

**Sankofa Middle School of Creative  
and Performing Arts  
Enrollment Checklist  
School Year  
2023 - 2024**

All applications for enrollment must contain the following items in order to be accepted for enrollment in Sankofa.

STUDENT NAME: \_\_\_\_\_  
(PRINT)

Acceptable proof of:

- \_\_\_\_\_ Birth Certificate (no hospital certificates), you may apply for birth certificate at the, James O. Goodwin Health Center, 5051 S. 129<sup>th</sup> E. Ave., 918-582-9355
- \_\_\_\_\_ Immunizations
- \_\_\_\_\_ Social Security Card
- \_\_\_\_\_ Current utility bill (PSO, ONG, City of Tulsa and Southwestern Bell Telephone) No cut-off notices

**Administrative Staff: Place initials on appropriate line verifying documents are attached at time of enrollment. Incomplete applications will not be accepted.**

# Sankofa Middle School of Creative and Performing Arts

School Code: 72-G001

PLEASE PRINT: Social Security Number: \_\_\_\_\_

Student's Full Legal Name \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birth date \_\_\_\_\_ Sex- \_\_\_\_\_ 2023 - 2024 Grade: \_\_\_\_\_

Student's last name if different from legal last name \_\_\_\_\_ Birthplace \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Street Address Where Student Lives: \_\_\_\_\_ Email Address: \_\_\_\_\_

**BIRTH EVIDENCE PRESENTED**

House No.	Street Name	Apt.	Zip Code	Home Phone	RACE	Check One
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Adult Male With Whom Student Lives: \_\_\_\_\_

Black/Non-Hispanic	B	
Alaskan/Amer. Indian	*I	
Hispanic	H	
Asian/Pacific Is.	A	
White/Non-Hispanic		

Last \_\_\_\_\_ First \_\_\_\_\_ Relationship \_\_\_\_\_ Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Employee/Company \_\_\_\_\_

Adult Female With Whom Student Lives: \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Relationship \_\_\_\_\_ Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Employee/Company \_\_\_\_\_

\* Student CDIB Card  
Circle One: Yes No

**MUST ACCOMPANY THE PA9:**

- A COPY OF THE BIRTH CERTIFICATE
- CERTIFICATE OF DEGREE OF INDIAN BLOOD (CDIB) CARD
- MEDICAID CARD IF APPLICABLE
- DHS DOCUMENTATION IF PLACED BY DHS

If the answer to any of these questions is something other than English, the child is considered to be bilingual:  
 What language did your child first learn to speak?  
 What language do the adults in your home speak the most often?  
 What language does your child speak most often at home?

BILINGUAL  
CIRCLE Y

Student's Physician \_\_\_\_\_ Telephone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Last School Attended \_\_\_\_\_ School Name \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_\_

Emergency Name (other than parent) \_\_\_\_\_ Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

Last Tulsa School Attended \_\_\_\_\_ School Name \_\_\_\_\_ Date \_\_\_\_\_

Was your child a member  
of a special class?

LD \_\_\_\_\_ MR \_\_\_\_\_ Speech Therapy \_\_\_\_\_ Other \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Entry Code \_\_\_\_\_ Entry Date \_\_\_\_\_ Transfer \_\_\_\_\_ New \_\_\_\_\_ Class List \_\_\_\_\_

Other Children in Family Under 18			
Legal Name	Date of Birth Mo-Day-Year	Grade	School

PA-9 \_\_\_\_\_ Attendance Card \_\_\_\_\_ Health Card \_\_\_\_\_

Reading Folder \_\_\_\_\_ Report Card/Worksheet \_\_\_\_\_

Release Form \_\_\_\_\_ Mailed \_\_\_\_\_ (or Called) \_\_\_\_\_

**IF AT ANY TIME THIS INFORMATION CHANGES, PLEASE NOTIFY THE SCHOOL OFFICE.**  
**NOTICE TO OFFICE: Once information is recorded on PA-9, return form to Student File.**

Transportation  Walks  TPS Bus  Nursery Bus  Other

Will you be a school volunteer? Yes  No

## HEALTH HISTORY

	Yes	No
1. Full Term	<input type="checkbox"/>	
2. Did baby go home with mother?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any birth defects?	<input type="checkbox"/>	<input type="checkbox"/>
4. If any problem with pregnancy or delivery, or any defect please explain.		

### PREVIOUS HISTORY

1. Health conditions requiring diagnosis or treatment by physician.  
A. Allergies: please list and state medication used.

