Jones Academy Application

Choctaw Nation of Oklahoma
909 Jones Academy Road • Hartshorne, OK 74547
(888) 767-2518 • Fax (918) 297-2364

Completion of this application in its entirety is required to be considered for admission to Jones Academy for the 2026-27 school year. After the completed application is received, the Admission Committee will review and make a decision on acceptance.

I understand failure to provide complete and accurate information on this application has the possibility of resulting in denial of admission to Jones Academy and/or dismissal of an existing student from Jones Academy. **Parent/Guardian/Student eighteen (18) or over: Initials_____ Date_____**

Pages seven (7) and eight (8) must be notarized prior to submission. Notaries are normally found at a local bank, tribal offices, public schools, municipal offices, and/or a courthouse.

The following documents are expected to be submitted with this application. Items marked with an asterisk (*) are not required for students who completed the Spring 2026 semester at Jones Academy.

☐ **RETURNING STUDENT** ☐ **DAY STUDENT, ELEMENTARY ONLY**
☐ **COPY OF CERTIFICATE OF DEGREE OF INDIAN BLOOD (CDIB) CARD/MEMBERSHIP ***
☐ **BIRTH CERTIFICATE (state-certified copy only) ***
☐ **COPY OF SOCIAL SECURITY CARD (if none, please apply for one (1)) ***
☐ **COPY OF IMMUNIZATION RECORD (up to date)**
☐ **REPORT CARD/SCHOOL TRANSCRIPT***
☐ **COPY OF CURRENT INDIVIDUALIZED EDUCATION PLAN (IEP) AND CURRENT TESTING (if applicable) ***
☐ **CURRENT INSURANCE OR MEDICAID CARD (Application)**
☐ **CURRENT LIST OF PRESCRIPTION MEDICATIONS AND EXPLANATION**
☐ **CURRENT LIST OF OVER-THE-COUNTER MEDICATIONS (used regularly)**
☐ **DOCUMENT(S) SHOWING GUARDIANSHIP AND/OR LEGAL CUSTODY (if applicable)**

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JONES ACADEMY

Child Enrollment Application Peripheral Dormitory Grant School

School Year 2026-27

CHILD INFORMATION

Full Name: _____ Grade Applying For: _____

Address: _____ City: _____ State: _____ Zip: _____

Child's Cell Phone: _____ Child's E-mail: _____ Age of Child: _____

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ Sex: Male _____ Female _____

Tribal Affiliation: _____ Degree of Indian Blood: _____

Home Agency: _____ Enrollment Number: _____

Do you live with: Mother _____ Father _____ Guardian _____ Other (Specify) _____

Dominant Language Spoken in Home _____

PARENT OR GUARDIAN (WITH WHOM THE CHILD LIVES) INFORMATION

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Date of Birth: _____

Social Security #: _____ Social Security #: _____

Tribal Affiliation: _____ Tribal Affiliation: _____

Home Agency: _____ Home Agency: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Home Phone: _____ Home Phone: _____

E-mail address: _____ E-mail address: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Workplace: _____ Workplace: _____

Guardian(s) if not Parent: _____

Address: _____ City: _____ State: _____ Zip: _____

Tribal Affiliation: _____ Home Agency: _____

Cell Phone: _____ Home Phone: _____

E-mail address: _____

Work Phone: _____ Workplace: _____

Court-appointed custodial parents must attach appropriate documentation. If the child does not live with either parent or is a ward of the court, then attach documentation and provide information on the person(s) responsible for the child who will be the primary contact person. A child may not list himself/herself as a guardian even if he/she is eighteen (18) years of age or older.

EMERGENCY CONTACT INFORMATION – Other than Guardian

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Workplace: _____ Work Phone: _____

E-mail address: _____

NAME OF BROTHERS AND SISTERS

Please name:

1. _____ male _____ female _____ DOB _____
2. _____ male _____ female _____ DOB _____
3. _____ male _____ female _____ DOB _____
4. _____ male _____ female _____ DOB _____

I am the custodial parent or guardian of this child and hereby apply for his/her admissions to this school. I understand the school may request additional information before admitting the child. **Failure to provide complete and accurate information could result in refusal of admission.**

_____ _____

DATE SIGNATURE OF PARENT OR GUARDIAN

_____ _____

DATE SIGNATURE OF PARENT OR GUARDIAN

LAST TWO (2) SCHOOLS PREVIOUSLY ATTENDED

SCHOOL NAME: _____ Grade Completed: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax Number: _____

Date Attended: _____ Reason for Leaving: _____

Child Participated in Special Education Program: Yes _____ No _____

Child Participated in Gifted and Talented Program: Yes _____ No _____

SCHOOL NAME: _____ Grade Completed: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax Number: _____

Date Attended: _____ Reason for Leaving: _____

Child Participated in Special Education Program: Yes _____ No _____

Child Participated in Gifted and Talented Program: Yes _____ No _____

JONES ACADEMY CHECK OUT POLICY

CHILD'S NAME _____ SCHOOL YEAR 2026-2027.

