

# SEEWORTH ACADEMY

12600 North Kelley Avenue, Oklahoma City, OK 73131

Enrollment office phone: 405/475-5540 Enrollment office fax: 405/475-5561

[www.seeworthacademy.org](http://www.seeworthacademy.org)

## 2019 -20 Enrollment Application Packet



### **NEW Students' Enrollment Steps:**

- Complete 2019-20 Enrollment Application Packet
  - Provide Shot Records, Birth Certificate
- Provide Discipline Records, Report Card/Transcripts, State Testing, and IEP Documents
  - Provide Withdrawal grades/forms
- Transfer paperwork (if the home is not in the OKCPS district)
  - Attend an intake and required Orientation meeting

### **RETURNING Students' Enrollment Steps:**

- Complete 2019-20 Enrollment Application
  - Attend a required Orientation meeting
- *If the student was enrolled in the 2018-19 school year and completed the school year at SeeWorth, the other attachments listed above are not required (ex: shot records, discipline, grades)*

***All forms must be signed to be considered complete!***

*SeeWorth Academy is a public Charter, Alternative Education, and Title I Campus. Justice Alma Wilson SeeWorth Academy does not discriminate on the basis of race, religion, national origin, color, gender identification, age, disability, pregnancy, or veteran status. It is our intention that all students be provided an equal opportunity to complete their education.*

# SeeWorth Academy Enrollment Application Form (2019-2020)

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Home Ph ( ) \_\_\_\_\_ Student Cell:( ) \_\_\_\_\_ Student email: \_\_\_\_\_

Hispanic? Yes or No Race (circle): African American Caucasian Asian American American Indian Pacific Islander Multi  
Gender (circle): Male or Female Social Security #: \_\_\_\_\_

Birth City: \_\_\_\_\_ Birth State \_\_\_\_\_ Birth Country: USA or \_\_\_\_\_

## Parent/Guardian Contact Information:

### Parent/Guardian

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

Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Address (if different from student) \_\_\_\_\_ City/Zip: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

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

Home: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Address (if different from student) \_\_\_\_\_ City/Zip: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

## EMERGENCY Contacts

(1) Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Is the contact allowed to pick student up/check student out from school? (circle one) YES NO

(2) Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Is the contact allowed to pick student up/check student out from school? (circle one) YES NO

**MEDICAL Information: Is the student in good health (no medical conditions)? YES NO.... If no, complete..**

Medical Condition(s): \_\_\_\_\_

Medications and dosages: \_\_\_\_\_

Education Information: Current grade level (2019-20): \_\_\_\_\_ The last Month/Year in school: \_\_\_\_\_

Name of last school attended: \_\_\_\_\_ Grade level in 2018-19: \_\_\_\_\_

Has the student attended SeeWorth before? YES or NO List all High Schools ever attended:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(State: \_\_\_\_\_), \_\_\_\_\_ (State: \_\_\_\_\_), \_\_\_\_\_  
(State: \_\_\_\_\_), \_\_\_\_\_ (State: \_\_\_\_\_)

**I formally submit and refer my child's name for registration at SeeWorth Academy** By signing, I agree to keep the Enrollment Office updated with current phone numbers and addresses. I agree to contact the Enrollment office if I decide that I don't want to continue the registration process. (Parent/Guardian signature) \_\_\_\_\_ (Today's date) \_\_\_\_\_

\*\*\*\*\*Office Use Only\*\*\*\*\*

Date application packet was submitted: \_\_\_\_\_ Initials: \_\_\_\_\_ Application assignment #: \_\_\_\_\_