B. Asthma: please list restrictions and medication used.

C. Conclusive Disorders: type and medication. \_\_\_\_\_

D. Diabetes: current treatment used (please advise of any changes).

E. Ear infections: explain frequency and any hearing difficulties.

F. Heart Problems: please explain and list any restrictions.

G. Kidney/Bladder: please explain and list restrictions.

H. Respiratory Infection: pneumonia and other conditions (please explain).

I. Other: (please explain). \_\_\_\_\_

2. Accidents/injury: requiring diagnosis or treatment by physician. Please explain and give approximate dates.

- A. Fractures (broken bones)
- B. Head injuries
- C. Internal injuries
- D. Other

3. Surgery: please explain and give approximate dates.

- A. Adenoidectomy \_\_\_\_\_
- B. Appendectomy \_\_\_\_\_
- C. Hernia repair: please give type \_\_\_\_\_
- D. Tonsillectomy \_\_\_\_\_
- E. Tubes in ears \_\_\_\_\_
- F. Other \_\_\_\_\_

4. Communicable Diseases: (as diagnosed by physician) give approximate date and any complications.

- A. Chicken Pox \_\_\_\_\_
- B. Mononucleosis \_\_\_\_\_
- C. Mumps \_\_\_\_\_
- D. Pertussis (whooping cough)
- E. Roseola \_\_\_\_\_
- F. Rubella (three day measles)
- G. Rubeola (hard measles)
- H. Scarlet Fever \_\_\_\_\_
- I. Other \_\_\_\_\_



111 East First Street, Suite 102

Tulsa, OK 74103

Phone: (918) 340-5120

Fax: (918) 340-5330

## SANKOFA MIDDLE SCHOOL OF CREATIVE AND PERFORMING ARTS

### DID YOU KNOW?

School personnel follow health protocols, procedures, and policies approved by the Board of Directors for Sankofa Middle School of Creative and Performing Arts.

In order to assist your child with health related needs, you should inform the school of:

Special needs, limitations, restrictions or areas of concern indicated by the doctor, dentist, licensed healthcare facility, or parent,

All immunizations, boosters, or restrictions obtained from licensed healthcare providers,

Change in eye exams and any restrictions obtained from licensed healthcare providers,

Medications (prescriptions and non-prescriptions) routinely taken at school: For medications taken at school, the appropriate forms must be completed, the medication provided by the parent, guardian, or person responsible for student's care.

Absences from school: For your child's safety, call the school office daily to report absences. If your child is absent three (3) days or more, please call or send a note to the school before the first class, and a phone number should be on file in the administrative office where a person responsible for student's care can be reached. The school should be immediately notified of changes.

**Sankofa Middle School of Creative and  
Performing Arts  
HEALTH SERVICES**

**AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY DESIGNATED SCHOOL PERSONNEL**

Oklahoma law states that the school nurse, administrator or other designated school employee shall not be liable to the students, parent or guardian of the student for civil damages for any personal injuries to the student which result from omission of the school nurse, administrator or other designated school employee in administering any medicine pursuant to the provisions of the law except for acts or omissions constituting gross, willful or wanton negligence.

Medication will be given to a student only with the written permission of a parent, the legal guardian or person responsible for student's care. Designated employees may not administer medications requiring invasive routes. Over the counter medications must be in original packaging with printed dosages appropriate for age or weight. Prescription medication must be in a currently dated prescription vial or properly labeled container which correctly states the student's name, the name of the physician or dentist and directions for administering the medication. Aspirin (acetylsalicylic acid) may only be administered with written permission of the physician or dentist. A new authorization form must be filled out for each change of medication and renewed each school year. Medication that is not reclaimed by the last official day of school closing will be destroyed, according to policy.

The regulations on administering medicines to students are available, upon request:

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Home Address \_\_\_\_\_ Telephone \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Emergency Telephone \_\_\_\_\_

**PHYSICIAN OR DENTIST ORDER**

Diagnosis Requiring Medication \_\_\_\_\_  
Name of Medication #1 \_\_\_\_\_  
Time and Amount to be given \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
Date: From \_\_\_\_\_ to \_\_\_\_\_  
Date of Prescription \_\_\_\_\_ Discontinuation Date \_\_\_\_\_  
Intended Effect of Medication \_\_\_\_\_

Side Effects: To Expect \_\_\_\_\_  
To Report \_\_\_\_\_

If there are side effects, plan of management \_\_\_\_\_

Is this a controlled drug? \_\_\_\_\_  
(Controlled drugs cannot be transported by a minor)  
Physician/Dentist \_\_\_\_\_  
Name (Type or Print) \_\_\_\_\_  
Signature (if required) \_\_\_\_\_

Diagnosis Requiring Medication \_\_\_\_\_  
Name of Medication #1 \_\_\_\_\_  
Time and Amount to be given \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
Date: From \_\_\_\_\_ to \_\_\_\_\_  
Date of Prescription \_\_\_\_\_ Discontinuation Date \_\_\_\_\_  
Intended Effect of Medication \_\_\_\_\_

Side Effects: To Expect \_\_\_\_\_  
To Report \_\_\_\_\_

If there are side effects, plan of management \_\_\_\_\_

Is this a controlled drug? \_\_\_\_\_  
(Controlled drugs cannot be transported by a minor)  
Physician/Dentist \_\_\_\_\_  
Name (Type or Print) \_\_\_\_\_  
Signature (if required) \_\_\_\_\_

**AUTHORIZATION BY PARENT/GUARDIAN for administration of the above medication by school personnel:**

I hereby authorize Sankofa Middle School of Creative and Performing Arts and its employees to administer to my child lawfully prescribed medication in the manner described above. I ACKNOWLEDGE THAT IT MAY BE PERFORMED BY AN INDIVIDUAL OTHER THAN A SCHOOL NURSE AND SPECIFICALLY CONSENT TO SUCH PRACTICES. I acknowledge and agree that I waive any claims that I might have against the charter school, its employees and agents arising out of the administration of said medicine. I agree to hold harmless its designated employees from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration, attempts at administration or omissions of said medicine pursuant to the provisions of Oklahoma law, except for acts or omissions constituting gross, willful, or wanton negligence. I further authorize the school nurse and/or designated employee to contact the above named physician(s)/dentist(s) for medical information relevant to the care of the student during school and/or school sponsored activities.

