

Timberlake

PUBLIC SCHOOLS

P.O. Box 287
601 N. Main St.
Helena, OK 73741

Superintendent
Kale Pierce
580.852.3307
580.852.3280 fax

Timberlake
High School
Principal-Ryan Dayton
580.852.3281
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Timberlake
Elementary School
Principal-Chance Grider
580.626.4411
580.626.4414 fax

NEW STUDENT ENROLLMENT INFORMATION

Parent and Guardians,

NEW STUDENTS

Please fill out and return all Enrollment and applicable Health Documents at one of the following enrollment sessions:

(ALL PK-12 students welcome at either location for convenience)

Tuesday, August 3rd Noon-6:30 pm JH/HS in Helena

Wednesday, August 4th 8:00 am-2:00 pm Elementary in Jet

Additional packets with minimal required information will be provided at enrollment (Ex. Physical and other athletics forms, technology policies/agreements, homelessness documents, etc.)

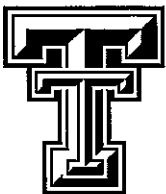
OUT OF DISTRICT

Students that live outside the Timberlake School District MUST be approved for transfer before they may enroll and attend. Transfer policies and applications are provided on the school website or at the district office. The district AND state applications MUST be returned to be considered.

If you have any additional questions, site offices will be staffed beginning August 1st.



Kale Pierce
Superintendent
Timberlake Public Schools
580.852.3307
kpierce@tlake.k12.ok.us



TIMBERLAKE | 2021-2022 CALENDAR

X = NO SCHOOL - Staff & Students

Date = No SCHOOL - Teacher Prof Development

JULY 2021						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

4 Independence Day

3 No School-Prof Dev Day
4 Students return to classes
21 No School-Prof Dev Day

JANUARY 2022						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AUGUST 2021						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

PK-12 Enrollment Sessions
3 HS Library Noon-6:30
4 Elem. Cafe. 8:00-2:00
10 Open House 5:00-7:00
9-11 Teacher InService
12 **First day of Classes**
27 **No School** -Prof Dev Day

21 No School-Presidents' Day

FEBRUARY 2022						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	X	22	23	24	25	26
27	28					

SEPTEMBER 2021						
S	M	T	W	Th	F	S
			1	2	3	4
5	X	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

6 No School-Labor Day

9 Parent-Teacher Conf.
4:00-7:00
10 **No Students**
Parent-Teacher Conf.
8:00-11:30
11-18 **Spring Break**
25 **No School**

MARCH 2022						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	X	12
13	X	X	X	X	X	19
20	21	22	23	24	X	26
27	28	29	30	31		

OCTOBER 2021						
S	M	T	W	Th	F	S
					1	2
	4	5	6	7	8	9
10	11	12	13	X	X	16
17	X	19	20	21	22	23
24	25	26	27	28	29	30
31						

12 Parent-Teacher Conf.
4:00-7:00
13 Student Release-12:30
Parent-Teacher Conf.
12:30-3:30
14-18 **No School-Fall Break**

1 **No School**
8 **No School**
15-18 **Easter Break**
29 **No School**

APRIL 2022						
S	M	T	W	Th	F	S
					X	2
3	4	5	6	7	X	9
10	11	12	13	14	X	16
17	X	19	20	21	22	23
24	25	26	27	28	X	30

NOVEMBER 2021						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	X	X	X	27
28	29	30				

11 Veterans Day
24-26 **Thanksgiving Break**

6 **No School**
12 **Last Day of Classes**

MAY 2022						
S	M	T	W	Th	F	S
1	2	3	4	5	X	7
8	9	10	11	12	X	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

DECEMBER 2021						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	X	X	X	X	X	25
26	X	X	X	X	X	

20-31 **Christmas Break**

JUNE 2022						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Timberlake Student Information

Student's Name: _____ Grade: _____
First name Middle name Last name Gender: _____

D.O.B: _____ Place of birth: _____ Race: _____
Month Day Year City State

Student resides with (circle one): Mother/Father Mother Father Mother/Stepfather Father/Stepmother Grandparent(s)
 Other _____ Who has legal custody*? _____ *Court documents declaring custody must be in the child's school file

Student's Name: _____ Grade: _____
First name Middle name Last name Gender: _____

D.O.B: _____ Place of birth: _____ Race: _____
Month Day Year City State

Student resides with (circle one): Mother/Father Mother Father Mother/Stepfather Father/Stepmother Grandparent(s)
 Other _____ Who has legal custody*? _____ *Court documents declaring custody must be in the child's school file

Student's Name: _____ Grade: _____
First name Middle name Last name Gender: _____