Orientation Date: \_\_\_\_\_ Notes: \_\_\_\_\_

**Complete and Return Form to the Enrollment Office 1**

# SeeWorth Academy's Student Enrollment Application Statements

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

*(The STUDENT –NOT THE PARENT–must answer all questions)*

1. To help you succeed in school, we'd like to know why you are applying or why you have been referred to attend school at SeeWorth.  
\_\_\_\_\_  
\_\_\_\_\_
2. What are your goals in life? What do you hope to become? What career are you interested in?  
\_\_\_\_\_  
\_\_\_\_\_
3. What are your interests? What do you like to do in your spare time? Please provide detail. (Example: I like to paint; I have been painting for 4 years, and I am very good.) \_\_\_\_\_  
\_\_\_\_\_
4. What is your greatest strength? \_\_\_\_\_
5. What do you think causes you the most problems in life? \_\_\_\_\_  
\_\_\_\_\_
6. Have you ever repeated a grade in school? \_\_\_ Yes \_\_\_ No If yes, what grade? \_\_\_\_\_
7. Have you ever dropped out of school? \_\_\_ Yes \_\_\_ No If yes, when? \_\_\_\_\_
8. Are you enrolled in Oklahoma Promise Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_ *(If yes, provide a copy of your verification letter.)*
  - a. I have, at one time, been a candidate of the Oklahoma Promise Scholarship. I now decline to work toward the requirements of the program.  
*(signature required)* \_\_\_\_\_ *(date)* \_\_\_\_\_
9. Are you a high school student interested in recovering credits or working at a faster pace? YES NO
  - a. Do you have a computer and high-speed Internet at home? YES NO
10. Do you have a Probation Officer or DHS Case Worker? YES or NO If yes, provide info below:  
Probation Officer's Name: \_\_\_\_\_ Phone:405/ \_\_\_\_\_  
DHS Case Worker's Name: \_\_\_\_\_ Phone:405/ \_\_\_\_\_

***Complete and Return Form to the Enrollment Office 2***

# SeeWorth Academy's Parent/Guardian Application Statements

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

*(The PARENT/GUARDIAN must answer all questions)*

1. Please tell us about your child. This will help us assist him/her succeed in school.

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2. Were you referred to SeeWorth Academy? Yes or NO If Yes, by whom? \_\_\_\_\_

3. Was it recommended that your child attend SeeWorth? Yes or NO If Yes, by whom? \_\_\_\_\_

4. Why do you want your child to attend SeeWorth? *(Even if you were referred or recommended to attend, you must be willing to accept the recommendation.)*

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5. It is very important for your child's success in school that you be actively involved at SeeWorth Academy. How would you like to spend your 10 volunteer hours? Office work? Landscaping? Teacher assistant? Reading tutor? Please elaborate and include hours of availability.

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6. If your child was long term suspended from their last school, please provide the details.

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7. If your child chooses to have defiant behavior, Parent Shadowing may be an assigned discipline measure. Who will shadow, if this is the situation? \_\_\_\_\_

8. Excellent attendance is an important factor in each student's academic success. To prevent receiving fines ticketed for unexcused absences, issued by the OKCPD, will you call 405-475-6400 for each absence, or email [attendance@seeworthacademy.org](mailto:attendance@seeworthacademy.org)? Yes NO

9. Does your child have an IEP (aka Special Education)? *Circle one* YES or NO or I'm Not Sure  
(If yes, please provide current records)

10. If your child is in grades 4<sup>th</sup> – 8<sup>th</sup>, and has repeated a grade level, are you interested in a grade adjustment? Yes \_\_\_\_\_ No \_\_\_\_\_ **Note:** *If you are granted a grade adjustment, enrolling at SeeWorth Academy next school year, 2019-20, is required. It is the responsibility of SeeWorth to monitor the curriculum changes that come with a grade adjustment, and the student's responsibility to work on all supplemental/additional course work that comes with a grade adjustment.* Sign here if you agree \_\_\_\_\_.

