

BEHAVIORAL CONTRACT

ORACLE CHARTER SCHOOL

The staff at Oracle Charter School is committed to providing a safe and orderly environment in our school community. We are certain that you will agree that the best schools are those where parents work cooperatively with teachers to shape student conduct in a fashion which will minimize distractions. To this end, the staff at OCS is requesting the cooperation of all parties to establish such an environment by agreeing to some basic understandings. Please read the below behavioral expectations and discuss with your child.

- Attendance: Students are expected to be present and on time for school every day. If a student accumulates eight (8) absences in a semester course or 16 absences in a full year course, he/she may be denied credit for the course.
- Dress Code: Students are expected to wear a school uniform in support of our belief that the school environment should be conducive to learning. Because accidents do happen, we strongly recommend that students keep a spare uniform shirt in their lockers.
- Electronics: We have a ZERO TOLERANCE policy concerning electronics during the instructional day. Therefore, students may not use nor be in possession of personal electronic devices at any time.
- Academic Dishonesty: Oracle Charter School is a college preparatory institute that rests upon the foundation of academic integrity. Academic dishonesty will not be tolerated.
- Prohibited Substances: Any item that serves no educational purpose is not to be brought to school. OCS is a drug and alcohol free environment. Under the 2003 Clean Air Act, New York State law prohibits the use of tobacco by anybody anywhere on school property, even while sitting in an automobile, even if school is not in session. Weapons of any description are not permitted on the premises for any reason. In accordance with the NYS Gun-Free School Act, we've adopted a ZERO TOLERANCE policy with respect to guns. Additionally, at no time is any student to have in their possession any flammable or combustible substances.
- Violence on Campus: Violence, including fighting, on campus is not permitted nor excused for any reason.
- Behavioral Expectations: Students are expected to comply with all established schoolwide and classroom rules and expectations, as well as follow directions given by any adult in the building. Even while in the community at large, we expect our students to behave in a respectable manner, remaining compliant with the expectations of the public. This includes transitioning to and from school in an orderly fashion and while participating in school sponsored events.
- Anti-Bullying: OCS has adapted the Dignity for All Students Act, which provides students with an environment free of discrimination and harassment. Bullying, harassment and intimidation of any kind is prohibited on or off school property, including via social media.

Oracle is community that believes all students, teachers, and staff with RISE UP to meet daily expectations, challenges, and our core values: aspiration, accountability, commitment, consistency, and trust. Your signatures below serve as a contract between the home and school and to verify that you and your child have read the above expectations and agree to them.

Legal Guardian Signature: _____

Student Signature: _____

CONSENT TO SHARE INFORMATION

ORACLE CHARTER SCHOOL

The school nurse and/or members of the administration of Oracle Charter School have my permission to share medical information concerning my child with appropriate members of the educational team for use in meeting the health and educational needs of my child. This will be done on a “need to know” basis in a confidential manner. This includes information communicated between the health provider, medical staff, and school nurse, as well as copying of relevant healthcare records to facilitate this process.

This agreement will be valid for the duration of the child’s enrollment in Oracle Charter School and may be rescinded at any time.

I consent to share information: Yes No

Student Name: _____

Date of Birth: _____

Student’s Medical Provider(s), Including Specialists:

Legal Guardian Signature: _____



Oracle Charter School

EMERGENCY CONTACTS
ORACLE CHARTER SCHOOL

Student Name: _____

Date of Birth: _____

Physician/Clinic Name: _____

Physician/Clinic Address: _____

Physician/Clinic Phone: _____

Please list at least one emergency contact other than the student's legal guardian.