Signature of Parent/Legal Guardian

Or Person Responsible for Student's Care \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**PARENTAL/LEGAL CUSTODIAN REQUEST  
FOR DESIGNATING OWN MINOR CHILD (REN) TO TRANSPORT  
MEDICATIONS\*/MEDICAL EQUIPMENT**

The undersigned, the parent(s)/legal custodian(s) of \_\_\_\_\_ who is enrolled as a student in the \_\_\_\_\_ Grade at Sankofa Middle School of Creative and Performing Arts, hereby designate my minor child and/or the sibling to bring my child's medication(s) and/or medical equipment to the charter school.

\*Ritalin and other controlled substances must be transported by an adult.

Name of Minor Child

Relationship to Student

My reason(s) for requesting the exemption is/are as follows:

Remarks:

I understand that by designating my child (ren), I am responsible for any loss, theft, contamination, or inappropriate sharing of the medication(s) and/or medical equipment with other individuals prior to the item(s) reaching a designated staff member of the school. I also understand that if this arrangement creates an undue risk, I will be contacted to review/revise my request.

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

Parent/Legal Guardian/Person Responsible for Student's Care

Parent/Legal Guardian/Person Responsible for Student's Care

Address \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Signature

Site Administrator's Signature

**Note: This request shall not extend beyond the current school year.**

**CONTRACT FOR EXCEPTION:  
TO SELF-ADMINISTER AND RETAIN MEDICATION ON PERSON**

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

(Child's name) has been instructed in the proper use of the \_\_\_\_\_  
inhaler. We, \_\_\_\_\_ (Physician) and \_\_\_\_\_  
(Parent, Legal Guardian, or Person Responsible for Student's Care), request that  
\_\_\_\_\_ (Child's Name) be permitted to carry the medication on his/her person, as we consider him/her  
responsible. He/She has been instructed in and understands the purpose and appropriate method and frequency of use of the medication.

I understand this request is governed by the Sankofa Middle School of Creative and Performing Arts' regulations on self-administration of medication and there are conditions and exceptions to self-administration. I acknowledge I may receive a copy of this regulation, upon request. Also, I have instructed my child to inform school personnel if symptoms persist so additional emergency care can be obtained, if needed. I have also been advised to have my child wear a medical alert bracelet and that this permission may be revoked if my child misuses the medication, including permitting other children to use the medication.

We, the undersigned, absolve the school of any responsibility in safeguarding our child's medication.

Physician's Signature

Date

Signature of Parent/Legal Guardian or  
Person Responsible for Student's Care

Date

Signature of Parent/Legal Guardian or  
Person Responsible for Student's Care

Date

\*This request shall not extend beyond the end of the current school year.

\*\* This contract does not apply to Ritalin or any other controlled substance.

# SANKOFA MIDDLE SCHOOL OF CREATIVE AND PERFORMING ARTS

## STATE DEPARTMENT OF EDUCATION AUTHORITY TO TRANSFER EDUCATION RECORDS

Name and Address of Last School Attended:

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In accordance with the Family Educational Rights and Privacy regulations (34 CFR 99.31) Sankofa Middle School of Creative and Performing Arts requests the transfer of all of the above student's educational records. This would include, but not limited to **Shot Records, Attendance, Birth Certificate, Discipline, Test Scores, Cumulative Grades, and Special Education (IEP's), and any other confidential records PL 919-142, etc.**

**Student (s) Name:** \_\_\_\_\_

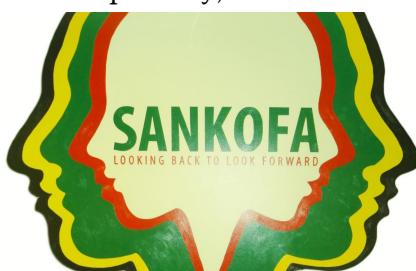
**Current Grade:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

The above mentioned student (s) is /are enrolled in our school. Therefore, please send records to:

Sankofa Middle School of Creative and Performing Arts  
111 East First Street, Suite 102  
Tulsa, OK 74103  
Phone: 918-340-5120  
Fax: 918-340-5330  
Email: [Sankofa@dbc-school.org](mailto:Sankofa@dbc-school.org)

Respectfully,



## **SANKOFA MIDDLE SCHOOL OF CREATIVE AND PERFORMING ARTS**

Looking Back To Look forward

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

In Re: Authorization to release my child's personal records to Tulsa Public Schools

Dear Sankofa Middle School of Creative and Performing Arts Administrator:

I \_\_\_\_\_ Parent of \_\_\_\_\_, give my permission for  
(Parent/Guardian) (Child's name)

The Sankofa Middle School of Creative and Performing Arts to release information regarding my child to Tulsa Public Schools. Such information includes but is not limited to:

(1) Name, (2) address, (3) social security number, (4) immunization records,  
(5) Birth certificate and (6) grade information.