***Complete and Return Form to the Enrollment Office 3***

# SeeWorth Academy's 2019-20 School, Parent, and Student Compact

As your school, we will..	As a family, we will....	As a student, I will.....
<b><i>SeeWorth will set high standards and high expectations of each student.</i></b>		
<ul style="list-style-type: none"> <li>√ Provide high-quality curriculum, based on the Oklahoma State Dpt. objectives.</li> <li>√ Ensure that teachers are highly qualified.</li> <li>√ Provide benchmark, remediation, and state exams, as required under state/federal law.</li> </ul>	<ul style="list-style-type: none"> <li>√ We will make sure our child attends school every day at SeeWorth Academy.</li> <li>√ We will make sure our child attends any after school programs that are assigned to him/her.</li> </ul>	<ul style="list-style-type: none"> <li>√ Recognize that hard work is a necessary part of my meeting academic challenges.</li> <li>√ Have excellent attendance in all of my classes and be on time to all of my classes.</li> <li>√ I will always try to do the right thing in every situation.</li> </ul>
<b><i>SeeWorth will provide and support sound individualized instruction.</i></b>		
<ul style="list-style-type: none"> <li>√ Provide meaningful assignments with clear directions and return lessons promptly with comments.</li> <li>√ Offer individualized and differentiated instruction.</li> <li>√ Offer appropriate time to students who progress at different rates.</li> <li>√ Provide tutoring assistance as a part of their curriculum.</li> </ul>	<ul style="list-style-type: none"> <li>√ We will always help our child in the best way we know how and we will do whatever it takes for him/her to learn. This also means that we will check our child's homework every night, let him/her call the teacher if there is a problem with the homework, and try to read with him/her every night.</li> <li>√ We will allow our child to go on SeeWorth field trips using appropriate transportation.</li> <li>√ We will allow our child to participate in all mentoring, tutoring and group or individual counseling sessions and programs.</li> </ul>	<ul style="list-style-type: none"> <li>√ I will attend all classes required of me: Lifeskills, Reading, Counseling, Core subjects and electives.</li> <li>√ I will never disrupt my learning process or the learning process of others.</li> <li>√ I will attend all individual and group counseling sessions required of me.</li> <li>√ I will complete all my work in class at all times and I will complete my homework every night. If I have a problem with my homework or have a problem coming to school, I will call my Academic Coach.</li> </ul>
<b><i>SeeWorth is a safe, tobacco free and drug free campus.</i></b>		
<ul style="list-style-type: none"> <li>√ Set and represent a firm and fair safety, discipline and drug enforcement policy.</li> <li>√ Provide multiple awareness opportunities for the discipline and drug enforcement policy to be seen and heard.</li> <li>√ Provide a firm dress code policy that will assist with a safe school culture.</li> <li>√ Provide a secured and smoke free campus.</li> </ul>	<ul style="list-style-type: none"> <li>√ We will make sure our child follows the SeeWorth dress code.</li> <li>√ We understand that in the event it is necessary for students to be sent home for disruptive behavior, we give our permission for our child to ride the City Bus if we cannot pick him/her up immediately.</li> <li>√ We understand that our child must follow the SeeWorth Academy rules so as to protect the safety, interests and rights of all individuals at the school. We, not the school, are responsible for the behavior and actions of our child.</li> </ul>	<ul style="list-style-type: none"> <li>√ I will always work, think and behave in the best way I know how.</li> <li>√ I will always follow the SeeWorth Academy rules set forth in the SeeWorth Student Handbook. I understand that this protects the safety, interests and rights of all individuals at school.</li> <li>√ I will always follow the SeeWorth dress code.</li> <li>√ I promise never to bring cigarettes, lighters, weapons, drugs or paraphernalia on SeeWorth's drug free campus.</li> </ul>
<b><i>SeeWorth shares responsibility for communication with each family.</i></b>		
<ul style="list-style-type: none"> <li>√ Communicate with families frequently, using many different techniques and dates.</li> <li>√ Make the school a friendly place.</li> <li>√ Schedule parent and student conferences, parent university sessions and celebration events throughout the school year.</li> <li>√ Provide progress reports throughout the school year.</li> <li>√ Provide a login to the student information system to check progress grades.</li> <li>√ Provide recorded messages about absences, school closures, parent meetings and other informative announcements on the robocall system, by email, text messages, website and Facebook social media outlets.</li> </ul>	<ul style="list-style-type: none"> <li>√ We will attend all Parent University and Teacher – Parent conferences/meetings and any other meeting or celebration related to our child.</li> <li>√ We will volunteer 10 hours of service per year. We understand that our commitment is part of our child's enrollment.</li> <li>√ We give our permission for our child to be photographed or filmed in all Justice Alma Wilson SeeWorth Academy documentaries and student activities during the school year and those photos/videos can be used for SeeWorth purposes.</li> <li>√ We give our permission for our child to work with SeeWorth "approved" volunteers with school-approved activities.</li> </ul>	<ul style="list-style-type: none"> <li>√ I will always show respect to staff as well as others.</li> <li>√ I will discuss with my instructors when work seems to be too difficult.</li> <li>√ I will participate in all Service Learning projects assigned to me while attending SeeWorth Academy.</li> </ul>

Parent(s)/Guardian signature: \_\_\_\_\_  
 Student signature: \_\_\_\_\_  
 School representative's signature: \_\_\_\_\_

