

# 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  
580.852.8019 fax*

*Timberlake  
Elementary School  
Principal-Chance Grider  
580.626.4411  
580.626.4414 fax*

### RETURNING STUDENT ENROLLMENT INFORMATION

Parent and Guardians,

#### RETURNING STUDENTS

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

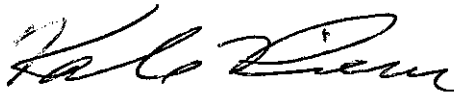
(ALL PK-12 students welcome at either location for convenience)

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

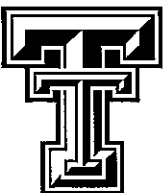
Wednesday, August 4<sup>th</sup> 8:00 am-2:00 pm Elementary in Jet

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

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



Kale Pierce  
Superintendent  
Timberlake Public Schools  
580.852.3307  
[kpierce@tlake.k12.ok.us](mailto: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		

**Returning Timberlake Student Information**

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

Have there been any changes to living arrangements or custody since previous school year? (Circle) Yes No

If so, please explain: \_\_\_\_\_

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

Have there been any changes to living arrangements or custody since previous school year? (Circle) Yes No

If so, please explain: \_\_\_\_\_

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

Have there been any changes to living arrangements or custody since previous school year? (Circle) Yes No

If so, please explain: \_\_\_\_\_

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

Have there been any changes to living arrangements or custody since previous school year? (Circle) Yes No

If so, please explain: \_\_\_\_\_

Please read through each of your children's student information sheet to verify that ALL information is correct. Mark out any errors and write in the correct information on their print out. By signing below, I acknowledge that I have looked through my child(ren)'s student information print out and all information is correct and any highlighted information that is missing has been provided.

\_\_\_\_\_  
Parent Name (Printed)

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

\_\_\_\_\_  
Date

**Student Demographics**

Student First Name(s)--> \_\_\_\_\_

1 My child needs to wear glasses at school	Yes	No	Yes	No	Yes	No	Yes	No
2 My child takes medication daily	Yes	No	Yes	No	Yes	No	Yes	No

Please indicate medicine \_\_\_\_\_

3 Is there a court order affecting this child?	Yes	No	Yes	No	Yes	No	Yes	No
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4 Is a language other than English used in your home?	Yes	No	Yes	No	Yes	No	Yes	No
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What is the language?: \_\_\_\_\_

5 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	Yes	No
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If so, Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Do you rent or own a home or apartment where your family currently resides? Yes No

If you answered no to the previous question, your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Please ask for a questionnaire that will assess eligibility.

## 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.

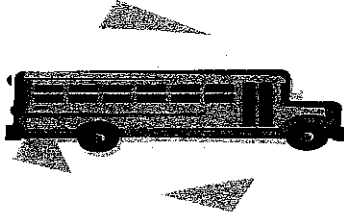
\_\_\_\_\_ We do not need to purchase additional insurance, as our current policy is sufficient.

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

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**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 (1<sup>st</sup>) 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: \_\_\_\_\_

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For Office Use - Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Paid: Yes \_\_\_ No \_\_\_ Date Paid: \_\_\_\_\_