



DEBORAH BROWN COMMUNITY SCHOOL
Enrollment Checklist
School Year 2012/2013

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

STUDENT NAME: _____
(PRINT)

Acceptable proof of:

- _____ Birth Certificate (no hospital certificates), you may apply for birth certificate at the, Central Regional Health Center 315 S. Utica, 594-4840
- _____ Immunizations
- _____ Social Security Card
- _____ Current utility bill (PSO, ONG, City of Tulsa and Southwestern Bell Telephone) No cut-off notices

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

DEBORAH BROWN COMMUNITY SCHOOL

School Code: 72-G001

PLEASE PRINT

Social Security No. _____

Student's Full Legal Name _____ Birth date _____ Sex _____ 2012-2013 Grade _____
Last First Middle

Student's last name if different from legal last name _____ Birthplace _____
City State

Street Address Where Student Lives: _____

BIRTH EVIDENCE PRESENTED

House No. _____ Street Name _____ Apt. _____ Zip Code _____ Home Phone _____

RACE **Check One**

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 _____
 PA-9 _____ Attendance Card _____ Health Card _____
 Reading Folder _____ Report Card/Worksheet _____
 Release Form _____ Mailed _____ (or Called) _____

Other Children in Family Under 18

Legal Name	Date of Birth Mo-Day-Year	Grade	School

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
BIRTH HISTORY		
1. Full Term	<input type="checkbox"/>	<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 types _____

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. Infections Mononucleosis _____

C. Mumps _____

D. Pertussis (whooping cough) _____

E. Roseola _____

F. Rubella (three day measles) _____

G. Rubeola (hard measles) _____

H. Scarlet Fever _____

I. Other _____

2 South Elgin
Tulsa, OK 74120
Phone: (918) 425-1407
Fax: (918) 425-6693

DEBORAH BROWN COMMUNITY SCHOOL

DID YOU KNOW?

School personnel follow health protocols, procedures, and policies approved by the board of Directors for Deborah Brown Community School.

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.

DEBORAH BROWN COMMUNITY SCHOOL
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's/Dentist's
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 can not be transported by a minor)

Physician's/Dentist's
Name (Type or Print) _____
Signature (if required) _____

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

I hereby authorize Deborah Brown Community School 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 _____ Date _____
or Person Responsible for Student's Care _____

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 _____ School, 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

Address

Date

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 Deborah Brown Community Schools' 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.

DEBORAH BROWN COMMUNITY SCHOOL

PARENTAL AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Name and Address of Last School Attended:

Please release a complete transcript or records for the following student and please provide all pertinent information.

Name of Student: _____

Grade: _____

Signature of Parent or Guardian: _____

Please Mail to: Deborah Brown Community School
2 South Elgin
Tulsa, OK 74120



DEBORAH BROWN COMMUNITY SCHOOL

Date: _____

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

Dear Deborah Brown Community School Administrator:

I _____, parent of _____, give my permission for the Deborah Brown Community School 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 record, (5) birth certificate and (6) grade information.

I further hold harmless the Deborah Brown Community School administration for the release of such information.

Signature of Parent or Guardian

Authorization for Pick-Up of Children School Year 2012-2013

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.

Child/Children Name(s): _____

Authorized to Pick Up

Name	Phone Number

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
DEBORAH BROWN COMMUNITY SCHOOL
2012-2013**

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 Deborah Brown Community School 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 Deborah Brown Community School 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 _____

DACS Administrator _____

Date _____

Pupil Accounting _____

Date _____

**HOLD HARMLESS AGREEMENT
BETWEEN**

PARENT AND DEBORAH BROWN COMMUNITY SCHOOL

As a parent of Deborah Brown Community School (DBCS), 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.

No, I do not accept the Hold Harmless Agreement and my child may not receive Corporal punishment.

Parent/Guardian Signature _____
Date
As a parent/guardian of _____, I agree to save and hold harmless the DBCS 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 DBCS 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 not 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.

Yes, I accept the Hold Harmless Agreement and I consent to my child receiving Corporal punishment.

DBCS Administrative Staff

Date

Parent/Guardian Signature

Date

Deborah Brown Community School 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.

Parent/Guardian Signature

Date

Deborah Brown Community Charter School



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

The Deborah Brown Community Charter School (DBCS) is pleased to give students access to interconnected computer systems within DBCS to the Internet, the worldwide network that provides various means of accessing significant educational materials and opportunities.

In order for DBCS 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 DBCS 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 DBCS 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 DBCS 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 DBCS 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 DBCS 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 DBCS 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 DBCS, 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 DBCS before they are given an access account.

