



ENROLLMENT CHECK SHEET

Student Name:

OKCPS ID #:

Date:

___ Enrollment Application w/signatures

___ Copy of verification of internet services

___ Annual Permissions w/signatures

___ Copy of verification of residence

___ Student Health (2) w/signatures

___ Copy of birth certificate

___ Important Information w/signatures

___ Copy of Immunization Records

___ Homeless Form w/signature

___ Copy of most recent report card
(elementary and middle school students)

___ Internet Safety Plan (AUP) w/signatures

___ Copy of high school transcript

___ Home Language Survey (iOKCPS)

___ Copy of IEP (if applicable)

___ Title VII Indian Education (if applicable)

___ Copy of guardianship records
(if applicable)

___ Copy of Parent/Guardian Identification



For Office Use Only

___ FERPA

___ Terms/Schedule

___ Lunch Application

___ FUEL

___ Information Sheet (x2)



iOKCPS Full Time Enrollment Form

STUDENT INFORMATION:						
Student Name:				Date of Birth:		
	Last Name	First Name	Middle Name			
Current School:				Last Grade Completed:	Current Grade:	
Student ID #:				Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Home Address:						
	Street Address		City	State	Zip	
Home Phone:	()		Cell Phone:	()		
Parent email:						
Student email:						

NOTE: Many online courses DO NOT satisfy NCAA student-athlete requirements. Please contact the iOKCPS staff if you have any questions about NCAA eligibility.

Student Initials: _____ Parent Initials: _____

Do you have reliable access to a computer and the Internet in your home? yes no

If no, where will you access the Internet to complete this course?

Library Relative School Other (explain): _____

Student Initials: _____ Parent Initials: _____

Do you agree to the following rules/expectations for OKCPS students?

- Students must abide by all policies identified in the *OKCPS Student Code of Conduct*.
- Students must communicate regularly with all FUEL teachers and iOKCPS office.
- Students that withdraw from an online course after 15 days will receive a grade of F on his/her transcript for the course. (State Law 70.O.S.)

Student's Signature Date

Parent's Signature Date



PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN INFORMATION			
Student lives with:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father <input type="checkbox"/> Other:
<input checked="" type="checkbox"/> Mother/Guardian 1 Information:			
Name:			
	Last Name	First Name	Middle Initial
Address:			
	City		State Zip
Home Phone:	()	Cell Phone:	()
Work Phone:	()	Place of Employment:	
<input checked="" type="checkbox"/> Father/Guardian 2 Information:			
Name:			
	Last Name	First Name	Middle Initial
Address:			
	City		State Zip
Home Phone:	()	Cell Phone:	()
Work Phone:	()	Place of Employment:	
<input checked="" type="checkbox"/> Emergency Contact Information:			
Name:			
	Last Name	First Name	Middle Initial
Relationship:		Home Phone:	()
Cell Phone:	()	Work Phone:	()
<input checked="" type="checkbox"/> Other Children in Family:			
Name	Age:	Name of School	Grade



LEARNING COACH INFORMATION

Name:			
	Last Name	First Name	Middle Initial
Learning Coach email:			
Home Phone:	()	Cell Phone:	()
Home Address:			
	Street Address	City	State Zip
Learning Coach Expectations:	Read the following Learning Coach expectations, and initial next to each to signal agreement.		
	_____	I understand it is my responsibility to communicate with course teachers on a regular basis. I will respond to all correspondence from the iOKCPS office and online teachers in a timely manner.	
	_____	I understand that I am responsible for checking my email regularly.	
	_____	I understand that I am responsible for monitoring the progress of the student towards completion of all online courses.	
	_____	I understand that I am responsible for reviewing student assignments and, in some cases, verifying completion.	
	_____	I understand that I am responsible for providing the necessary supplies for online classes and ensuring the student has access to a computer and the internet for a minimum of 4-6 hours/day.	
	_____	I understand that I am responsible for reporting any issues (access, technical, etc.) to the appropriate OKCPS staff in a timely manner.	
Learning Coach Signature:	_____		
	Learning Coach Signature		Date



ACADEMIC HONESTY AGREEMENT

Students enrolled in iOKCPS must commit to academic honesty and never engage in any academically dishonest acts. Academic dishonesty is defined as cheating of any kind, including misrepresenting one's own work, taking credit for the work of others without crediting them and without appropriate authorization, and the fabrication of information. Violation of this agreement is grounds for termination of enrollment in iOKCPS.