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

***Complete and Return Form to the Enrollment Office 4***

## JAWSA CONSENT TO COUNSELING/THERAPY (Rules and Agreement)

**All students are required to participate in Lifeskills and counseling as part of their academic day.** I/We authorize Justice Alma Wilson SeeWorth Academy to provide counseling/therapy services (individual and group). As a parent, I agree to be involved in the planning of services and in establishing the goals of the counseling program. The consent shall remain in effect, commencing on the date below and ending at the beginning of the next school year. I/We acknowledge that information regarding students and counseling services provided to them is of a very sensitive nature. Information from your child's educational records may be shared with the counselor to assist in the planning of services. Information obtained from counseling will be kept strictly confidential and will not be discussed with anyone directly involved with the student's care. In accordance with state and federal regulations reporting must be made, if a student presents a clear and present danger to self, communicates an explicit threat to kill or inflict serious bodily injury to others, or if a student reports abuse/neglect. No information is to be released, either verbally or in writing, without proper written authorization. Only authorized personnel of Justice Alma Wilson SeeWorth Academy may release necessary information.

I/We consent to comply with the requests to attend SeeWorth's individual or group counseling sessions.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student Signature)

### Internet Safety Policy

The internet is an important tool in several courses and assignments, but should be used only for educational purposes. The District has taken available precautions, including but not limited to enforcing the use of filters that block access to obscenity, child pornography, and other materials harmful to minors. On a global network, it is impossible to control all material a student may obtain access to. Subject to staff supervision, many websites are disabled for adults and students to minimize harmful or inappropriate material. The District firmly believes that the value of the internet outweighs the possibility of student and employee mismanagement; however, it must be used consistently with our educational goals. It is the responsibility of all staff members to monitor students' online activity for appropriate behavior. Any infractions will result in discipline action from an administrator

As a student I agree to the following terms and conditions:

- I will not use the Internet for transmission of any materials in violation any federal or state regulations. Transmission of copyrighted material threatening or obscene materials, materials protected by trade secrets, product advertisement or political lobbying is also prohibited.
- I will refrain from using profanity and vulgarities on the Internet. I will not use the Internet for illegal activities.
- I will not give my home address, location of my school, phone number or any personal information about myself or any other student or school personnel to anyone via the Internet.
- I understand that use of e-mail or any other communications over the Internet are not private; any messages related to or in support of illegal activities may be reported to authorities.
- I understand that I am prohibited from conducting any actions that may endanger my safety, or the safety of other students/staff members while using components of the school's internet access and/or network (email, chat rooms, etc.).
- I will not use the Internet in a way that would disrupt the use of the network by others.
- I will respect the trademark and copyrights of materials on the Internet and assume anything accessed via the network is private property.
- The school system and service provider are not responsible for any damages or losses resulting from using Internet services or information obtained from the Internet.
- If you discover any way to access unauthorized information or defeat any security measures you must inform the lab teacher immediately. You must not share any unauthorized information with any other user.
- Vandalism of any kind is prohibited. Parent and students will be charged for any damaged technology.
- These terms and conditions shall be governed and interpreted in accordance with the laws of the state and the U.S.A.

I understand access to the Internet through **Justice Alma Wilson SeeWorth Academy** is a privilege. School authorities can deny any student access to the Internet at any time, and their decisions are final

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student Signature)

***Complete and Return Form to the Enrollment Office 5***

# SeeWorth's Medical Information and Liability Statement

**A. Anaphylaxis** (the most severe allergic reaction to a food product, medication, skin contact, or insect bite)

- Has the student ever been diagnosed to have anaphylaxis? Yes \_\_\_ No \_\_\_
- Does the student have an allergic reaction to any medication? Yes \_\_\_ No \_\_\_ If yes, what are they:  
\_\_\_\_\_
- Does your child have allergic reaction to any food product? Yes \_\_\_ No \_\_\_ If yes, what are they:  
\_\_\_\_\_
- Does the student have allergic reaction to any insect bites or stings? If yes, what are they:  
\_\_\_\_\_
- Does your child carry on his/her person any preloaded syringes containing: Epinephrine (Adrenaline), Diphenhydramine (Benadryl), or Dexamethasone (Decadron)? If yes, what are they:  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Date

**B. Over the Counter Medication:** I give my permission for my child to receive the following over the counter medication, if requested. All over the counter medicines will be given according to manufacturer's instructions. **I am circling the medications that are approved for my child to take. (Circle below)**

Acetaminophen (Tylenol)  
Cough Drops (Halls)

Ibuprofen (Advil)  
Stomach Relief (Tums)

Loratadine (Allergy)  
Eye Drops (Saline)

Anti Itch Spray

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

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

\_\_\_\_\_  
Date

**C. Emergency Treatment Authorization** I am providing insurance information on my child. I agree in case of an emergency, an ambulance should be called and medical care should be provided because of a life-threatening situation, while I am being contacted. I agree to update this form, as contact or medical information changes. When a principal or teacher is unable to reach you in the event that your child is injured in an accident or becomes seriously ill, EMSA may be called and the cost directed to you.