ACCEPTABLE RULES

Educational Purposes Only. DBCS is providing access to its computer networks and the Internet for educational purposes, only. If you have any doubt about whether a contemplated activity is educational, you may consult with the DBCS 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 DBCS 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 DBCS 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 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 DBCS 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 anyway 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. DBCS, 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. DBCS 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 age 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 Deborah Brown Community School 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 Deborah Brown Community School 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 DBCS may refuse to reinstate for the remainder of the student's enrollment in DBCS. A user violates this Policy by his or her own action 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. DBCS may also take other disciplinary action in such circumstances.

WARRANTIES/INDEMNIFICATION

DBCS 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 networks 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 DBCS, the Data Acquisition Site that provides the computer and internet access opportunity to DBCS 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 DBCS in the event of DBCS' 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 DBCS 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 DBCS 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 anyway misuse my access to the Deborah Brown Community School's 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.

Grade

Student Name (Print Clearly)

Home Phone

Student Signature

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 and agree to abide by this Policy.

ADOPTED: August 19, 2003

Acceptable Use and Internet Safety Policy

PARENT’S OR GUARDIAN’S AGREEMENT

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 or ward shall comply with the terms of the DBCS Acceptable Use and Internet Safety Policy for the student’s access to the DBCS 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 DBCS 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 DBCS, the Board of Directors and the Data Acquisition Site that provides the opportunity to DBCS 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 wards use of his or her access account if and when such access is not in DBCS’ setting. I hereby give permission for my child or ward to use the building-approved account to access the Deborah Brown Community School’s computer network and Internet.

Parent or Guardian Name(s) Print Clearly

Home Phone

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Address

City

Zip Code

ADOPTED: August 19, 2003

Legal References: Children’s Internet Protection Act of 2000 (H.R. 4577, P.L. 106-554)

Asthma Policy

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

We at the Deborah Brown Community School (DBCS) 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 DBCS, the parents will be asked to complete an Asthma form giving information regarding regular medication, what can trigger an attack and advice for DBCS 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 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 DBCS 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 Deborah Brown Community School 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 DBCS 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 urgently 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: August 9, 2003

Deborah Brown Community School

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:

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 whilst 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 to use the asthma inhaler and medication. Details of the inhaler and medication are as follows:

_____ Name of Inhaler and Medication Dosage

_____ Method of Administering the Medication

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

I acknowledge that the Deborah Brown Community School (DBCS) 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 _____

Parent release form for Media

I, the undersigned, do hereby grant or deny permission to **Deborah Brown Community School** 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 DEBORAH BROWN COMMUNITY SCHOOL 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.

Parent/guardian signature _____

Date _____

Ms. Aisha Brown
Administrator
Deborah Brown Community School
2 South Elgin Avenue
Tulsa, Oklahoma 74120
(918) 425-1407

CORPORAL PUNISHMENT

The Administration recognizes that an environment conducive for learning is paramount if students are to be successful with their classroom endeavors. The staff will use various forms of discipline to ensure for an orderly learning environment. One approach to discipline is defined by Oklahoma Law as ordinary force for disciplining children, including but not limited to spanking or paddling.

It is important to note that the Administration would prefer not to use corporal punishment to correct inappropriate behavior; however, it recognizes that it is difficult for some parents to leave their place of employment to administer a spanking to their child when needed.

Corporal punishment shall be administered by the Administration only and shall consist of not more than two (2) swats. Teachers shall not administer any form of corporal punishment. 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. It is important to note that a teacher can physically restrain a child if unreasonable. **The Behavioral Management** form will be sent home at the end of the day with the child.

Corporal punishment is not to be considered as the preferred choice of discipline for Children. Other forms of discipline, including but not limited to, counseling and suspension are used regularly to correct inappropriate behavior.

CERTAIN MATERIALS NOT ALLOWED IN SCHOOL

Parents are asked to discourage the child from bringing radios, games, toys, cell phones, I-Pods, pencil sharpeners, glitter, fingernail polish, lip gloss, make-up, artificial nails, candy, and all 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.**

PARENT CONSENT FORM

Lynette Acebo MS CCC-SLP

Licensed/Certified Speech-Language Pathologist

Vision and hearing screenings are mandated by the State Department of Education, this serves as your notice that they will be done during your child's school year. If you do not wish your child to have these screenings done you must provide a document from their physician stating that this has been done at another location. It is Deborah Brown Community School policy that a speech and language screening is also done on all new students or if the teacher has referred the child as having any difficulties in the classroom.

I hereby give my permission for the following screenings to be administered to my child:

Vision Hearing Speech and Language

Child's name _____ Date of Birth _____

Telephone _____

Parent/Guardian
Signature _____ Date _____

Some Important Facts:

Screening services help determine if a child has a suspected condition. Early identification and correction of vision, hearing, and/or speech and language difficulties help prevent long term issues in a child's educational performance.

About 3% of all children will have a hearing loss of some type. Help is available through physicians, audiologists, and guidance centers.

Approximately 6 out of 100 children screened for vision difficulties are referred for medical diagnosis.

These facts are noted by Easter Seals Foundation and Prevent Blindness Centers.