I, _____, agree that during my time with Virtual School WILL NOT partake or engage in any of the following:

1. Using any materials that are not authorized by the instructor for use during an examination.
2. Copying from another student's examination.
3. Collaborating during an examination with any other person by giving or receiving information without specific permission of the instructor.
4. Stealing, buying, or otherwise obtaining information about an unadministered examination.
5. Collaborating on laboratory work, take-home examinations, homework, or other assigned work when instructed to work independently.
6. Substituting for another person or permitting any other person to substitute for oneself to take an examination.
7. Submitting as one's own any theme, report, term paper, essay, computer program, other written work, speech, painting, drawing, sculpture, or other art work prepared totally or in part by another.
8. Submitting, without specific permission of the instructor, work that has been previously offered for credit in another course.
9. Plagiarizing, that is, the offering as one's own work the words, ideas, or arguments of another person without appropriate attribution by quotation, reference, or footnote. Plagiarism occurs either when the words of another are reproduced without acknowledgement or when the ideas or arguments of another are paraphrased in such a way as to lead the reader to believe that they originated with the writer. It is the responsibility of all students to understand the methods of proper attribution and to apply those principles in all materials submitted.
10. Sabotaging of another student's work.
11. Committing any willful act of dishonesty that interferes with the operation of the academic process.
12. Facilitating or aiding in any act of academic dishonesty.

Student Signature

Date

Parent Signature

Date



STATE OF OKLAHOMA STANDARD FORM CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I understand that these records are protected under federal and State confidentiality regulations and cannot be released without written consent unless otherwise provided for in the regulations. Federal regulations prohibit further disclosure of the records without specific written consent, or as otherwise permitted by such regulation. I also understand I may revoke this consent in writing at any time unless action has already been taken based upon this consent and in any event this consent expires one year from the date of signature.

AUTHORIZING PERSON -- CHILD PARENT GUARDIAN LEGAL CUSTODIAN OTHER
request that information concerning: _____

NAME OF CHILD _____ DATE OF BIRTH _____ SSN _____
OKLAHOMA CITY PUBLIC SCHOOLS
be released and authorize _____

NAME OF PERSON OR AGENCY RELEASING INFORMATION
900 N Klein, Oklahoma City, OK 73106
ADDRESS OF PERSON OR AGENCY RELEASING INFORMATION: INCLUDE STREET ADDRESS/P.O. BOX, CITY, STATE AND ZIP

to release to: <u>Fuel Education</u>	_____	<u>Ok State Dept. of Education</u>
NAME/AGENCY	NAME/AGENCY	NAME/AGENCY
<u>1156 S. Douglass Blvd.</u>	_____	<u>2500 N. Lincoln Blvd</u>
ADDRESS	ADDRESS	ADDRESS
<u>Midwest City, OK 73130</u>	_____	<u>Oklahoma City, OK 73105</u>
CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP

the following information: Participation in Supplemental online courses.
KIND AND/OR EXTENT OF INFORMATION TO BE RELEASED

for the following purpose(s): _____

If the records to be disclosed are education records (which may include discipline records), they are maintained and released in accordance with the Family Educational Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Redisclosure, except as provided at 34 CFR § 99.31, requires prior consent of parents or eligible students.

THE INFORMATION I AUTHORIZE FOR RELEASE MAY INCLUDE INFORMATION AND RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR NONCOMMUNICABLE DISEASE, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).

<input type="checkbox"/> NOTARY:	
_____ (Notary)	
Subscribed and sworn to me _____ 20 _____	_____ (signature of person(s) authorizing release)
My commission number _____	
My commission expires _____ 20 _____	_____ (date)
Notary Public (or Clerk or Judge)	

AGENCY VERIFICATION IN LIEU OF NOTARY: _____

(staff signature and title) (date)