**(Private Insurance Information)** Name of Insurance: \_\_\_\_\_ Group Number: \_\_\_\_\_

**(Medicaid)** Medicaid Number: \_\_\_\_\_

I have read and understood this notice and give my consent to EMSA to be called and emergency medical to be given to my child if a medical emergency involving my child occurs while under school authority:

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

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

\_\_\_\_\_  
Date

**D.** I release SeeWorth Academy from liability if my child, \_\_\_\_\_ (child's name), is sent to the emergency room by ambulance during a health related crisis, if a student transported on the school bus or has a signed permission slip, by me, to participate in SeeWorth's athletic teams or other field trips.

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

**E.** According to state law, all 3<sup>rd</sup> graders must have a vision screen prior to starting classes. I provide permission for my child to have a vision screen at the SeeWorth Academy campus if a vision screen result has not been provided.

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

**Complete and Return Form to the Enrollment Office 6**

# GRADUATION REQUIREMENTS

## Choose College Preparatory Curriculum or Core Curriculum?

### High School Students Only!!!

Dear Parent or Legal Guardian:

Senate Bill 982 was passed by the Oklahoma Legislature and signed into law by Governor Henry on June 7, 2005. This law requires students entering high school beginning in the 2006-07 school year to complete a COLLEGE PREPARATORY CURRICULUM, unless the student's parent or legal guardian approves the student to "OPT OUT" of the college preparatory curriculum. **If you choose to "OPT OUT" of the college preparatory curriculum, you must provide a letter to the school or you must sign the area below.**

Choosing the courses a student takes in high school is an important decision for you and the student. A college preparatory curriculum is challenging and may help determine a student's future success. Research indicates that students who take a college preparatory curriculum and pursue education and training beyond high school have more career opportunities, and have a higher income and rate of employment.

**YOU ARE NOT REQUIRED TO SIGN THIS FORM** as the student will automatically be enrolled in the college preparatory curriculum. However, if **you DO NOT WANT YOUR STUDENT enrolled in college preparatory curriculum**, you must sign the area below. A student who chooses CORE curriculum, can still go to college.

Graduation Requirements			
Core Curriculum		College Preparatory	
Graduation Yr/Courses	2019, 2020	Graduation Yr/Courses	2019, 2020
English	4 units (8 credits)	English	4 units (8 credits)
Math ( <i>Algebra I, Int. Algebra, &amp; Math of Finance</i> )	3 units (6 credits)	Math ( <i>Algebra I, Algebra II &amp; Geometry</i> )	3 units (6 credits)
Science	3 units (6 credits)	Science	3 units (6 credits)
History	3 units (6 credits)	History	3 units (6 credits)
World Language	0 units	World Language or Computer Tech	2 units (4 credits)
Computer Tech	1 units (2 credits)	Additional Course (from English, Math, Science, or History)	1 (2 credits)
Additional Course (from English, Math, Science, or History)	0 units	Fine Arts/Speech	1 (2 credits)
Fine Arts/Speech	1 units (2 credits)	Other Electives	6 (12 credits)
Other Electives	8 units (16 credits)	<b>Total Units/Credits</b>	23 Units
<b>Total Units/Credits</b> <i>(Units and Credits are the same)</i>	23 Units	<b>Total Units/Credits</b> <i>(Units and Credits are the same)</i>	23 Units
	46 Credits		46 Credits

As the parent or legal guardian, please **DO NOT ENROLL** the following student in COLLEGE PREPARATORY curriculum, please enroll my child in the CORE Curriculum.

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

Name of High School: Justice Alma Wilson SeeWorth Academy

Parent/Guardian's Name (printed) \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### Oklahoma Promise Scholarship Students

As the parent, legal guardian or an adult-age student, I am withdrawing my enrollment in the Oklahoma Promise Scholarship program as of \_\_\_\_\_ (date) and choosing the Core Curriculum graduation requirements.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**Complete or STRIKE-THRU Form and return to the Enrollment Office 7**



# Transportation Expectations

School bus transportation is provided to students who live within the Oklahoma City Public School District boundaries. Read over the transportation rules and agree to abide by all the rules and regulations of the SeeWorth Academy transportation system. These rules can also be found in the SeeWorth Academy Student Handbook. These rules are strictly enforced for each student's well being, as well as the Driver, and others on the road. Disciplinary consequences will be issued for noncompliance, including transportation suspension and possible revocation.