D.O.B: _____ Place of birth: _____ Race: _____
Month Day Year City State

Student resides with (circle one): Mother/Father Mother Father Mother/Stepfather Father/Stepmother Grandparent(s)
 Other _____ Who has legal custody*? _____ *Court documents declaring custody must be in the child's school file

Name of Parent/Guardian	Relationship	Place of Employment
Mailing Address		Work Phone
Home Phone	Cell Phone	E-mail

Name of Parent/Guardian	Relationship	Place of Employment
Mailing Address		Work Phone
Home Phone	Cell Phone	E-mail

Name of Parent/Guardian	Relationship	Place of Employment
Mailing Address		Work Phone
Home Phone	Cell Phone	E-mail

Other EMERGENCY CONTACTS or Additional Adults who may pick up student(s) from school in the event that we are unable to locate the parents/guardians, whom can we call?

Name	Relationship	Phone Numbers(s)

STUDENT DEMOGRAPHICS

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student First Name(s)--> _____

1 My child was enrolled in a remedial program (Title I) Yes No Yes No Yes No

2 My child was enrolled in a special program Yes No Yes No Yes No

If so what? _____

3 My child needs to wear glasses at school Yes No Yes No Yes No

4 My child has behavioral problems at school Yes No Yes No Yes No

5 My child has a hearing problem Yes No Yes No Yes No

6 My child was seeing a speech therapist Yes No Yes No Yes No

7 My child was in the gifted/talented program Yes No Yes No Yes No

8 My child has special needs Yes No Yes No Yes No

Please indicate: _____

9 Do you have a copy of your child's Special Education records? Yes No Yes No Yes No

10 My child takes medication daily Yes No Yes No Yes No

Please indicate medicine _____

11 My child has been retained. Yes No Yes No Yes No

Grade: _____

12 Is there a court order affecting this child? Yes No Yes No Yes No

13 Is a language other than English used in your home? Yes No Yes No Yes No

If yes, please circle one of the following: More often Less often More often Less often More often Less often

What is the language?: _____

14 Are you of Hispanic/Latino culture or origin? Yes No Yes No Yes No

15 What is your race? (Circle one or more)

Am Indian or Alaskan Native Yes Yes Yes

Asian Yes Yes Yes

Black/African American Yes Yes Yes

Native Hawaiian / Other Pacific Islander Yes Yes Yes

White Yes Yes Yes

16 Is any parent or guardian of the student a member of the US Armed Forces, Reserve Component of the Armed Forces, or of the National Guard? Yes No Yes No Yes No

If so, Name: _____ Branch: _____

Signature of Parent/Guardian

Timberlake Public Schools Student Enrollment Questionnaire

Student Name:	Today's Date:
Date of Birth:	Grade:
	School:

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

Where are you and your family currently living? Please check one of the boxes below.

<p>Section A</p> <p><input type="checkbox"/> Rent/own my own home or apartment</p> <p>STOP: <i>If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your own home or apartment, please continue to the next section.</i></p>
<p>Section B</p> <p><input type="checkbox"/> Temporarily with another family member or friend until we can locate affordable housing</p> <p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> In a vehicle, park, campground, or on the streets</p> <p><input type="checkbox"/> In a house, building, or trailer WITHOUT running water or electricity</p> <p><input type="checkbox"/> In a hotel or motel</p> <p><input type="checkbox"/> With an adult that is not a parent or legal guardian</p> <p><input type="checkbox"/> Alone or in different locations, without an adult serving as a caregiver</p> <p><input type="checkbox"/> Wherever I can find a place to stay at night</p> <p><input type="checkbox"/> Other Please Explain:</p>

If you checked a box in section B, in the space below please list all children currently living with you who attend "name" Public Schools.

First and Last Name of Student	Male or Female	Date of Birth	Grade	School Name

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child? YES NO

The undersigned certifies that the information provided is correct and accurate.

(Print) Parent/Guardian or Adult Caring for the Student: _____

Relationship to the Student: _____ Signature: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number: _____ Email Address: _____

DISTRICT ACKNOWLEDGEMENTS & PERMISSIONS

This form acknowledges that you were provided access to all of the following policies and agree that both students and parents or guardians understand the policies. **Please check the appropriate boxes and sign below confirming that you received the following information through the student hand book, you have read or been informed of the policies within, and you understand and agree to abide by the said policies.**

- Drug Free School Policy:** Under the terms of Drug-Free Schools Act, we are required to give to you a copy of our official policy statement concerning the establishment of a drug-free school. (Located on page 13 of the Student-Parent Handbook) This agreement must be turned in by the first day of school.
- The Timberlake Student-Parent handbook includes the policies listed below:**
 - Parental Involvement Site Plan
 - Attendance and Make Up Work
 - Student Discipline and Due Process
 - Student Meal Account
 - Eligibility Rules
 - Bus Rider Expectations
 - Internet Policy

PERMISSION FORMS (check appropriate response)

On the Internet

*Students are monitored while using school computers and are only allowed on educational sites.