1. Individuals must be twenty-five (25) years of age or older to be able to check out a student.
2. Student check out during an academic day is limited to the parent/guardian, unless otherwise authorized in writing by the parent/guardian.
3. All student check outs by persons other than the parent/guardian must be:
   - Authorized on the check out list; or
   - Given a one (1)-time approval by the parent/guardian in writing at least forty-eight (48) hours prior to check out.
     - Either one (1) of these situations requires the approval of the Dorm Manager.
4. School or Dormitory Associates are not able to check out a student overnight unless they are the parent/guardian of the student. Check out by associates must be authorized by parent/guardian and by school administration.
5. Students who are on dormitory or campus restriction may only be checked out by the parent/guardian during the restriction. The student will have to serve the restriction upon return.
6. Students must be checked out through the Jones Academy Administration Office during the academic day before the parent/guardian can pick them up at the public schools.
7. **Students must be one (1) checked back into their respective Dormitory Offices or two (2) the Administrative Office during school hours in order to make associates aware of their return.**
8. During **Labor Day Weekend,** students will not be allowed to check out with anyone other than their parent/guardian. On **prom weekend,** the parent/guardian is the only person(s) authorized to check out a seventh through twelfth (7^{th} –12^{th}) grade student.
9. All check outs are subject to administrative approval.

STUDENT CHECK OUT INFORMATION (MUST BE TWENTY-FIVE [25] YEARS OF AGE OR OLDER)

Student may leave campus only with listed Authorized Persons (must be twenty-five [25] years of age) or **person(s) who enrolled** student unless under sponsorship of Jones Academy and/or the Hartshorne Public School:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

☐ I do not wish to have my child checked out by anyone other than myself.

I have read and understand the rules listed above. I, _____, understand I am legally responsible for and hereby release Jones Academy of any liability whenever the student is checked out by authorized persons.

_____ _____

SIGNATURE OF PARENT OR GUARDIAN DATE

SOCIAL INFORMATION

CHILD'S NAME _____ SCHOOL YEAR 2026-2027.

1. State the reason for wanting your child to attend Jones Academy at this time._____
   _____
   _____
   _____
2. Does your child want to attend Jones Academy? Yes _____No _____
3. What are your child's interests, talents, or special abilities? _____
   _____
   _____
   _____
4. Does your child have any specific problems which you think school associates should know about, so they can be prepared to help in the best way possible? _____
   _____
   _____
   _____
5. Is your child trained to practice daily self-care (e.g., personal hygiene)? Yes _____No _____
6. Do you agree to leave the child in school and only check the child out on non-school days? Yes _____No _____
7. Has your child missed ten (10) or more days of school in the last year? Yes _____No _____
8. Has your child ever been suspended? Yes _____No _____Expelled? Yes _____No _____

   If yes, give date and reason for disciplinary action: _____
9. Does your child have an IEP? Yes _____No _____If yes, please submit the latest.
10. Is your child a ward of the court? Yes _____No _____A copy of the court order must be submitted if yes.
11. Has your child ever been arrested? Yes _____No _____I choose not to answer: _____

    If yes, what was/were the violation(s)? _____
12. Has your child ever been detained? Yes _____No _____I choose not to answer: _____
13. Does your child have a probation officer? Yes _____No _____Name: _____

    County: _____ Phone: _____
14. Has your child used or abused alcohol, tobacco, and/or drugs? Yes _____No _____I choose not to answer: _____

    If yes, what is substance of choice? _____
15. Has your child practiced self-harm (cutting, burning, etc.) to your knowledge? Yes _____No _____
16. Is your child receiving therapeutic support services? Yes _____No _____I choose not to answer: _____

    Name of counselor or clinic: _____

    Phone: _____

I, the parent/guardian of the above-mentioned child hereby certify the information provided is true and accurate to the best of my knowledge and I understand Jones Academy will verify all information. Any false statement, misrepresentation, or omission of required information in the application has the possibility to result in denial of admission or immediate dismissal.

_____ _____

Signature of Parent/Guardian Date

Behavioral Health Survey

Child's Name: _____ Grade: _____ Age: _____

What difficulties (if any) do you feel the child has experienced within the last six (6) months? (Check all applicable and provide explanation below.)

☐ Motivation ☐ Bullying ☐ Anxiety ☐ Stress ☐ Social Problems ☐ Suicidal Thoughts ☐ Suicide Attempt

☐ Withdrawn ☐ Drug/Alcohol ☐ Homesick ☐ Grief ☐ Hyperactivity ☐ Self-Harming Behaviors ☐ Anger

☐ Depression ☐ Family Problems ☐ Sadness ☐ Fear ☐ Being Bullied ☐ Other: _____

_____

_____

_____

Has the child experienced any traumatic events in their lifetime? ☐ YES ☐ NO

If yes, please explain: _____

_____

_____

_____

_____

Is the child currently seeing a counselor or ever been seen by a counselor? ☐ YES ☐ NO

If yes, please list counselor's contact information, how long child saw counselor, and reason for seeing counselor: _____

_____

_____

Are you currently or have you ever been afraid of the child? ☐ YES ☐ NO

If yes, please explain: _____

_____

_____

Has the child ever been admitted to an in-patient treatment center? ☐ YES ☐ NO

If yes, dates of in-patient treatment: Please explain: _____

_____

_____

_____

Do you, as the parent/guardian, have any concerns which are not mentioned above? ☐ YES ☐ NO

If yes, please explain: _____

_____

_____

_____

_____

Parent/Guardian Signature: _____ Date: _____

*Please make sure all areas are completed fully. Counselors will contact the parent/guardian if more information is necessary.

