<td></td>
</tr>
<tr>
<td>Student Participated in Gifted and Talented Program: Yes_____ No _____</td>
<td></td>
</tr>
</tbody>
</table>

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I am the custodial parent or legal guardian of this student and hereby apply for his/her admissions to this school. I understand that the school may request additional information before the student is admitted. **Failure to provide inclusive and accurate information could result in refusal of admission.**

---

*NAME OF BROTHERS AND SISTERS*

Please name:

1. _____________________________ male ___ | female ___ | DOB__________________

2. _____________________________ male ___ | female ___ | DOB__________________

3. _____________________________ male ___ | female ___ | DOB__________________

4. _____________________________ male ___ | female ___ | DOB__________________

---

*DATE SIGNATURE OF PARENT OR GUARDIAN* 

DATE: ______________________________ | SIGNATURE OF PARENT OR GUARDIAN: ______________________________ |

DATE: ______________________________ | SIGNATURE OF PARENT OR GUARDIAN: ______________________________ |

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*SCHOOLS PREVIOUSLY ATTENDED* 

<table>
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<td></td>
</tr>
<tr>
<td>Student Participated in Gifted and Talented Program: Yes_____ No _____</td>
<td></td>
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FERPA Authorization

Release of Student Records
Pursuant to the Family Education Rights and Privacy Act of 1974, as amended.

Instructions:
The Family Educational Rights and Privacy Act (FERPA) provides certain rights to students, parents and/or legal guardians concerning the privacy of, and access to, their education records. Students (aged 18 and above), parents and/or legal guardians may choose to complete and submit this form to the Jones Academy registrar allowing the release of their education records to specified third parties. While this form authorizes Jones Academy to obtain and/or release education records, it does not require or obligate Jones Academy to do so. Jones Academy reserves the right to review and respond to requests for release of education records on a case-by-case basis.

Mail to: Jones Academy (address above)   Attn: Registrar

<table>
<thead>
<tr>
<th>LAST NAME OF STUDENT</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>DATE OF BIRTH</th>
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Please enter the name of the individuals to whom the authorization is provided. You may enter more than one name. Enter only ONE name per space. If additional names are needed, please provide an additional form.

Person(s) to whom access to education records may be provided:

<table>
<thead>
<tr>
<th>Name(s) of person(s) to whom access to records may be provided</th>
<th>Date</th>
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Authorization:
I hereby authorize Jones Academy of the Choctaw Nation of Oklahoma to obtain and/or disclose my educational record(s) including but not limited to personally identifiable information contained in my records. Initials ________________

<table>
<thead>
<tr>
<th>Name of Educational Organization</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Student’s Signature

Parent or Guardian Signature (if under 18 years of age) Date

Authorization:
I hereby authorize __________________________________ to disclose my educational record(s) to Jones Academy of the Choctaw Nation of Oklahoma. (Name of Educational Institution) Initials ________________

<table>
<thead>
<tr>
<th>Student’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Parent or Guardian Signature (if under 18 years of age) Date

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to Jones Academy of the Choctaw Nation of Oklahoma. Initials ________________

<table>
<thead>
<tr>
<th>Student’s Signature</th>
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<tbody>
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</tr>
</tbody>
</table>

Parent or Guardian Signature (if under 18 years of age) Date

Note: Forms will not be accepted without a signature.

This information is released subject to the confidentiality provisions of appropriate federal laws and Choctaw Nation of Oklahoma regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted.
SOCIAL INFORMATION

STUDENT'S NAME: ____________________________________________

1. State your reason for wanting your child to attend Jones Academy at this time.

2. Does your child want to come? Yes ______ No ______

3. What are 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. Do you agree to leave the child in school and only check the child out on non-school days? Yes ______ No ______

6. Did the student miss 10 or more days of school in the last year? Yes______ No______

7. Has the student ever been suspended? Yes _____ No_____ Expelled? Yes _____ No _____
   If yes, give date and reason for disciplinary action: _______________________________________________________

8. Does student have an IEP? Yes _____ No _____ If yes, please submit the latest.

9. Is student a ward of the court? Yes______ No______ If yes, a copy of the court order must be submitted.

10. Has student ever been arrested? Yes ______ No _____ I choose not to answer ______
   If yes, what was/were the violation(s)? ______________________________________________________________

11. Has student ever been detained? Yes _____ No _____ I choose not to answer ______

12. Does student have a probation officer? Yes __________ No ______ Name: _______________________________________

   County: ________________________________ Phone: ____________________________

13. Has student used or abused alcohol, tobacco, and/or drugs? Yes _____ No _____ I choose not to answer ______
   If yes, what is substance of choice? _______________________________________