I further hold harmless the Sankofa Middle School of Creative and Performing Arts' administration for the release of such information.

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Signature of Parent or Guardian

## **Authorization for Pick-Up of Children School Year 2023 - 2024**

Each child's enrollment application indicates whom to contact in case of an emergency. We also need to know who will pick up your child from school on a daily basis. There are also times others may be authorized to pick up your child. Please take a moment to fill in the information below and return to the school. Children cannot make this determination. Any deviations must be at the request of the parent or guardian.

Child/Children Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Authorized to Pick Up**

<b>Name</b>	<b>Phone Number</b>

If anyone other than the person(s) indicated above arrives for my child/children, I will have called the school in advance.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

# **AFFIDAVIT OF PLACE OF RESIDENCE**

## **SANKOFA MIDDLE SCHOOL OF**

## **CREATIVE AND PERFORMING ARTS**

### **2022 -2023**

#### **Policy Statement:**

**Any enrollment permitted by our charter school Affidavit carries with it a very special set of conditions. The circumstances under which the school will accept an enrollment by Affidavit are specifically detailed in this statement. The following qualifications enable this type of enrollment to be accepted: (1) student and parent(s) must physically reside full-time with Affiant.**

**Condition No. 1:** The enrollment of any student admitted by Affidavit is subject to review and immediate cancellation if conditions under which the signing was permitted do not remain constant. Enrollment of the student will be considered temporary, and is to continue only as long as the student and the parent reside at that address. If student or parent moves, this Affidavit is void, and the student(s) must be immediately withdrawn from Sankofa Middle School of Creative and Performing Arts unless new proof of residence is provided.

**Condition No. 2:** The person with whom parent and student are residing must have documented "Proof of Residence" such as a utility bill (gas, water or electric). If the place of residence is an apartment, we may require verification from the apartment manager's office that they are aware of the additional occupants in the apartment.

**Condition No. 3:** Any student enrolled by means of signed Affidavit must abide by all requirements set forth in school policies with particular attention given to items of regular attendance; timely academic progress in grades; and acceptable citizenship, behavior, and discipline responsibilities.

**Condition No. 4:** If the stated facts of an Affidavit later appear to be questionable, the Sankofa Middle School of Creative and Performing Arts will have no other recourse than to withdraw the student from the school.

THIS AFFIDAVIT IS FOR THE CURRENT SCHOOL YEAR ONLY- OR UNTIL THE STUDENT &/OR THE PARENT MOVES- WHICHEVER OCCURS FIRST.

**Parent signature needs to be notarized.**

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

SMSCPA  
Administrator \_\_\_\_\_ Date \_\_\_\_\_

Pupil Accounting \_\_\_\_\_ Date \_\_\_\_\_

# **HOLD HARMLESS AGREEMENT BETWEEN**

## **PARENT AND SANKOFA MIDDLE SCHOOL OF CREATIVE AND PERFORMING ARTS**

As a parent of Sankofa Middle School of Creative and Performing Arts (SMSCPA), I am aware of all discipline procedures. I further understand that if my child receives three (3) disciplinary infractions, the Administration will call me to pick up my child from school. If I fail to arrive within one (1) hour to pick up my child, he/she will be suspended for an additional day.

### **Suspension Policy**

Students are given three (3) warnings to correct inappropriate behavior. After the third infraction the student is sent to the office with documentation. The parent is then called to pick up the student for the remainder of the day.

If the child is not picked up within an hour from the time called, the child will not be allowed to attend school the following day. Student's suspended out-of-school for ten (10) or fewer days shall have the right to appeal the decision of the administration to a committee composed of administrators or teachers or both. The student's parents or guardian shall submit the appeal in writing to the school's Executive Director within three school days of the first effective date of the suspension.

Upon full investigation of the matter, the committee shall determine the guilt or innocence of the student and the reasonableness of the term of the out-of-school suspension. The decision of the committee shall be final.

### **Dress Code**

Each student and the parents/guardian of the student are responsible for the personal hygiene of the student. The Administration reserves the right to contact the parents/guardians regarding any hygiene issues that it believes causes a risk to health, safety and welfare of the student, his or her classmates, and faculty or staff or distracts from the educational environment. All students' hair must be its natural hair color.

### **Materials Not Allowed in School**

Parents are asked to discourage their child from bringing all electronics, pencil sharpeners, glitter, fingernail polish, lip gloss, make-up, artificial nails, candy and any popular entertainment devices to school. These items can cause unnecessary distractions.

### **Damages**

**Parents will be responsible for any willful damage to the school property by their child. Parents will be billed accordingly.**

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**Parent Signature**

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**Date**

# Parent release form for Media

I, the undersigned, do hereby grant OR deny permission to **Sankofa Middle School of Creative and Performing Arts** to use the image of my child, \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and / or videos, and digital images such as those on the Sankofa Middle School of Creative and Performing Arts Web site.

**Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Please indicate your preference: YES  NO

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

Parent Email Address: \_\_\_\_\_

Date \_\_\_\_\_

Sankofa Middle School of  
Creative and Performing Arts  
111 East First Street, Suite 102  
Tulsa, Oklahoma 74103

## **Sankofa Middle School of Creative and Performing Arts**



Looking Back To Look forward

### **ACCEPTABLE USE AND INTERNET SAFETY POLICY FOR THE COMPUTER NETWORK**

The Sankofa Middle School of Creative and Performing Arts (SMSCPA) is pleased to give students' access to interconnected computer systems within SMSCPA to the Internet, the worldwide network that provides various means of accessing significant educational materials and opportunities.

In order for SMSCPA to be able to continue to make its computer network and Internet access available, all students must take responsibility for appropriate and lawful use of this access. Students must understand that one student's misuse of the network and Internet access may jeopardize the ability of all students to enjoy such access. While SMSCPA teachers and other staff will make reasonable efforts to supervise student use of network and Internet access they must have student cooperation in exercising and promoting responsible use of this access.

Below is the Acceptable Use and Internet Safety Policy ("Policy") of SMSCPA and the Data Acquisition Site that provides Internet access to the charter school. Upon reviewing, signing, and returning this policy as the students have been directed, each student will be given the opportunity to enjoy Internet access at SMSCPA and is agreeing to follow the policy. If a student is under 18 years of age, he or she must have his or her parents or guardians read and sign the policy. DBCS cannot provide access to any student who, if 18 or older, fails to sign and submit the policy to SMSCPA as directed or, if under 18, does not return the policy as directed with the signatures of the student and his/her parents or guardians.

Listed below are the provisions of the agreement regarding computer network and Internet use. If you have any questions about these provisions, please contact the SMSCPA network administrator to whom questions may be directed. If any user violates this policy, the student's access will be denied or withdrawn and he or she may be subject to additional disciplinary action.

### **PERSONAL RESPONSIBILITY**

By signing this policy, you are agreeing not only to follow the rules in this policy, but also are agreeing to report any misuse of the network to the SMSCPA network administrator designated for such reporting. Misuse means any violations of this policy or any other use that is not included in the policy, but has the effect of harming another or his or her property.

### **TERM OF THE PERMITTED USE**

A student who submits to SMSCPA, as directed a properly signed policy and follows the policy to which he or she has agreed will have computer network and Internet access during the course of the school year only. Students will be asked to sign a new policy each year during which they are students at SMSCPA before they are given an access account.

### **ACCEPTABLE RULES**

**Educational Purposes Only.** SMSCPA is providing access to its computer network and the Internet for educational purposes, only. If you have any doubt about whether a contemplated activity is educational, you may consult with the SMSCPA network administrator designated by the Executive Director to help decide if a use is appropriate.

#### **Unacceptable Uses of Network**

Among the uses that are considered unacceptable and which constitute a violation of this policy are the following:

**Uses that violate the law or encourage others to violate the law.** Don't transmit offensive or harassing messages, offer for sale or use any substance the possession or use of which is prohibited by the SMSCPA Student Discipline Policy, view, transmit or download pornographic materials or materials that encourage others to violate the law; intrude into the networks or computers of others; and download or transmit confidential, trade secret information, or copyrighted materials. Even if materials on the networks are not marked with the copyright symbol, you should assume that all materials are protected unless there is explicit permission on the materials to use them.

**Uses that cause harm to others or damage to their property.** For example, don't engage in defamation (harming another's reputation by lies); employ another's password or some other user identifier that misleads message recipients into believing that someone other than you is communicating or otherwise using his/her access to the network or the Internet; upload a worm virus, "Trojan horse," "time bomb," or other harmful form of programming or vandalism; participate in "hacking" activities or any form of unauthorized access to other computers, networks, or information systems.

**Uses that jeopardize the security of student access and of the computer network or other networks on the Internet.** For example, don't disclose or share your password with others; don't impersonate another user.

**Uses that are commercial transactions.** Students and other users may not sell or buy anything over the Internet. You should not give others private information about you or others, including credit card numbers and social security numbers.

**Netiquette.** All users must abide by rules of network etiquette, which include the following:

**Be polite.** Use appropriate language. No swearing, vulgarities, suggestive, obscene, belligerent, or threatening language.

**Avoid language and uses, which may be offensive to other users.** Don't use access to make, distribute, or redistribute jokes, stories, or other material that is based upon slurs or stereotypes relating to race, gender, ethnicity, nationality, religion, or sexual orientation.

**Don't assume that a sender of e-mail is giving his or her permission for you to forward or redistribute the message to third parties or to give his/her e-mail address to third parties.** This should only be done with permission or when you know that the individual would have no objection.

**Be considerate when sending attachments with e-mail (where this is permitted).** Be sure that the file is not too large to be accommodated by the recipient's system and is in a format, which the recipient can open.

## INTERNET SAFETY

### **General Warning: Individual Responsibility of Parents and Users.**

All users and their parents/guardians are advised that access to the electronic network may include the potential for access to materials inappropriate for school-aged pupils. Every user must take responsibility for his or her use of the computer network and Internet and stay away from these sites. If a student finds that other users are visiting offensive or harmful sites, he or she should report such use to the SMSCPA network administrator designated by the charter school.