Consent for Psychotherapeutic Treatment

This form is to document my permission and consent for _____, who is my
(Name of Child)
_____to receive psychotherapeutic treatment (if deemed necessary) by Jones Academy.
(Relationship to Child)

I understand conversations with the therapist will usually be confidential. I further understand therapists, by law, must report actual or suspected child or elder abuse to appropriate authorities. In addition, the therapist has a legal responsibility to protect anyone who may feel threatened with violence, harmful or dangerous actions and may break confidentiality of communications if such a situation arises. I understand the therapist will attempt to resolve these situations before breaking confidentiality.

I do not know of any reasons why this therapy should not be undertaken for my child and agree to his/her participation.

By:_____
(Parent/Guardian Signature)

Date: _____

STATE OF _____)
) SS:
COUNTY OF _____)

ACKNOWLEDGMENT

Before me, the undersigned, a Notary Public, in and for said County and State on this _____day of
_____, 20_____, personally appeared _____the parent/guardian, to me known to be the identical person who executed this instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

_____
(Signature of notarial officer)

(Seal, if any)

My commission number is: _____

My commission expires: _____

_____
(Title and Rank)

POWER OF ATTORNEY
FOR CARE AND CUSTODY OF CHILD

I, _____, certify I am the custodial parent or legal custodian of the following minor child:

_____(full legal name), born the _____day of _____(month), _____(year).

I designate the Choctaw Nation of Oklahoma c/o Jones Academy, on behalf of which the authority granted herein may be exercised by the superintendent of Jones Academy or his/her designee (Jones Academy Representative), as the attorney-in-fact of the minor child named above. Jones Academy is located at 909 Jones Academy Rd., Hartshorne, OK 74547. The telephone number is 888-767-2518.

Except as otherwise provided herein, I delegate to the attorney-in-fact (Jones Academy Representative) all of my power and authority regarding the care, custody and property of the minor child named above, including but not limited to the right to enroll the child in school; to provide educational services; to apply for any educational, financial, or social benefit for the child and to agree to any terms necessary to secure such benefit; to inspect and obtain copies of education and medical records and other records concerning the child; the right to schedule or consent to school activities and other functions concerning the child; the right to give or withhold any consent or waiver with respect to school activities; medical and dental treatment (including but not limited to routine or emergency care, drug/alcohol treatment, administration of inoculations or other preventive treatments, and mental or behavioral health treatment) and any other activity, function or treatment which may concern the child. This includes consenting to new hire procedures, such as background checks and fingerprints, for positions at Jones Academy. This delegation will not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child.

Additionally, I hereby authorize, and delegate to the attorney-in-fact (Jones Academy Representative) the authority to authorize and receive, the disclosure and exchange of any information Jones Academy deems reasonable or necessary for medical, dental, behavioral health, and drug/alcohol treatment of the child. This information may be shared between healthcare providers, insurance companies, health professionals, and Jones Academy. I further authorize Jones Academy to disclose or exchange any financial or other information about me and/or the minor child in connection with the application for, or other means of securing, educational, financial, medical, or social benefits for the minor child.

This document is effective for a period not to exceed one (1) year, beginning the school year August _____to August _____. I reserve the right to revoke this Power of Attorney at any time. The attorney-in-fact (Jones Academy Representative) may elect to cease to serve as attorney-in-fact at any time and for any reason, and in such case, the attorney-in-fact will send written notice to me.

By:_____
(Parent/Guardian signature)

Date: _____

STATE OF _____)
) SS:
COUNTY OF _____)

ACKNOWLEDGMENT

Before me, the undersigned, a Notary Public, in and for said County and State on this _____ day of _____, 20___, personally appeared _____the parent/guardian, to me known to be the identical person who executed this instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

_____
(Signature of notarial officer)

(Seal, if any)

My commission number is _____

My commission expires: _____

_____
(Title and Rank)

CONSENT AND RELEASE FOR EXTRACURRICULAR ACTIVITIES, COMPETITIVE SPORTS, AND FIELD TRIPS

Child's Name: _____

Parent/Guardian Name: _____

By signing this form, I warrant I am the custodial parent or legal guardian of the named child, and I have the legal authority to sign this document.

I (we) hereby grant permission/authorization for my (our) child to participate in any organized Hartshorne Public School or Jones Academy Elementary School/Residential Program-sponsored extracurricular activity, competitive sports, and field trips as approved by Jones Academy administration. This includes all transportation necessary to facilitate my child's participation in the extracurricular activities. I (we) understand and agree to hold harmless the Hartshorne Public Schools and/or Jones Academy from any and all liability in the event of an accident, as further provided herein.