Name: _____

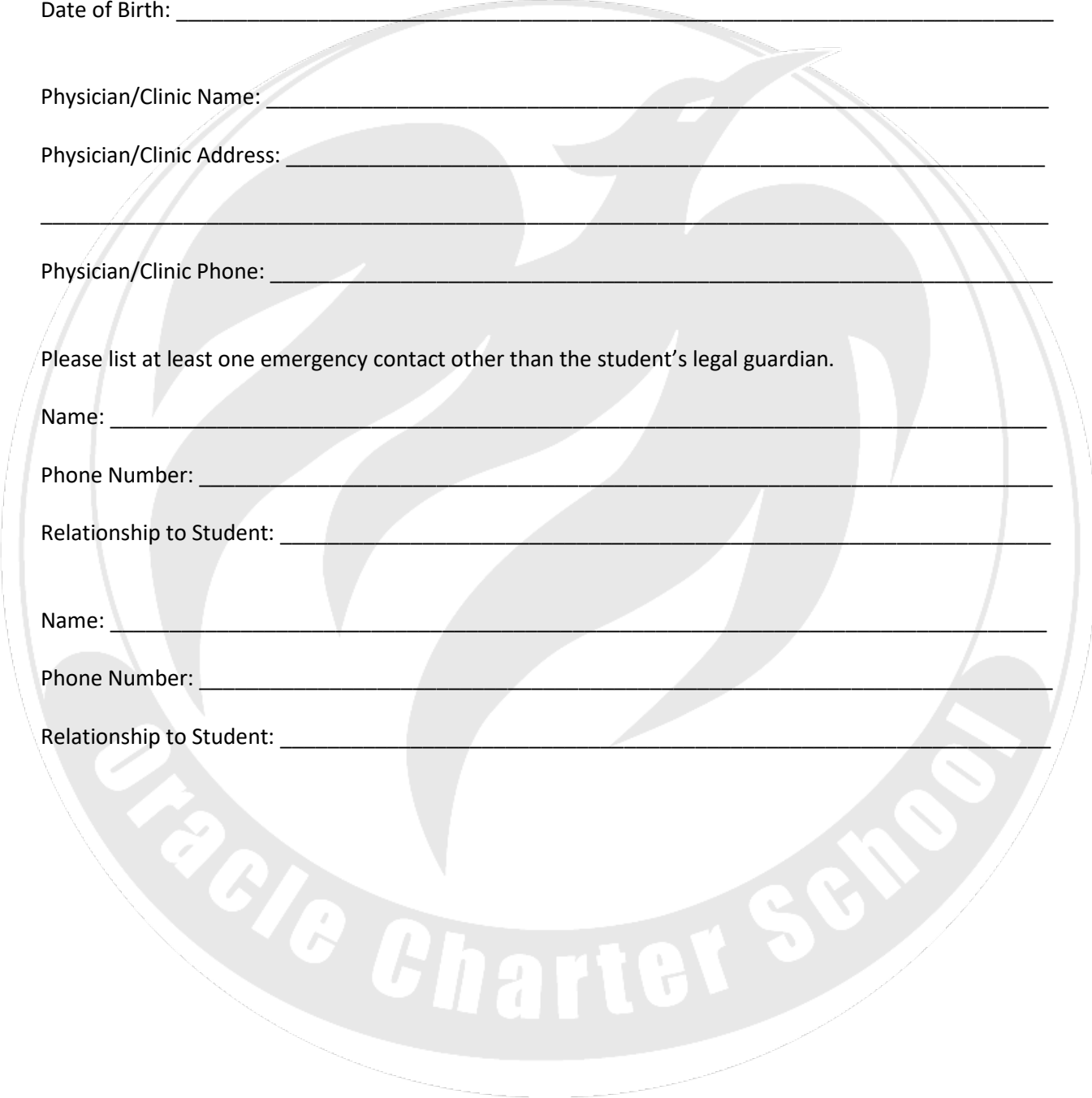
Phone Number: _____

Relationship to Student: _____

Name: _____

Phone Number: _____

Relationship to Student: _____



HEALTH SUMMARY

ORACLE CHARTER SCHOOL

Student Name: _____

Date of Birth: _____

Allergies (food, medication, environmental): _____

Current Medications: _____

Does the student need medication during the school day? Yes No

Has the student ever had:

Hay Fever	Yes / No	Anemia	Yes / No
Bladder/Kidney Problems	Yes / No	Arthritis	Yes / No
Fainting Spells	Yes / No	Convulsions/Seizures	Yes / No
Ear/Hearing Problems	Yes / No	Diabetes	Yes / No
Headaches	Yes / No	Eye/Vision Problems	Yes / No
Frequent Sore Throats	Yes / No	Contacts/Glasses	Yes / No
Head Injury/Concussion	Yes / No	Frequent Stomach Aches	Yes / No
Fractures/Dislocations	Yes / No	Frequent Nose Bleeds	Yes / No
Skin Rashes	Yes / No	Back/Neck Problems	Yes / No
Emotional Problems	Yes / No	Anxiety/Depression	Yes / No
Chicken Pox	Yes / No	Menstruation	Yes / No
Asthma	Yes / No		

Please explain any items marked 'Yes': _____

Please list any illnesses, hospitalizations, operations or injuries not listed above: _____

Please explain any concerns regarding the student's health: _____

Legal Guardian Signature: _____

IMMUNIZATION AND PHYSICAL REQUIREMENTS

ORACLE CHARTER SCHOOL

New York State law requires an annual physical for all students entering the school district for the first time. The examination must be completed by a New York State licensed physician, physician assistant, or nurse practitioner.

New York State law Section 2164 requires certain immunizations to enter grades nine through 12. Please check with your healthcare provider as soon as possible to ensure that your child has all the needed immunization to attend school. The requirements are as follows:

<u>Immunization</u>	<u>Number of Doses</u>
DTaP/DTP	3
Tdap: Boostrix® & Adacel®	1
Varicella (Chickenpox)	1
Polio	3
MMR	2
Hep B	3 OR 2 of adult hepatitis B vaccine (Recombivax) for children who received the doses at least four months apart between 11-15 years of age
Meningococcal	2 in 12 th grade, one being a booster OR 1 on or after age 16

If you have any questions or concerns about immunizations or the physical examination, please contact Oracle's health staff at (716) 362-3188 ext. 222.

MEDICATION GUIDELINES

ORACLE CHARTER SCHOOL

New York State Education Law states that for medication to be administered to a student by school personnel, the following guidelines must be adhered to:

1. The student's physician must provide a written statement indicating the medication, frequency, dosage, route of administration, duration, and possible side effects of the medication.
2. The parent must provide a written statement requesting that school personnel administer the medication.
3. The parent must give the medication to school personnel. The medication **cannot** be given to school personnel by the student.
4. The medication must be provided in its original, labeled container.