**Personal Safety. Be Safe.** In using the computer network and Internet, do not reveal personal information such as your home address, or telephone number. Do not use your real last name or any other information, which might allow a person to locate you without first obtaining the permission of a supervising teacher. Do not arrange a face-to-face meeting with someone you “meet” on the computer network or Internet without your parent’s permission (if you are under 18). Regardless of your age, you should never agree to meet a person you have only communicated with on the Internet in a secluded place or in a private setting.

**”Hacking” and Other Illegal Activities.** It is a violation of this policy to use the SMSCPA computer network or the Internet to gain unauthorized access to other computers or computer systems, or to attempt to gain such unauthorized access. Any use which violates state or federal law relating to copyright, trade secrets, the distribution of obscene or pornographic materials, or which violates any other applicable law or municipal ordinance, is strictly prohibited.

**Confidentiality of Student Information.** Personally identifiable information concerning students may not be disclosed or used in any way on the Internet without the permission of a parent or guardian or, if the student is 18 or over, the permission of the student himself/herself. Users should never give out private or confidential information about themselves or others on the Internet, particularly credit card numbers and Social Security numbers. A supervising teacher or administrator may authorize the release of directory information, as defined by Oklahoma law, for internal administrative purposes or approved educational projects and activities.

**Active Restriction Measures.** SMSCPA, either by itself or in combination with the Data Acquisition Site providing Internet access, will utilize filtering software or other technologies to prevent students from accessing visual depictions that are (1) obscene, (2) child pornography, or (3) harmful to minors. SMSCPA will also monitor the online activities of students, through direct observation and/or technological means, to ensure that students are not accessing such depictions or any other material, which is inappropriate for minors.

Internet filtering software or other technology-based protection systems may be disabled by a supervising teacher or school administrator, as necessary, for purposes of bonafide file research or other educational projects being conducted by students ages 17 and older.

The term “harmful to minors” is defined by the Communications Act of 1934 (47 USC Section 24[h] [7], as meaning any picture, image, graphic image file, or other visual depiction that:

- taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion;
- depicts, describes, or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals.
- Taken as a whole, lacks serious literary, artistic, political, or scientific value to minors.

## PRIVACY

Network and Internet access is provided as a tool for your education. The Sankofa Middle School of Creative and Performing Arts reserves the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computer network and Internet access and any and all information transmitted or received in connection with usage. All such information files shall be and remain the property of the Sankofa Middle School of Creative and Performing Arts and no user shall have any expectation of privacy regarding such materials.

## **FAILURE TO FOLLOW POLICY**

The user's use of the computer network and Internet is a privilege, not a right. A user who violates this policy, shall at a minimum, have his or her access to the computer network and Internet terminated, which SMSCPA may refuse to reinstate for the remainder of the student's enrollment in SMSCPA. A user violates this policy by his or her own actions or by failing to report any violations by other users that come to the attention of the user. Further, a user violates this policy if he or she permits another to use his or her account or password to access the computer network and Internet, including any user whose access has been denied or terminated. SMSCPA may also take other disciplinary action in such circumstances.

## **WARRANTIES/INDEMNIFICATION**

SMSCPA makes no warranties of any kind, either express or implied, in connection with its provision of access to and use of its computer networks and the Internet provided under this policy. It shall not be responsible for any claims, losses, damages or costs (including attorney's fees) of any kind suffered, directly or indirectly, by any user or his or her parent(s) or guardian(s) arising out of the user's use of its computer network or the Internet under this policy. By signing this policy, users are taking full responsibility for his or her use, and the user who is 18 or older or, in the case of a user under 18, the parent(s) or guardian(s) are agreeing to indemnify and hold SMSCPA, the Data Acquisition Site that provides the computer and Internet access opportunity to SMSCPA and all of their administrators, teachers, and staff harmless from any and all loss, costs, claims, or damages resulting from the user's access to its computer network and the Internet, including but not limited to any fees or charges incurred through purchases of goods or services by the user. The user or, if the user is a minor, the user's parent(s) or guardian(s) agree to cooperate with SMSCPA in the event of SMSCPA' initiating an investigation of the user's use of his or her access to its computer network and the Internet, whether that use is on a school computer or on another computer outside the SMSCPA network.

## **UPDATES**

Users, and if appropriate, the user's parents/guardians, may be asked from time to time to provide new or additional registration and account information or to sign a new policy, for example, to reflect developments in the law or technology. Such information must be provided by the user (or his/her parents or guardian) or such new policy must be signed if the user wishes to continue to receive service. If after you have provided your account information, some or all of the information changes, you must notify the person designated by SMSCPA to receive such information.

## **Acceptable Use and Internet Safety Policy**

### **STUDENT'S AGREEMENT**

Every student, regardless of age, must read and sign below:

I have read, understand and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the Sankofa Middle School of Creative and Performing Arts' computer network and the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me.

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Grade \_\_\_\_\_

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Student Name (Print Clearly) \_\_\_\_\_

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Home Phone \_\_\_\_\_

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

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Date \_\_\_\_\_

---

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

**User (place an “X” in the correct blank): I am 18 or older         I am under 18**

If I am signing this policy when I am under 18, I understand that when I turn 18, this policy will continue to be in full force and effect. I agree to abide by this policy.