I understand and agree certain extracurricular activities, competitive sports, and field trips may present a risk of injury or other bodily harm and, on behalf of myself and my child, I assume all risk and responsibility for this risk. I represent I am familiar with the extracurricular activities offered and I am familiar with my child's mental and physical limitations, if any. I further represent my child has no mental or physical limitations which would preclude his/her participation in extracurricular activities, except as may be specifically identified by me in this document.

The list of approved activities, competitive sports, and field trips at Jones Academy/Hartshorne Public School includes, but are not limited to:

Archery	PACE 5K/10K and half	Softball	E Sports
Crossfit	Marathon runs	Track	Driver's Ed
Tae Kwon Do	Football	Marching Band	Archeological Sites
Ropes Course	Basketball	Soccer	Aquariums, Planetariums
Swimming	Weight-Lifting	Museums	Botball
Theme/Water Parks	Baseball	Pow-wows	Seasonal, Agricultural, Cultural,
Health Education	Basketball	College Tours	Spiritual, Trips
Livestock Show	Stickball	FFS/FCCLA/KTC	Youth Camps

If there is an activity or program I do not wish for my child to participate in, I have disclosed it below. If my child has any physical or mental limitations pertaining to these activities, I have recorded them below:

Child may NOT participate in:

_____

Physical or mental limitations:

_____

I agree to HOLD THE CHOCTAW NATION OF OKLAHOMA and its employees, elected officials, agents, and representatives ("Choctaw Indemnified Parties") HARMLESS FROM, AND FOREVER WAIVE AND RELEASE the Choctaw Indemnified Parties, from and against all injuries, loss, liability, damage, or cost which may arise from my child's participation in extracurricular activities EVEN IF CAUSED BY THE NEGLIGENCE OF THE CHOCTAW NATION OF OKLAHOMA. Additionally, I AGREE TO DEFEND AND INDEMNIFY THE CHOCTAW INDEMNIFIED PARTIES from and against all injuries, loss, liability, damage, or cost they may incur due to my child's participation in extracurricular activities. I intend the waivers and releases and indemnities in this document to be construed as broadly and all-inclusively as permitted under the laws of both the State of Oklahoma and the Choctaw Nation of Oklahoma. If any portion of this document is held to be invalid, the remainder of the document will be given full force and effect. **I UNDERSTAND THIS IS A RELEASE OF ALL CLAIMS AGAINST THE CHOCTAW NATION OF OKLAHOMA AND ITS EMPLOYEES, ELECTED OFFICIALS, AGENTS, AND REPRESENTATIVES.**

_____ _____

Parent/Guardian Signature Date

PERMISSIONS

CULTURAL/SPIRITUAL

I give permission for my child to attend spiritual services on and/or off campus.

Yes ☐ No ☐

Parent/Guardian Signature _____ Date _____

I give permission for my child to attend on and/or off-campus spiritual activities.

Yes ☐ No ☐

Parent/Guardian Signature _____ Date _____

HAIRCUTS

I give permission for my child to get regularly scheduled haircuts.

Yes ☐ No ☐

Parent/Guardian Signature _____ Date _____

BLOOD DRIVES

I give permission for my child to participate in blood drives (limited to age sixteen [16] and over).

Yes ☐ No ☐

Parent/Guardian Signature _____ Date _____

AUTHORIZATION TO INITIATE DETENTION ORDER

(Required to be completed by Parent/Guardian)

Date: _____

I, _____being the parent/guardian of_____, hereby give Jones Academy Associates authorization/responsibility to initiate proceedings for Detention Order, Missing Person's Report, Runaway Juvenile Report and/or any document/procedure needed in the event my child leaves Jones Academy or Hartshorne Public Schools, or any Jones Academy or Hartshorne Public School activity without express permission from Jones Academy Associates.

The permission is given so my child may be located and returned to a safe environment as soon as possible.

_____ _____

Signature of Parent/Guardian Date

DESCRIPTION OF CHILD

(Required to be completed by Parent/Guardian)

PLEASE PRINT

Name: _____Gender: _____

Nickname: _____SS #: _____

Height: _____Weight: _____Hair color: _____Hair length:_____

Eye color: _____Tattoos: _____Scars: _____

Remarks/Details: _____

_____

CONSENT FOR SEARCH

I, _____, give consent to Jones Academy Associates to search
Parent/Guardian's Name

_____, his/her room, and/or personal belongings if there is reasonable belief the child
Child's Name

has an illegal substance, weapon, or an item which is considered a danger to him/her or someone else. I understand and consent to Jones Academy using a drug dog to search the campus area (including students' rooms) for illegal drugs on a periodic and random basis.

_____

Parent/Guardian

_____

Date

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT

This information is provided pursuant to Public Law 93-597 (Privacy Act of 1974), December 31, 1974, and the Paperwork Reduction Act (44 U.S.C. 3501, et seq).

The Bureau of Indian Affairs, Office of Indian Education Programs operates an educational system under the general authority of Chapter 114, Public Law 67-86, 42 Stat. 208 (25 U.S.C. 13) and Public Law 95-561.

In accordance with the accountability required for the administration of funds appropriated for educational programs, certain types of information are required. All records are maintained in the strictest of confidence and all information contained therein is considered privileged. Information solicited and the routine use of the information collected will be used solely in the planning, managing, and providing placement of individuals.