14. To your knowledge, has student practiced self-harm (cutting, burning, etc.)? Yes ______ No _____

15. Is student receiving therapeutic support services? Yes _____ No _____ I choose not to answer ______
   Name of counselor or clinic: _______________________________________________________

   Phone: ____________________________

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

___________________________________________________

Signature of Parent/Guardian ________________________________ Date ________________________________
Behavioral Health Survey

Students Name: ____________________________________  Grade: _________  Age: __________

{ } Motivation  { } Drop in grades  { } Anxiety  { } Stress  { } Social problems
{ } Hyperactivity  { } Withdrawn  { } Drug/Alcohol  { } Homesick  { } Anger  { } Grief  { } Fear  { } Sadness
{ } Depression  { } Peer relationship  { } Family Difficulties  { } Bullying  { } Other: __________

What difficulties do you feel your child has experienced within the last 3-6 months (check all that apply above and please explain below):
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Is your child currently seeing a counselor or has seen a counselor within the last 3-6 months? (please list counselor’s name, facility, how long and what they are seeing the counselor for)
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Has your child experienced any changes in their life within the past 3-6 months? { } YES  { } NO

If yes, please explain:
Family:____________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Social:____________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

School:____________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
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___________________________________________________________________________________________

___________________________________________________________________________________________
What attempts have been made to help your child overcome these life difficulties?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What do you believe will help your child in overcoming these difficulties?
______________________________________________________________________________
______________________________________________________________________________

Has your child ever expressed thoughts of hurting themselves or someone else?  { } YES  { } NO
If yes, please explain:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Are you or have you ever been afraid of your child?)  { } YES  { } NO
If yes, please explain:
______________________________________________________________________________
______________________________________________________________________________

Do you as a parent/guardian have any concerns that are not mentioned above?  { } YES  { } NO
If yes, please explain:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What is your relationship to the student: _______________________________________________

Please provide a good contact number that you can be reached at: ___________________________

Custodial parent/legal guardian, please print and sign name below:

PRINT: _____________________________

SIGN: _____________________________
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 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.

By: ______________________________
(Parent/Legal Custodian signature)

Date: ______________________________

STATE OF ____________________________ ) SS:

COUNTY OF ____________________________ )

ACKNOWLEDGEMENT

Before me, the undersigned, a Notary Public, in and for said County and State on this _____ day of ________________________, 20__, personally appeared ______________________________, the parent/legal custodian, to me known to be the identical person who executed this instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

(Signature of notarial officer)

(Seal, if any) My commission number is: ______________________________

(Title and Rank) My commission expires: ______________________________
POWER OF ATTORNEY
TO DELEGATE PARENTAL OR LEGAL AUTHORITY OVER CHILD

I, ______________________________, certify that I am the custodial parent or legal custodian of the following minor child:
_________________________________ (full legal name), born the _____ day of _______________ (month), ________ (year).

I designate the Choctaw Nation of Oklahoma c/o Jones Academy, on behalf of which the authority granted herein may be exercised by the superintendent of Jones Academy or his/her designee, as the attorney-in-fact of the minor child named above. Jones Academy is located at 909 Jones Academy Rd., Hartshorne, OK 74547. The telephone number is 888-767-2518.

I delegate to the attorney-in-fact (Jones Academy Representative) all of my power and authority regarding the care, custody and property of the minor child named above, including but not limited to the right to enroll the child in school, to provide educational services, to apply for any educational, financial, or social benefit for the child and to agree to any terms necessary to secure such benefit, to inspect and obtain copies of education and medical records and other records concerning the child, the right to schedule or consent to school activities and other functions concerning the child, the right to give or withhold any consent or waiver with respect to school activities, medical and dental treatment (including but not limited to routine or emergency care, drug/alcohol treatment, administration of inoculations or other preventive treatments, and mental or behavioral health treatment) and any other activity, function or treatment that may concern the child. This delegation shall not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child.

Additionally, I hereby authorize, and delegate to the attorney-in-fact (Jones Academy Representative) the authority to authorize and receive, the disclosure and exchange of any information Jones Academy deems reasonable or necessary for medical, dental, behavioral health, drug/alcohol treatment of the child. This information may be shared between healthcare providers, insurance companies, health professionals, and Jones Academy. I further authorize Jones Academy to disclose or exchange any financial or other information about me and/or the minor child in connection with the application for, or other means of securing, educational, financial, medical, or social benefits for the minor child.