**ADOPTED: June 1, 2012**

### Acceptable Use and Internet Safety Policy

## PARENT'S OR GUARDIAN'S AGREEMENT

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Student's Name

**To be read and signed by parents or guardians of students who are under 18:**

As the parent or legal guardian of the above student, I have read, understand and agree that my child shall comply with the terms of the SMSCPA Acceptable Use and Internet Safety Policy for the student's access to the SMSCPA computer network and the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for SMSCPA to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the policy. I am therefore signing this policy and agree to indemnify and hold harmless SMSCPA, the Board of Directors and the Data Acquisition Site that provides the opportunity to SMSCPA for computer network and Internet access against all claims, damages, losses and costs, or whatever kind, that may result from my child's or ward's use of his or her access to such networks or his/her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in SMSCPA's setting. I hereby give permission for my child or ward to use the building-approved account to access the Sankofa Middle School of Creative and Performing Arts' computer network and Internet.

Parent or Guardian Name(s) Print Clearly

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Home Phone

Parent or Guardian Signature

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Date

Parent or Guardian Signature

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Date

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Address

City

Zip Code

**ADOPTED: June 1, 2012**

**Legal References:**

Children's Internet Protection Act of 2000 (H.R. 4577, P.L. 106-554)  
Communications Act of 1934, as amended (47 U.S.C. 254[h], [1]) Elementary  
and Secondary Education Act of 1965, as amended

### Asthma Policy

## **GUIDELINES FOR TEACHING AND NON-TEACHING STAFF WITH REGARD TO THOSE STUDENTS WITH ASTHMA**

We at the Sankofa Middle School of Creative and Performing Arts (SMSCPA) are conscious of the increasing number of students suffering from asthma and through this policy hope to support and encourage the uninterrupted education of these students.

### **Symptoms of Asthma**

- **Coughing during which wheezing or whistling noises can be heard**
- **Periods of breathlessness**

### **Causes of an Asthma Attack in School**

- **Viral infections (especially colds)**
- **Allergies**
- **Vigorous exercise**
- **Cold weather or strong winds**
- **Excitement of prolonged laughter**

### **A Student with Asthma in Your Class**

When a student with asthma joins SMSCPA, the parents will be asked to complete an Asthma form giving information regarding regular medication, what can trigger an attack and advice for SMSCPA as to what action to take if their child has an asthma attack. If an asthmatic student does not have their inhaler easily accessible to hand to them then the chances of a medical emergency developing are greatly increased.

#### **Therefore:**

All inhalers and nebulizers will be kept by the administration and kept in the medicine cabinet in the school. Students will report to the staff person in the Administrative Office at the appropriate time and will be supervised when they use the inhaler. Students will be reminded on a regular basis how to access their inhalers so that in an emergency situation, they know the procedures. Classroom teachers will keep a list of those students who may need to use an inhaler.

If a student with asthma is wheezy, they should not be sent outside in very cold weather. The student should therefore remain in the school either with another teacher or in the administrative office. Staff on indoor duty should be informed and also instructed in how to use inhalers and nebulizers.

### ***Self-Administration of Inhaled Asthma Medication***

Self-Administration of inhaled asthma medication is permitted for those students whose parent/guardian

has provided SMSCPA the following:

- Written authorization by a parent or guardian for the student to self-administer the medication
- Written statement provided by a parent or guardian, from the physician treating the student that the student has asthma and is capable of self-administration of medication
- Parent or guardian of the student provides the school with an emergency supply of the student's medication
- Parent or guardian of the student signs a statement acknowledging that Sankofa Middle School of Creative and Performing Arts shall incur no liability as a result of any injury arising from the self-administration of medication by the student.

Parents or guardians are advised that SMSCPA and its employees shall incur no liability as a result of any injury arising from the self-administration of medication by the student.

### **School Visits**

Students with asthma involved in school visits should have immediate access at all times to the appropriate medication i.e. kept on their person. Teachers on such visits should be fully conversant with the child's condition and the type of treatment necessary.

### **P.E.**

Whenever possible the student should take a normal part in P.E. activities.

Where appropriate the student should be allowed to take the medication before the activity.

Warm up activities are helpful to the student.

### **What to Do If a Student Suffers an Asthma Attack**

Action needed to deal with an asthma attack does not require specific medical training and the following guidelines will be of assistance:

- Ensure medication is taken promptly and properly
- Stay calm and reassure the child
- Encourage the student to breathe slowly and deeply

Following consultation with the Executive Director or Principal, parents should be contacted immediately if:

**The medication has had no effect after 10-15 minutes.**

**The student becomes distressed and unable to talk.**

**The student becomes exhausted.**

**The student's lips turn blue.**

**The student's pulse is faster than 120 beats per minute.**

**There are any doubts about the student's condition.**

**Adopted: June 1, 2012**

**Sankofa Middle School of Creative and Performing Arts**

Dear Executive Director,

**ASTHMA**

I am writing to inform you that \_\_\_\_\_ (Full

Name of student) has asthma. I understand that you require information on my child's asthma to help you to identify the areas and the activities in the school that may give rise to an asthmatic attack and details of my child's medication.