This information is being collected to obtain information on students, such as schools previously attended, tribal affiliation, degree of Indian blood, and language spoken in the home. This information will be used to determine a child's eligibility to enroll in bureau-operated or bureau-funded schools. Response to this request is mandatory in order to obtain a benefit.

Use of Social Security Number
The request for a social security number is voluntary. If supplied, it will be used as one (1) identifier in the Bureau's management information system's student enrollment system.

Estimated Burden Statement
Public reporting burden for this form is estimated to average one-half hour per response, which includes time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. The public may make additional comments on the accuracy of our burden estimates (which are explained in detail in the preamble to the proposed rule published on February 25, 2004, at 69 FR 8752) and any suggestions for reducing this burden to the OMB Interior Desk Officer, Docket Number 1076–AE49, Office of Information and Regulatory Affairs, 202-395-6566 (facsimile); email: *OIRA_DOCKET@omb.eop.gov.*

INTERNET ACCEPTABLE USE POLICY

Jones Academy's information technology resources, including e-mail and internet access, are provided for educational purposes. Adherence to the following policy is necessary for continued access to the school's technological resources. Access requires the child to act responsibly and in accordance with this policy.

Students must:

1. Respect and protect privacy;
   - 1.1. Not distribute private information about others or themselves (such as credit card or social security numbers).
   - 1.2. Not view, use, or copy passwords, data, or networks to which they have no authorization.
   - 1.3. Use only assigned accounts.
2. Respect and protect the integrity, availability, and security of all electronic resources;
   - 2.1. Observe all posted network security practices.
   - 2.2. Report security risks or violations to a teacher or network administrator immediately.
   - 2.3. Not try accessing any network, information system, or computer they are not authorized to use (hacking).
   - 2.4. Not vandalize, damage, or disable the property of another individual or of Jones Academy.
   - 2.5. Conserve, protect, and share these resources with other students and internet users.
3. Respect and protect the intellectual property of others;
   - 3.1. Not infringe copyrights (no making illegal copies of music, games, or movies).
   - 3.2. Not plagiarize.
4. Respect and practice the principles of cooperation; and
   - 4.1. Communicate only in ways which are kind and respectful.
   - 4.2. Report threatening or discomforting materials to the associate in charge immediately.
   - 4.3. Not intentionally access, transmit, copy or create material which violates the school's code of conduct (such as messages which are pornographic, threatening, rude, discriminatory, or meant to harass).
   - 4.4. Not intentionally access, copy, transmit, or create material which violates copyright laws.
   - 4.5. Not access, upload, download, or distribute pornographic, obscene, or sexually explicit material.
   - 4.6. Not send spam, chain letters, or other mass unsolicited mailings.
   - 4.7. Not buy, sell, advertise, or otherwise conduct business, unless approved as a school project.
5. Attend ongoing educational training.
   - 5.1. Appropriate online behaviors.
   - 5.2. Cyberbullying awareness and response.
   - 5.3. Interacting with others on social networking websites and in chat rooms.

Failure to Follow Policy

Violations of these rules may result in disciplinary action, including the loss of a student's privileges to use the school's or their own information technology/mobile devices. If applicable state, federal, or tribal statutes are violated, law enforcement agencies will become involved, as applicable.

Privacy

Network and internet access are provided as a tool for the user's education. Jones Academy reserves the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computer, network, and internet access and any and all information transmitted or received in connection with such usage. All information files will be and remain the property of the school and no user will have any expectation of privacy regarding such material.

JONES ACADEMY
INTERNET ACCESS CONDUCT AGREEMENT

This form is to be completed and one (1) copy maintained at the local school site. Every child, regardless of age, must read and sign below. Parent or guardian, please discuss these rules with your child to ensure they are understood.

I have read, understand, and agree to abide by Jones Academy's terms and conditions of the foregoing Acceptable Use Policy. Should I commit any violation or in any way misuse my access to the school's computer network and the internet, I understand and agree my access privileges may be revoked, and school disciplinary and/or appropriate legal action may be taken against me.

User's Full Name (please print): _____

User's Signature: _____ Date _____

PARENT OR GUARDIAN: As the parent or guardian of the above child, I have read, understand, and agree my child or ward will comply with the terms of the school's Acceptable Use Policy for the child's access to the school's computer network and the internet. I understand access is being provided to the students for educational purposes only. However, I also understand it is impossible for Jones Academy to restrict access to all offensive and controversial materials and understand my child's responsibility for abiding by the policy. I am, therefore, signing this policy and agree to indemnify and hold harmless the school, the school district and the Data Acquisition Site which provides the opportunity to the school for computer network and internet access against all claims, damages, losses, and costs, of whatever kind which may result from my child's use of his or her access to such networks or his or her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child's use of his or her access if and when such access is not in the school setting. I hereby give my permission to grant access for my child to use the building-approved access to Jones Academy's computer network and the internet. I certify the information contained on the form is correct.

Jones Academy is using the Choctaw Nation of Oklahoma for our technology protection measure (internet filtering software). Palo-Alto and Cisco Umbrella are the filtering systems which are being used to protect adults and minors from accessing sites which may be harmful.