This document is effective for a period not to exceed one year, beginning the school year August ______ to August _______. I reserve the right to revoke this authority at any time. The attorney-in-fact (Jones Academy Representative) may elect to cease to serve as attorney-in-fact at any time and for any reason, and in such case, the attorney-in-fact will send written notice to me.

By: ______________________________
(Parent/Legal Custodian signature)

Date: ______________________________

STATE OF ____________________________
COUNTY OF __________________________

ACKNOWLEDGEMENT

Before me, the undersigned, a Notary Public, in and for said County and State on this _____ day of _____________, 20__, personally appeared __________________________, the parent/legal custodian, to me known to be the identical person who executed this instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

____________________________________
(Signature of notarial officer)

(Seal, if any) My commission number is __________________________

My commission expires: __________________________

(Title and Rank)
I hereby accept my designation as attorney-in-fact (Jones Academy Representative) for ____________________________, a minor child as specified in this power of attorney.

_____________________________
(Attorney-in-fact signature) Jones Academy Representative

Date: __________________________

STATE OF OKLAHOMA )
) SS:
COUNTY OF ____________________ )

ACKNOWLEDGEMENT

Before me, the undersigned, a Notary Public, in and for said County and State on this _____ day of __________________, 20__, personally appeared _____________________________ the attorney-in-fact (Jones Academy Representative), to me known to be the identical person who executed this instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

_____________________________
(Signature of notarial officer)

(Seal, if any) My commission number is: ______________________

_____________________________
(My commission expires: ______________________)

(Title and Rank)
Health History Assessment

Jones Academy Student:

Last Name ___________________________ First Name ___________________________ Middle Name ___________________________

Date of Birth ___________ Sex _______ Grade _______

PLEASE ANSWER THE FOLLOWING QUESTIONS CAREFULLY AND ACCURATELY.

1. Does student wear glasses, contacts or protective eyewear? List what student will be wearing while at Jones:  
2. Is student being treated by a doctor now? ______  If Yes, please explain:  
3. Name of clinic(s) or private practices student has previously been seen, please include phone number:  
4. Has the student ever had any serious illness or been hospitalized? ______  If Yes, please explain:  
5. Has the student had any medical treatments, tests, or surgeries? ______  If Yes, please explain:  
6. Has the student ever had any of the following conditions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Respiratory disease</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>2. Heart problems or disease</td>
<td>12</td>
<td>21</td>
</tr>
<tr>
<td>3. Heart murmur</td>
<td>13</td>
<td>22</td>
</tr>
<tr>
<td>4. High blood pressure</td>
<td>14</td>
<td>23</td>
</tr>
<tr>
<td>5. Stroke</td>
<td>15</td>
<td>24</td>
</tr>
<tr>
<td>6. Rheumatic fever</td>
<td>16</td>
<td>25</td>
</tr>
<tr>
<td>7. Diabetes (type 1 or 2)</td>
<td>17</td>
<td>26</td>
</tr>
<tr>
<td>8. High cholesterol</td>
<td>18</td>
<td>27</td>
</tr>
<tr>
<td>9. Bladder problems</td>
<td>19</td>
<td>28</td>
</tr>
<tr>
<td>10. Bed wetting</td>
<td>20</td>
<td>29</td>
</tr>
</tbody>
</table>

IF YOU ANSWERED YES to any of the ABOVE questions please provide the date or age of the student and additional information (when, where, etc.) on the second page of this assessment.

7. Any family member(s) or relative die of heart related problems or sudden death before age 50? Who/Why?  

8. Is student allergic to any drug or medicine of any kind, like penicillin, codeine, Novocain, lidocaine, etc.? ______  If Yes, please list the drug, medication, etc. student had a reaction to and what type of reaction:  

Was student prescribed an EpiPen because of this incident?  

9. Is student allergic to anything (including food, insect stings, pollen, etc.) resulting in swelling, hives, asthma, etc.? ______  If Yes, please list the food, insect, etc. student had a reaction to and what type of reaction:  

Was student prescribed an EpiPen because of this incident?  

10. Has student ever had excessive bleeding that required treatment? ______  If Yes, please explain:  

11. Has student ever had a blood transfusion or blood products? ______  If Yes, please explain:  

12. Does the student have any wounds or injuries that heal slowly or have other complications? ______  If Yes, please explain:  

13. Any joint replacements? ______  If Yes, please explain:  

14. Does student have any artificial limbs or eye lens implants? ______  If Yes, please explain:  

15. Has the student ever fainted or been unconscious? ______  If Yes, please explain:  

16. Is student on any special diet at this time? ______  If Yes, please explain:  

17. Does the student have any disease, condition, or problem that you think the doctor or dentist should know about? ______  If Yes, please explain:  