1. I understand that the SeeWorth dress code must be followed to get on the SeeWorth school bus (winter coats are the exception and this is discussed in the Orientation meeting).
2. I understand that electronic devices are not allowed. This includes cell phones, headphones, etc. If I am found to be in possession of any item that is judged to be against school policy, I understand that the item will be taken from me. I know that the school does not accept responsibility that it will be kept safe.
3. I understand that there is absolutely no food or drink allowed on the school bus.
4. I understand that it is unsafe to throw any objects inside or out of the bus and I will refrain from throwing any objects. Absolutely no throwing objects on the bus or out of the windows. Throwing objects out of the window can cause wrecks or damage to other vehicles. Violating this rule could result in bus privileges being revoked for the remainder of the school year.
5. I understand that I must remain seated on the school bus at all times, unless given permission from the driver to stand or move to another seat. No standing is allowed after the bus is moving.
6. I understand that there will be no provoking or fighting with other passengers on the school bus. Infractions of this nature may result in bus privileges being revoked for the remainder of the year. This action will require a meeting with administrative staff and parents to discuss further disciplinary action.
7. I understand that profanity, vulgarity, provoking, unwelcome teasing, and bullying are strictly prohibited.
8. I understand that all gang oriented behavior (clothes, colors, slang, phrases, hand signs, etc.) may result in bus privileges being revoked for the remainder of the school year. A meeting will occur with administrative staff and parents to discuss further disciplinary action.
9. I understand that destructing school bus property may result in immediate bus privileges being revoked for the remainder of the school year. Parents/Guardians will be responsible for replacing any damages caused by their child.
10. **I understand that after 2 consecutive absences, without contact with the driver, the driver will not continue to drive to the assigned bus stop.**
11. Hands and feet will be kept to yourself and inside bus windows at all times.
12. Respect will be shown for the bus driver and other passengers at all times.
13. Students are video taped on the bus. The video is the property of SeeWorth Academy and is used for safety and student discipline reasons.

\_\_\_\_\_  
Student's Signature

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

\_\_\_\_\_  
Date

***Complete and Return Form to the Enrollment Office 8***

# Overview of Campus Dress-Code Requirements

As a student of SeeWorth Academy, I agree to abide by the strict dress code guidelines. As a parent, I agree to monitor my child's attire and enforce the SeeWorth dress code requirements when preparing for school each day. **A more detailed copy of the dresscode is provided in the Student Handbook which is distributed at the required Orientation meeting.**

**TOPS:** The only type of tops students are allowed to wear are SeeWorth Academy-purchased/issued t-shirts or hoodies. Any undershirts worn beneath the SeeWorth t-shirt or hoodie must be black, white or grey.

**BOTTOMS:** The only colors allowed are black, white, grey, brown, maroon. Dark blue denim jeans are allowed.

**BELTS:** Allowable belt colors are black, white, grey, brown (no other colors allowed, including silver or gold).

**SHOES:** Allowable colors are solid black, white, grey, brown, or a mixture of these colors (no other colors are allowable anywhere, including gold or silver). Numbers, star symbol are not allowed and New Balance t-shoes are not allowed.

**SOCKS:** Allowable colors are solid black, solid white or solid brown matching socks should be worn.

**SHOESTRINGS:** Allowable colors are white, black, brown or gray (no other colors will be permitted). No thick strings.

**HEAD COVERINGS:** Students are not allowed to wear hats, caps, or scarves on school property.

**UNDERGARMENTS:** Undergarments should never be seen! Shorts worn under pants or jeans should not be seen. Sagging is not permitted.

**JEWELRY:** No jewelry of any kind is allowed.

**COATS/JACKETS:** Solid black, solid brown, solid gray or solid white jackets or coats that button or zip all the way down the front is allowable. Coats of other colors, during cold or rainy weather, can be worn to school, but must be hung up at arrival.