Parent or Guardian (please print): _____

Signature: _____

Date: _____

This agreement is valid for the current _____ school year only.

RELEASE AND LICENSE FOR USE OF LIKENESS AND NAME

The undersigned, for himself/herself, and for his/her minor child or child whose name and date of birth appear below (the "Releasing Parties"), hereby consent to the use of their photograph or likeness and name in promotional materials published by or on behalf of the Choctaw Nation of Oklahoma, whether or not operating as Jones Academy, and its members, managers, officers, directors, affiliates, employees, agents, servants, affiliate entities, (the "Released Parties") including, but not limited to web sites and social media sites affiliated with the Choctaw Nation of Oklahoma/Jones Academy, and the Releasing Parties grant the Choctaw Nation of Oklahoma, for valuable consideration received, the absolute and irrevocable right and unrestricted permission concerning any photographs taken of the Releasing Parties to use, reuse, publish, and republish the photographs in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including but not limited to the internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration. Jones Academy, if the originating party, will determine use of photograph or likeness or name.

The Releasing Parties understand use of the child's photograph/likeness and name may be used for any purpose deemed appropriate by the Choctaw Nation of Oklahoma and/or Jones Academy, including but not limited to educational information, internet display or other exhibition, and/or any commercial purpose. It is clearly understood no royalty, fee, or other compensation of any character will become payable to the Releasing Parties by reason of such use. The Releasing Parties release the Released Parties from any and all claims and demands which may arise out of or in connection with the use of the photographs, likenesses, and/or name, including without limitation any and all claims for libel or violation of any right of publicity or privacy.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE RELEASE AND LICENSE FOR USE OF LIKENESS AND NAME IN FULL.

Name: _____ Date: _____

Address: _____

City, State, ZIP: _____

Signature: _____ Print Name: _____

Name of Child: _____ DOB: _____

RELEASE AND LICENSE FOR USE OF AUDIO AND VIDEO

The undersigned, for himself/herself, and for his/her minor child or child whose name and date of birth appear below (the "Releasing Parties"), hereby consent to the use of audio and video and/or name in promotional materials published by or on behalf of the Choctaw Nation of Oklahoma, whether or not operating as Jones Academy, and its members, managers, officers, directors, affiliates, employees, agents, servants, affiliate entities, (the "Released Parties") including, but not limited to web sites and social media sites affiliated with the Choctaw Nation of Oklahoma/Jones Academy, and the Releasing Parties grant the Choctaw Nation of Oklahoma, for valuable consideration received, the absolute and irrevocable right and unrestricted permission concerning any audio and video taping of the Releasing Parties to use, reuse, publish, and republish the audio and video in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including, but not limited to the internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration. Jones Academy, if the originating party, will determine use of audio and video or name.

The Releasing Parties understand use of the child's audio/video and name may be used for any purpose deemed appropriate by the Choctaw Nation of Oklahoma and/or Jones Academy, including but not limited to educational information, internet display or other exhibition, and/or any commercial purpose. It is clearly understood no royalty, fee, or other compensation of any character will become payable to the Releasing Parties by reason of such use. The Releasing Parties release the Released Parties from any and all claims and demands which may arise out of or in connection with the use of the video/audio, and/or name, including without limitation any and all claims for libel or violation of any right of publicity or privacy.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE RELEASE AND LICENSE FOR USE OF LIKENESS AND NAME IN FULL.

Name: _____ Date: _____

Address: _____

City, State, ZIP: _____

Signature: _____ Print Name: _____

Name of Child: _____ DOB: _____

JONES ACADEMY PARENT/STUDENT/SCHOOL COMPACT COMMITMENT TO EDUCATION

As a Parent/Guardian

I pledge to:

- Have high expectations for my child as an individual;
- Help my child with school attendance;
- Help my child learn to resolve conflicts in positive ways;
- Communicate and work with teachers and Dorm Associates to support and challenge my child;
- Abide by the student/parent handbook;
- Respect the cultural and individual differences of others;
- Encourage my child in reaching his or her full potential; and
- Be a positive role model.

As a Student

I pledge to:

- Attend school regularly;
- Work hard to do my best in school and in my homework;
- Ask for help when I need it;
- Respect and cooperate with other students, teachers, and associates;
- Respect the cultural and individual differences of others;
- Respect myself and my culture;
- Respect my body and maintain a drug free/violence-free school; and
- Abide by the student/parent handbook.

Parent/Guardian Signature: _____ Student Signature: _____

Date: _____ Date: _____

As a Care Taker of Your Child

Jones Academy will provide the following:

- Teachers and associates who respect the role of the parent/guardian;
- A safe structured environment;
- A challenging curriculum designed to help achieve state and national standards;
- Communication with the classroom teacher and school staff for the well-being of the student;
- Opportunities for family and community to participate in school activities;
- Respect for the culture and individuality of the child;
- Tutoring for the student;
- Communication with the parent/guardian;
- Associates who fulfill the role of teacher and caring adult; and
- Exposure to new experiences and opportunities for the student to grow.

Patrick Moore, Superintendent, Jones Academy

CODE OF CONDUCT

Enabling students to get an education is the primary reason for the existence of Jones Academy, therefore, all students are expected to attend their full schedule of classes every day and make reasonable effort at gaining knowledge and skills.