Please note that the above guidelines refer to all prescription medications as well as over-the-counter medications.

If your child needs school personnel to administer medication of any kind during school hours, please complete the below:

In compliance with New York State Education Law regarding the administration of medication by school personnel, we hereby request the school nurse or other designated person, in the absence of a school nurse, to follow instructions in the treatment of:

Student Name: _____

Date of Birth: _____

PHYSICIAN'S INSTRUCTIONS:

Name of Medication: _____

Dosage: _____

Administration Route and Frequency: _____

Reason for Medication: _____

Possible Side Effects: _____

Other Recommendations: _____

Physician Signature: _____

Legal Guardian Signature: _____

REGISTRATION FORM

ORACLE CHARTER SCHOOL

Household Information

Last Name: _____

Address: _____

Mailing Address (if different from above): _____

Phone Number: _____

Primary Language Spoken in the Household: _____

Siblings at OCS (Name & Grade): _____

Legal Guardian Contact Information

Name: _____

Relationship to Student: _____

Phone Number: _____

Name: _____

Relationship to Student: _____

Phone Number: _____

Please explain any custody/guardianship issues that we should be aware of. Please provide official supporting documentation.

REGISTRATION FORM

ORACLE CHARTER SCHOOL

Student Information

Name: _____
First Middle Last

Date of Birth: _____

Hispanic/Latino/Spanish: Yes No Gender: Male Female

Race (Circle One): Native American African American Hispanic Caucasian Asian Multiracial

Primary Language: _____

Student ID Number: _____

Country of Birth: _____

Grade Entering: _____ Year Entered/Will Enter 9th Grade: _____

Home School District: _____

Most Recent School Attended: _____

Oracle Charter School

REQUEST FOR STUDENT RECORDS
ORACLE CHARTER SCHOOL

Name of Previous School: _____

Fax Number of Previous School: _____

Student Name: _____

Student Date of Birth: _____

The student indicated above wishes to enroll at Oracle Charter School for the 2017-2018 school year. Please provide the following information to assist us in enrolling the incoming student:

- Final 2016-2017 Report Card
- Transcript
- Attendance History
- Discipline Records
- Special Education Reports (if applicable)
- Science Labs
- Birth Certificate
- Health/Immunization Records

Legal Guardian Name: _____

Legal Guardian Signature: _____

Please be aware that under the Federal Education Rights and Privacy Act, school districts may release student records to another school or district without parental consent.

Thank you for your prompt attention to this matter!

Internal Use Only

Date Faxed: _____ By: _____

Date Faxed: _____ By: _____

Date Faxed: _____ By: _____

RESIDENCY QUESTIONNAIRE

ORACLE CHARTER SCHOOL

Student Name: _____

Date of Birth: _____

This information will help determine what services the student may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment, even if they do not have the documents normally required (school records, birth certificate, etc.). Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? Please check one box:

- In permanent housing
- With another family or other person due to a loss of housing or because of economic hardship (sometimes referred to as “doubled-up”)
- In a hotel/motel
- In a car, park, bus, train or campsite
- Other temporary living situation (please describe): _____

Address: _____

Phone: _____

Legal Guardian Name (or student name for unaccompanied, homeless youth):

Legal Guardian Signature (or student signature for unaccompanied, homeless youth):

Date: _____

TB 1 PARENT REQUEST AUTHORIZATION FORM
ORACLE CHARTER SCHOOL

Buffalo Public Schools
2017-2018
New York State Textbook Loan Program

Student Name: _____

Student Address: _____

Public School District of Residence: _____

I hereby request the loan of textbooks in the name of _____
(student's name).

I authorize Oracle Charter School to act on behalf of this student in identifying and ordering textbooks. I understand that for the Buffalo Public Schools to provide textbooks through this program, all students must reside in the City of Buffalo. I also understand that it is the student's responsibility to maintain, in good condition, each book received. If books are damaged or lost, the student will be responsible for replacing the books.

Legal Guardian Signature: _____

Date: _____

This form will be kept on file for the duration of enrollment at Oracle Charter School. It will be made available to Buffalo Public Schools upon request.

Oracle Charter School

TECHNOLOGY USE AGREEMENT
ORACLE CHARTER SCHOOL

Student Name: _____

Date of Birth: _____

I understand that my computer use is not private and that Oracle Charter School will monitor my activity on the computer.

I have read the Computer Usage Student Acceptable Use Policy, found in the Student and Family Handbook, and agree to abide by the provisions. In consideration for the privilege of using the school's electronic communications system and in consideration for having access to the public networks, I hereby release Oracle Charter School, its operators, and any institutions with which they are affiliated from any and all claims and/or damages of any nature arising from my use of, or inability to use, the system. This includes, without limitation, the type of damages identified in the school's policy and administrative regulations. I understand that if I am on a site not permitted by the school that I will be subject to discipline up to and including expulsion.

Student Signature: _____

Date: _____

Legal Guardian Signature: _____

Date: _____