- I DO grant permission for my child to be on the internet at school
- I DO NOT want my child to have internet access at school

- Apple ID and/or Google Account Permission *(for students under age 13)*

Picture on School Related Websites

*Students' pictures will only be placed on the school's website or Facebook page with no names.

- I DO grant permission for my child's picture to be on a school site
- I DO NOT want my child's picture placed on the internet

Field Trips

*Approval for field trips remains effective for the entire school year unless the school receives further written notice.

- I DO grant permission for my child to attend off campus field trips this school year
- I DO NOT want my child to attend off campus field trips this school year

Please sign below to indicate that you agree with the statements checked above

Student(s) Name (print)	Student Signature	Grade	Date

Parent Name (print)	Parent Signature		Date

Verification of Insurance

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

The local school district does not purchase accident insurance to cover injuries incurred by your child at school and will not assume any liability incurred.

The state requires all families to have accident coverage on their children, prior to participation in any sports or school sponsored activity.

Students insurance is available for your convenience, through the Student Insurance Division of United Insurance Companies. These forms are available through the school.

Please complete one of the two sections below.

_____ I am insuring my student using Nationwide Insurance Companies Policy.

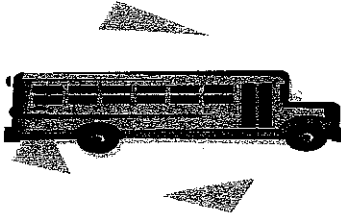
_____ We do not need to purchase additional insurance, as our current policy is sufficient.

Our current policy is with _____
Name of Company

Policy Number

Parent/Guardian _____ Date _____

Note: This sheet along with a current physical examination must be on file with the school office before participation in a competitive event will be allowed.



Please let us know which bus your child will be riding!

Helena

Goltry

Nash

Helena-country

Goltry-country

Nash-country

Carmen

Nescatunga

Child name: _____ Grade: _____

Child name: _____ Grade: _____

Child name: _____ Grade: _____

Child name: _____ Grade: _____

Child name: _____ Grade: _____

Physical Address: _____

Parent Name: _____

Parent Phone Number: _____

Note and/or directions

Joy Hofmeister
State Superintendent of Public Instruction
OK State Department of Education



2021-2022 Home Language Survey for PreK – 12 School Districts

Student name: _____ Gender: _____ Grade: _____
Last First Middle

School Site: _____ Date of Birth: _____ Place of Birth: _____

Is the student of Hispanic or Latina culture of origin? Yes _____ No _____

Select on or more of the following races African American/Black American Islander/Alaskan Native
 Native Hawaiian or Other Pacific Islander Caucasian/White

Student name: _____ Gender: _____ Grade: _____
Last First Middle

School Site: _____ Date of Birth: _____ Place of Birth: _____

Is the student of Hispanic or Latina culture of origin? Yes _____ No _____

Select on or more of the following races African American/Black American Islander/Alaskan Native
 Native Hawaiian or Other Pacific Islander Caucasian/White

Student name: _____ Gender: _____ Grade: _____
Last First Middle

School Site: _____ Date of Birth: _____ Place of Birth: _____

Is the student of Hispanic or Latina culture of origin? Yes _____ No _____

Select on or more of the following races African American/Black American Islander/Alaskan Native
 Native Hawaiian or Other Pacific Islander Caucasian/White

1. Is a language other than English used in the home? Yes _____ No _____
 If NO, go to number 6 and 7 If YES, what is the language? _____
2. Is the language spoken in the home _____ More often than English _____ Less often than English?
3. What language is spoken by adults in the home? _____
4. What was the first (1st) language your child learned to speak? _____
5. What was the date (month & year) your child first enrolled in a school in the United States? _____
6. Parent/Guardian Signature: _____ Date: _____

FOR SCHOOL USE ONLY

THIS FORM MUST BE COMPLETED EVERY YEAR WITH CURRENT TEST DATA FOR STATE ACCREDITATION.