1. Students must follow the regimen established for wake-up time, mealtime, school bus departure time, returning from school by bus, attending study periods, going out after dark for approved and sponsored activities, lights out, etc. Students will be expected to attend breakfast before school and brunch on the weekends.
2. Before leaving campus with parents or others, students are to be signed out at the Dormitory Office and checked in upon their return to campus. Luggage, medication, and personal belongings are to be checked in upon return at the respective Dormitory Office.
3. Students are not to leave campus or to leave their dormitory after curfew without permission; they will be considered absent without leave (AWOL). There is an hourly bed check during the night, and it may occasionally be necessary to have roll call at night. Students will be considered on unauthorized leave if check out time extends beyond non-school days without parental communication.
4. Use or possession of intoxicants, vapes, E-Cigarettes, alcoholic drinks, marijuana, marijuana vapes, spray paints, etc., or possession of paraphernalia for the use of drugs is prohibited. Aerosol spray products of any kind or mouthwashes containing alcohol are not permitted. Given student wellness concerns, energy drinks (e.g., Red Bull, Monster, Rock Star) are also prohibited.
5. The use, consumption, and smoking of any product, including any smokeless product, is strictly prohibited on the Jones Academy campus.
6. Students are not to play with fire extinguishers or fire alarms in any building. Fire regulations prohibit the burning of any type of material and control the placement of furniture throughout campus.
7. Jones Academy is not responsible for charges made on an owner's cell phone by other individuals. The student is strongly encouraged to leave expensive belongings at home and to check money in at the Dormitory Office. Jones Academy is not responsible for the loss or damage of a student's property or loss of cash.
8. The following actions, which are not meant to be all-encompassing, are unlawful and may lead to prosecution: threats of violence, assault and battery, malicious damage to property, theft or shoplifting, use or possession of firearms or dangerous weapons, cyber-crimes, and use, possession, or distribution of illegal or banned substances.
9. Students are not to threaten, coerce, intimidate, bully or mistreat other students and should not use uncomplimentary nicknames, or say hurtful things which can cause another person to be angry or upset. Students will refrain from repeating gossip or carrying messages from one to another which can cause an altercation or confrontation. This includes actions made by use of electronic devices.
10. Students will refrain from cursing or using obscene or vulgar words or gestures at all times. This includes actions made in person and/or by use of electronic devices.
11. Defiance of established rules, insubordination to the authority of an employee, being disorderly, or disrespectful to associates or instructors is not permitted.
12. Students are not allowed to be in the opposite sex's dormitory rooms.
13. Each student is responsible for making their own bed, taking care of their own clothing and personal items, and assisting in keeping their room neat and orderly.
14. Each student is assigned a work detail and is expected to have pride in a clean dormitory and neat campus. Littering and damaging property with graffiti are prohibited.
15. Personal pets are not allowed on campus at any time.
16. Students are not allowed to drive personal vehicles on campus or have any type of motorized or battery-powered transportation devices on campus.
17. Students are not permitted to sit in the driver's seat of any school vehicle unless under the direct supervision of the Driver's Education instructor.
18. Students are **not** permitted to give each other tattoos or piercings. Associates and parental/guardian permission is required before a student can cut another's hair. Hair dyeing will not be permitted under any circumstances while on campus, including but not limited to in the dormitories.

19. Students must have permission from their own Dormitory Associates before visiting the Administration Office, other dormitories, counseling building, computer lab etc. Dormitory Associates are responsible for knowing where their students are.
20. All students are to address associates respectfully.
21. Restitution for deliberate or reckless property damage or theft of others' property by a student will be made by the student's parent/guardian or by assigning student a work detail until restitution is deemed paid by administration.
22. Students who turn eighteen (18) during their time at Jones Academy will be required to complete and sign the Jones Academy HIPAA Authorization, Jones Academy FERPA Authorization, and other forms as deemed necessary.

I fully understand the foregoing rules and if accepted as a student at Jones Academy, I agree to abide by the rules.

Child's Signature _____ Date _____

I, the parent/guardian, have read the foregoing rules and will encourage my child to abide by the rules. I also agree to cooperate in resolving any disciplinary problems which may involve my child.

Parent/Guardian's Signature _____ Date _____

PLEASE READ OUR "PARENT-STUDENT" HANDBOOK CAREFULLY AND ASK QUESTIONS IF NEEDED.

*The student/parent handbook may be accessed at https://www.jonesacademy.org

PLACEMENT OF AND STUDENTS CONTINUING IN SPECIAL EDUCATION AT THE HARTSHORNE PUBLIC SCHOOL GRADES 7-12

Students will be placed in Special Education classes under the guidelines of Public Law 94-142. Hartshorne Public School Special Education Department will contact the parent/guardian and Jones Academy to discuss placement and assessment of the child. Hartshorne Public School Special Education Associates will obtain signatures from the parents for placement and assessment. Jones Academy will assign an associate to attend placement meetings for each student. Jones Academy will not sign as parent/guardian for placement purposes. Prior to placing students in remedial or bilingual classes, the Jones Academy Superintendent or counselors will be consulted regarding placement of the child. The Jones Academy Superintendent or counselor will meet with the child's teacher, counselor, or proposed teacher. A meeting will be held, and a decision will be reached as to whether a child will be placed or remain in regular class.