**HAIR:** Hair colors permitted must be a color a person can be born with (brown, black, blonde, natural red (not dyed red/maroon). Beads, barrettes, rubber bands, headbands must be white, black, brown, or clear. Headbands must be soft and not plastic. **Slashes in the eyebrows are not allowed.**

**TATOOS:** Tattoos or brands on the body must be covered completely before getting on the bus and or entering the school.

**NAILS:** Nail polish must be clear, white, black, brown/nude, maroon. Solid white French tips are allowed.

\_\_\_\_\_  
**Parent Signature**

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

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

**Complete and Return Form to the Enrollment Office 9**

**STUDENT INFORMATION**

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

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Student ID # \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
 MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? Yes \_\_\_\_\_ No \_\_\_\_\_

Select one or more of the following races:

\_\_\_\_\_ African American/Black \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian  
 \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ Caucasian/White

1. What is the dominant language **most often** spoken by the student? \_\_\_\_\_
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student? \_\_\_\_\_
3. What language was **first** learned by the student? \_\_\_\_\_
4. Does the parent/guardian need **interpretation** services? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what language? \_\_\_\_\_
5. Does the parent/guardian need **translated** materials? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what language? \_\_\_\_\_
6. What was the date the student first enrolled in a school in the United States? \_\_\_\_\_  
 MM/YYYY

\_\_\_\_\_ Date (MM/DD/YYYY) Parent / Guardian Signature

**SCHOOL USE ONLY**

*Please have test score documentation available for the Regional Accreditation Officer to review.*

- Other language than English indicated TWO OR MORE times on questions 1 – 3 above.** The student is classified as “more often” and automatically qualifies as **bilingual** on the accreditation report.
- Other language than English indicated ONLY ONCE on questions 1 – 3 above.** The student is classified as “less often” and only qualifies as **bilingual** on the accreditation report **if he or she meets one of the following** (any selection below REQUIRES appropriate documentation):
  - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool.
  - 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).
  - 3. Scored at or below the 35<sup>th</sup> percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

**DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN**

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS		Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

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

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Reading Total Composite Score(s) %

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

**DATOS DEL ALUMNO**

Nombre del alumno: \_\_\_\_\_ Grado: \_\_\_\_\_  
 Apellido(s)                      Nombre                      Segundo nombre

Fecha de nacimiento: \_\_\_\_\_ Escuela: \_\_\_\_\_ No. de carnet estudiantil: \_\_\_\_\_ Género: M \_\_\_\_\_ F \_\_\_\_\_  
 MM/DD/AAAA

¿Es el alumno de cultura u origen hispano o latino? Sí \_\_\_\_\_ No \_\_\_\_\_

Seleccione una o más de las siguientes razas:

\_\_\_\_\_ afroamericana/negra                      \_\_\_\_\_ amerindia o nativa de Alaska                      \_\_\_\_\_ asiática  
 \_\_\_\_\_ hawaiana o isleña del Pacífico                      \_\_\_\_\_ caucásica/blanca

1. ¿Cuál es el idioma predominante que **con mayor frecuencia** habla el alumno? \_\_\_\_\_
2. ¿Cuál es el idioma que **normalmente** se habla en el hogar, independientemente del idioma que habla el alumno? \_\_\_\_\_
3. ¿Cuál fue el idioma que el alumno aprendió **por primera vez**? \_\_\_\_\_
4. ¿Requiere el padre/tutor servicios de **interpretación**? Sí \_\_\_\_\_ No \_\_\_\_\_ En su caso, ¿para qué idioma? \_\_\_\_\_
5. ¿Requiere el padre/tutor materiales **traducidos**? Sí \_\_\_\_\_ No \_\_\_\_\_ En su caso, ¿a qué idioma? \_\_\_\_\_
6. ¿En qué fecha se inscribió el alumno por primera vez en una escuela en Estados Unidos? \_\_\_\_\_  
 MM/AAAA

\_\_\_\_\_  
 Fecha (MM/DD/AAAA)

\_\_\_\_\_  
 Firma del padre/tutor

**SOLO PARA USO INTERNO**

*Favor de facilitar al Oficial Regional de Acreditación documentación que avale las calificaciones en el examen para su revisión.*

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- Other language than English indicated ONLY ONCE on questions 1 – 3 above.** The student is classified as “less often” and only qualifies as **bilingual** on the accreditation report **if he or she meets one of the following** (any selection below REQUIRES appropriate documentation):
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**DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN**

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS		Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

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

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Reading Total Composite Score(s) %

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