18. Student have any trouble associated with dental treatment? ______  If Yes, please explain:  

19. Does the student worry excessively? ______  Has the student received any psychiatric treatment? ______  Explain:  

20. Have an EpiPen  

21. Epilepsy (seizures)  

22. STD's (sexually transmitted disease)  

23. Kidney disorders  

24. Circulation problems  

25. Skin disorders  

26. Stomach disorders  

27. Acid Reflux (heartburn)  

28. Thyroid Problems  

29. Concussion(s)
20. Has the student had thoughts of hurting himself/herself, suicide or made an attempt to commit suicide? ________________
   Explain ________________________________________________________________

21. Is the student taking any medications (including over-the-counter, herbal, etc.)? List ALL medications, dosage, and time(s) when medication is given:
   Medication Name: ___________________________________ Dosage: ______________
   Time(s) given: ________________________________ Reason medication is given: ________________________________
   Medication Name: ____________________________ Dosage: ______________
   Time(s) given: ________________________________ Reason medication is given: ________________________________
   Medication Name: ____________________________ Dosage: ______________
   Time(s) given: ________________________________ Reason medication is given: ________________________________
   Medication Name: ____________________________ Dosage: ______________
   Time(s) given: ________________________________ Reason medication is given: ________________________________
   Medication Name: ____________________________ Dosage: ______________
   Time(s) given: ________________________________ Reason medication is given: ________________________________
   Medication Name: ____________________________ Dosage: ______________
   Time(s) given: ________________________________ Reason medication is given: ________________________________
   Medication Name: ____________________________ Dosage: ______________
   Time(s) given: ________________________________ Reason medication is given: ________________________________
   Medication Name: ____________________________ Dosage: ______________
   Time(s) given: ________________________________ Reason medication is given: ________________________________
   Medication Name: ____________________________ Dosage: ______________
   Time(s) given: ________________________________ Reason medication is given: ________________________________
   Medication Name: ____________________________ Dosage: ______________
   Time(s) given: ________________________________ Reason medication is given: ________________________________

22. Any other health information or explanation of health history, please list here:
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Signature of Parent or Guardian _____________________________________________ Date ______________________________
CONSENT AND RELEASE
FOR EXTRA CURRICULAR ACTIVITIES,
COMPETITIVE SPORTS, AND FIELD TRIPS

Student’s Name: ________________________________________________________

Parent/Guardian Name: ________________________________________________

By signing this form, I warrant that I am the custodial parent or legal guardian of the named student
and that I have the legal authority to sign this document.

I (we) hereby grant permission/authorization for my child to participate in any organized
Hartshorne Public School or Jones Academy Elementary School/Residential Program sponsored
extra-curricular activity, competitive sports, and field trips as approved by Jones Academy
administration. This includes all transportation necessary to facilitate my child’s participation in
the extracurricular activity. I (we) understand, agree not to hold the Hartshorne Public Schools or
Jones Academy liable in the event of an accident.

I understand and agree that certain extra-curricular activities, competitive sports, and field trips
may present a risk of injury or other bodily harm and, on behalf of myself and my child, I assume
all risk and responsibility for this risk. I represent that I am familiar with the extra-curricular
activities offered and that I am familiar with my child’s mental and physical limitations, if any. I
further represent that my child has no mental or physical limitations that would preclude his/her
participation in extra-curricular activities, except as may be specifically identified by me in this
document.

The list of approved activities, competitive sports, and field trips at Jones Academy/Hartshorne
Public School include, but are not limited to:

- Archery
- Ropes Course
- Swimming
- Weight-Lifting
- Livestock Shows
- Tae Kwon Do
- Crossfit
- Theme/Water Parks
- PACE 5K/10K and half marathon runs
- Football
- Basketball
- Baseball
- Softball
- Track
- Weight lifting
- Marching band
- Stickball
- Soccer
- Museums
- Seasonal, agricultural, spiritual, cultural, excursions
- Pow-wows
- FFA/FCCLA/KTC conferences
- Archeological sites
- College tours
- Aquariums, Planetariums
- Youth Camps

If there is an activity or program I do not wish for my child to participate in, I have disclosed it
below. If my child has any physical or mental limitations pertaining to these activities, I have
recorded them below:

Child may NOT participate in:

_____________________________________________________________________

Physical or mental limitations:

_____________________________________________________________________

I agree to HOLD THE CHOCTAW NATION OF OKLAHOMA and its employees, elected officials,
agents, and representatives (“Choctaw Indemnified Parties”) HARMLESS FROM, AND
FOREVER WAIVE AND RELEASE the Choctaw Indemnified Parties, from and against all injuries, loss, liability, damage or cost that may arise from my child’s participation in extracurricular activities EVEN IF CAUSED BY THE NEGLIGENCE OF THE CHOCTAW NATION OF OKLAHOMA. Additionally, I AGREE TO INDEMNIFY THE CHOCTAW INDEMNIFIED PARTIES from and against all injuries, loss, liability, damage, or cost they may incur due to my child’s participation in extracurricular activities. I intend that the waivers and releases and indemnities in this document to be construed as broadly and all-inclusively as permitted under the laws of both the State of Oklahoma and the Choctaw Nation of Oklahoma. If any portion of this document is held to be invalid, the remainder of the document will be given full force and effect. I UNDERSTAND THAT THIS IS A RELEASE OF ALL CLAIMS AGAINST THE CHOCTAW NATION OF OKLAHOMA AND ITS EMPLOYEES, ELECTED OFFICIALS, AGENTS, AND REPRESENTATIVES.

Parent/Guardian Signature ____________________________ Date ____________________________

PERMISSIONS

CULTURAL

I give permission for my child to attend spiritual services on and/or off campus.

Yes ☐ No ☐

Parent or Legal Guardian ____________________________ Date ____________________________

I give permission for my child to attend on and/or off campus spiritual activities.

Yes ☐ No ☐

Parent or Legal Guardian ____________________________ Date ____________________________

HAIRCUTS

I give permission for my child to get regularly scheduled haircuts.

Yes ☐ No ☐

Parent or Legal Guardian ____________________________ Date ____________________________
AUTHORIZATION TO INITIATE DETENTION ORDER
(To be completed by parent or guardian)

Date: ________________________________

I, ________________________________________, being the real parent/guardian of ________________________________________, hereby give Jones Academy staff authorization/responsibility to initiate proceeding for Detention Order, Missing Persons Report, Runaway Juvenile Report and/or any document/procedure needed in the event my child leaves Jones Academy or Hartshorne Public Schools, or; any Jones Academy or Hartshorne Public School activity without express permission from Jones Academy Staff.

The permission is given so that my child may be located and returned to a safe environment as soon as possible.

________________________________________
Signature of Parent or Guardian

Date

DESCRIPTION OF CHILD
(To be completed by Parent or Guardian.)

PLEASE PRINT

Name: ________________________________________
Sex: _______

Nickname: ____________________________ SS #: _______________________________

Height: _______ Weight _______ Hair color _____________ Hair length ____________

Eye color: _______________ Tattoos: __________________ Scars: _______________________

Remarks/Details: ____________________________________________________________

_____________________________________________________________________

CONSENT FOR SEARCH

I, _____________________________________________, give consent to Jones Academy staff to search

Parent/Guardian’s Name

_________________________________________

Student’s Name

________________________, his/her room, and/or personal belongings if there is reasonable belief that the student has an illegal substance, weapon, or an item that is considered a danger to him/her or someone else. I understand that periodically on a random basis a drug dog may be used to search the campus area (including students’ rooms) for illegal drugs.

___________________________________________
Parent/Guardian

_______________________________________
Date

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PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

This information is provided pursuant to Public Law 93-597 (Privacy Act of 1974), December 31, 1974 and the Paper work Reduction Act (44 U.S.C. 3501, et seq)

The Bureau of Indian Affairs, Office of Indian Education Programs operates an educational system under the general authority of Chapter 114, Public Law 67-86, 42 Stat. 208 (25 U.S.C. 13) and Public Law 95-561

In accordance with the accountability required for the administration of funds appropriated for educational programs, certain types of information are required. All records are maintained in strictest confidence and all information contained therein is considered privileged. Information solicited and the routine use of the information collected will be used solely in the planning, managing, providing placement of individuals.

This information is being collected to obtain information on students, such as schools previously attended, tribal affiliation, degree of Indian blood, and language spoken in the home. This information will be used to determine a student's eligibility to enroll in bureau operated or bureau funded schools. Response to this request is mandatory in order to obtain a benefit.

Use of Social Security Number
The request for a social security number is voluntary. If supplied, it will be used as one identifier in the Bureau's management information system’s student enrollment system.

Estimated Burden Statement
Public reporting burden for this form is estimated to average one-half hour per response, which includes time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. The public may make additional comments on the accuracy of our burden estimates (which are explained in detail in the preamble to the proposed rule published on February 25, 2004, at 69 FR 8752) and any suggestions for reducing this burden to the OMB Interior Desk Officer, Docket Number 1076–AE49, Office of Information and Regulatory Affairs, 202-395-6566 (facsimile); email: OIRA_DOCKET@omb.eop.gov.