_____ If a language other than English is spoken MOR OFTEN (see question #2), the student automatically qualifies as bilingual on application for accreditation.
 OR
 If a language is spoken LESS OFTEN, student qualifies as bilingual on accreditation application if s/he meets ONE OF THE FOLLOWING:
 _____ Scores 35% or below on norm-referenced test (NRT) on the composite reading score.
 _____ Scores limited knowledge or unsatisfactory on Reading OK Core Curriculum Tests (OCCTs)
 _____ Designated Limited English Proficient on OK English language proficiency assessment: WIDA ACCESS for English language learners (ELLs) test, WIDA Placement Test (including K W-APT, W-APT, and Kg MODEL), or the OK PreK Language Screening Tool

Documentation of Test results for students who marked LESS OFTEN:

- | | |
|---|--|
| 1. NRT Test Date _____ | Name of NRT _____ Reading Total Composite Score _____ |
| 2. Reading OCCT Date _____ | Score on Reading OCCT _____ Limited Knowledge _____ Unsatisfactory _____ Satisfactory _____ Advanced _____ |
| 3. ACCESS for ELLs Test Date _____ | Score on ACCESS for ELLs _____ 1 _____ 2 |
| WIDA Placement Test (K W-APT, W-APT, and Kg MODEL) Date _____ | Score on K W-APT, W-APT, and Kg MODEL _____ |
| OK PreK Language Screening Tool Date _____ | Score on PreK Language Screening Tool _____ |
| | 1. Composite Score 2. Literacy Score |

Note: Have test score documentation available for regional accreditation office review

PARENTS RIGHT-TO-KNOW LETTER

Date: July 1, 2021

Dear Parents and Guardians:

In accordance with Parents Right-to-Know requirement under *Every Student Succeeds Act - ESSA, Section 1112 (e)(1)(A)* this is a notification from **Timberlake Public Schools** to every parent/guardian of a student in a Title I school that you have the right to request and receive in a timely manner:

- a) information regarding the professional qualifications of your student's classroom teachers. The information regarding the professional qualifications of your student's classroom teachers shall include the following:
 - If the teacher has met state qualification and licensing criteria for the grade level and subject areas taught;
 - If the teacher is teaching under emergency or temporary status in which the state qualifications and licensing criteria are waived;
 - The teachers baccalaureate degree major, graduate certification, and field of discipline; and
 - Whether the student is provided services by paraprofessionals, and if so, their qualifications

[ESSA, Section 1112(e)(1)(A)(i)-(ii)]
- b) information regarding any State or local educational agency policy regarding student participation in any assessments mandated by section 1111(b)(2) and by the State or local educational agency, which shall include a policy, procedure, or parental right to opt the child out of such assessment, where applicable.

[ESSA, Section 1112(e)(2)(A)]
- c) upon request, parents of an English learner may:
 - have the child immediately removed from an English Learner (EL) program; *[ESSA 1112(e)(3)(A)(viii)(i)]*
 - decline the child's enrollment in an EL program, or choose another program or method of instruction, if available; *[ESSA, Section 1112(e)(3)(A)(viii)(ii)]*
 - receive assistance in selecting among various programs and methods of instruction, if more than 1 program or method is offered by the eligible entity. *[ESSA 1112(e)(3)(A)(viii)(iii)]*
- d) In addition to the above information you will be notified if your student has been taught for four or more consecutive weeks by a teacher who does not meet the applicable state certification for licensure requirements at the grade level and subject area in which the teacher has been assigned.

[ESSA, Section 1112(e)(1)(B)(ii)]

If you have questions or concerns, please feel free to contact Mr. Pierce, Superintendent, at (580)852-3307.

Sincerely,

Kale Pierce,
Superintendent

F. 2021-2022 School Year Signature Page:

Yes, I have received a copy of the **TPS Technology Handbook** that applies to my student(s) and a copy of the **Student Agreement** and understand the conditions of the program. I have also received and read the **Timberlake Schools Responsible Use of Technology and Internet Safety**. As the **parent/guardian**, my signature indicates I have read and understand this **Responsible Use of Technology Agreement**, and give my permission for my child to have access to the described electronic resources.

Parent/Guardian (please print): _____

Parent/Guardian Signature: _____ Date: _____

Student (please print): _____ Grade: _____

Student Signature: _____ Date: _____

As the **student**, my signature indicates I have read or had explained to me and understand this **Responsible Use of Technology Agreement**, and accept responsibility for abiding by the terms and conditions outlined and using these resources for educational purposes. *I understand that this agreement applies to the use of any school equipment used both on and off campus.*

A parent's signature in the absence of the student is an agreement that the parent takes responsibility for ensuring the student understands this agreement and their responsibilities pertaining to the use of technology.

Student (please print): _____ Grade: _____

Student Signature: _____ Date: _____

For Office Use - Reviewed by: _____ Date: _____

Insurance Paid: Yes ___ No ___ Date Paid: _____