The information that you require is as follows:

1. The trigger for an asthmatic attack is:

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2. I confirm that: (Place an "X" in appropriate box)

- The asthma medication that has been prescribed by my child's Doctor will be administered by me before and after the school day and the medication is not required to be given to my child during the school day.
- My child is able to take responsibility for the self-administration of his/her asthma medication and is able to carry his/her asthma inhaler during the school day. I have attached a written statement from the physician treating the student that the student has asthma and is capable of self-administration of medication.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

- My child is not able to self-administer the contents of the reliever inhaler while he/she is at school which has been prescribed by his/her doctor. I am writing to ask if staff of the school will assist my child when he/she requires using the asthma inhaler and medication. Details of the inhaler and medication are as follows:

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Name of Inhaler and Medication Dosage

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Method of Administering the Medication

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Times of the school day when the  
medication is to be administered.

I acknowledge that the Sankofa Middle School of Creative and Performing Arts (SMSCPA) shall incur no liability as a result of any injury arising from the self-administration of medication by my child.

Signed \_\_\_\_\_ Parent/Guardian Date: \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

Place of Employment Phone No. \_\_\_\_\_

Emergency Contact Phone No. \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

## **HOLD HARMLESS AGREEMENT BETWEEN PARENT AND SANKOFA MIDDLE SCHOOL OF CREATIVE AND PERFORMING ARTS**

As a parent of Sankofa Middle School of Creative and Performing Arts (SMSCPA), I am aware of all discipline procedures. I further understand that if my child receives three (3) DISCIPLINARY INFRACTIONS, the Administration will call me to pick up my child from school. This policy applies if your child fails to bring in the required homework as well. If I fail to arrive within one (1) hour to pick up my child he/she will be suspended for an additional day.

As a parent/guardian of \_\_\_\_\_, I agree to save and hold harmless the Sankofa administrative staff against any liability brought forth by any acts of appropriate and acceptable discipline. Discipline such as verbal reprimands and corporal punishment represent appropriate discipline. Corporal punishment is defined by Oklahoma Law as ordinary force for disciplining children, including but not limited to spanking or paddling. If such discipline is ineffective, the SMSCPA's staff will contact me before any further discipline is administered.

As a parent, I have the option to allow the administration to administer corporal punishment to my child. Corporal punishment shall be administered by the Administration only and shall consist of no more than two (2) swats. Students will not receive two (2) spankings in the same day. Parents will be notified in writing when corporal punishment is used by the Administration. Teachers shall not administer any form of Corporal punishment. It is important to note that teachers can physically restrain a child if reasonable and necessary.

- NO**, I do not accept the Hold Harmless Agreement and my child may not receive corporal punishment.
  
- YES**, I accept the Hold Harmless Agreement and I consent to my child receiving corporal punishment

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SANKOFA Administrative Staff

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Date

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Parent/Guardian Signature

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Date

## **PARENT CONSENT FOR SCREENINGS INFORMATION**

Child's name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

I knowingly and willingly am giving consent to have my child screened onsite at Deborah Brown Community School (DBCS) and Sankofa Middle School of Creative and Performing Arts (SMSCPA) and will sign the schools COVID-19 waiver attached to this form.

By signing below you are agreeing to hold DBCS AND SMSCPA and contracted screeners harmless of any risks due to receiving these screenings.

### **VISION, HEARING, SPEECH/LANGUAGE SCREENINGS**

Vision and hearing screenings are conducted in the fall on all students at Deborah Brown Community School, (DBCS) and Sankofa Middle School of Creative and Performing, Arts (SMSCPA), this serves as your notice that they will be done during your child's school year. TU students in graduate programs conduct these screenings along with Prevent Blindness/Vizavance all under supervision. It is also a policy at DBCS and SMSCPA that a speech and language screening will be done as well depending on your child's grade. These will also be done by TU graduate students under supervision or by Lynette Acebo the contract licensed and certified Speech Pathologist for DBCS/SMSCPA

**I hereby give my permission for the following screenings to be administered to my child (please note, if nothing is checked we will assume you are giving consent in all areas):**

- VISION**
- HEARING**
- SPEECH AND LANGUAGE**

**Parents Signature** \_\_\_\_\_

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### **ACHIEVEMENT SCREENINGS**

When students are struggling in the classroom, teachers or parents may request that some individualized achievement screenings may be given to their student/child. This screening involves screening the areas of math, reading and comprehension and it may allow the teacher to make accommodations to better meet the student's needs.

**This screening does not indicate a learning disability or the need for special education service. If screening indicate more testing is needed, that will require direct communication with parent and an additional consent signed.**

**Please indicate below your permission to screen your child if needed.**

- I hereby give my permission to have my child's achievement screened.
- I DO NOT** give permission to have my child's achievement screened.
- Conduct a 6-9 week trial intervention if warranted, following appropriate notification

**Parents Signature** \_\_\_\_\_

**ALL ACHIEVEMENT SCREENINGS ARE DONE BY A LICENSED AND CERTIFIED THERAPIST OR TEACHER**