Meetings for students already placed in Special Education at Hartshorne Public School will be scheduled by Hartshorne Special Education teachers. Notifications for these meetings will be sent to the parent/ guardian and Jones Academy. If the parent is unable to attend the meeting, the special education teacher will hold a conference call during the time of the meeting. If the parent/guardian is unable to participate during the phone conference, the special education teacher will then make two (2) more attempts to contact the parent/guardian. The special education teacher will document each attempt. If there is no response from the parent/guardian after the third attempt, it will be noted on the IEP as "Unable to Contact" and the IEP will become effective. Jones Academy will assign an associate to attend all IEP meetings. One (1) copy of the IEP will be mailed to the parent/guardian and a second copy will be given to Jones Academy.

Signature of Parent/Guardian of 7-12th grade student _____ Date _____

PLACEMENT OF STUDENTS IN SPECIAL EDUCATION AT JONES ACADEMY ELEMENTARY SCHOOL GRADES 1-6

Students will be placed in Special Education classes under the guidelines of Public Law 94-142. Jones Academy Elementary School Special Education Department will contact the parent/guardian to discuss placement and assessment of the child. Jones Academy Special Education Associates will obtain signatures from the parents for placement and assessment. Jones Academy Associates will not sign as parent/guardian for placement purposes. Prior to placing students in remedial or bilingual classes, the Jones Academy Superintendent or counselors will be consulted regarding placement of the child. The Jones Academy Superintendent or counselor will meet with the child's teacher, or proposed teacher. A meeting will be held and a decision will be reached as to whether a child will be placed or remain in regular class.

Meetings for students already placed in special education at Jones Academy Elementary School will be scheduled by Jones Academy Special Education teacher. Notifications for these meetings will be sent to the parent/guardian. If the parent is unable to attend the meeting, the special education teacher will hold a conference call during the time of the meeting. If the parent/guardian is unable to participate during the phone conference, the special education teacher will then make two (2) more attempts to contact the parent/guardian. The special education teacher will document each attempt. If there is no response from the parent/guardian after the third attempt, it will be noted on the IEP as "Unable to Contact" and the IEP will become effective. One (1) copy of the IEP will be mailed to the parent/guardian.

Signature of Parent/Guardian of Elementary Student _____ Date _____

Jones Academy
909 Jones Academy Road ● Hartshorne, OK 74547
FERPA Authorization

Release of Student Records
Pursuant to the Family Education Rights and Privacy Act of 1974, as amended.

Instructions:
The Family Educational Rights and Privacy Act (FERPA) provides certain rights to students, parents and/or guardians concerning the privacy of, and access to, their education records. Students (aged eighteen [18] and above), parents and/or guardians may choose to complete and submit this form to the Jones Academy Registrar, allowing the release of their education records to specified third parties. While this form authorizes Jones Academy to obtain and/or release education records, it does not require or obligate Jones Academy to do so. Jones Academy reserves the right to review and respond to requests for release of education records on a case-by-case basis.

Mail to: Jones Academy (address above) Attn: Registrar

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH

Please enter the name of the individuals who are granted authorization. You may enter more than one (1) name. Enter only one (1) name per space. If additional names are needed, please provide an additional form.

Person(s) to whom access may be provided to education records:	
Name(s) of person(s) to whom access may be provided to records	Date
Name(s) of person(s) to whom access may be provided to records	Date

Authorization:
I hereby authorize Jones Academy of the Choctaw Nation of Oklahoma to obtain and/or disclose my educational record(s), including but not limited to personally identifiable information contained in my records. **Initials** _____

Name of Educational Organization
Student's Signature Date
Parent or Guardian Signature (if under eighteen [18] years of age) Date

Authorization:
I hereby authorize _____ to disclose my educational record(s) to Jones Academy of the Choctaw Nation of Oklahoma. *(Name of Educational Institution)* **Initials** _____

Student's Signature Date
Parent or Guardian Signature (if under eighteen [18] years of age) Date

I understand one (1) I have the right not to consent to the release of my education records, two (2) I have the right to inspect any written records released pursuant to this consent, and three (3) I have the right to revoke this consent at any time by delivering a written revocation to Jones Academy of the Choctaw Nation of Oklahoma. **Initials** _____

Student's Signature	Date
Parent or Guardian Signature (if under eighteen [18] years of age)	Date

Note: Forms will not be accepted without a signature.
This information is released subject to the confidentiality provisions of appropriate federal laws and Choctaw Nation of Oklahoma regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted.

McKinney-Vento Act JONES ACADEMY
Child Residency Verification Document

1. Presently, where are you living? *Check one (1) box*

Section A	Section B
☐ in a shelter ☐ with more than one (1) family in a house or apartment ☐ in a motel, car or campsite ☐ with friends or family members (other than parent/guardian) **CONTINUE:** *If you checked a box in **Section A,** complete #2 and the* remainder *of this form.*	☐ Choices in Section A do not apply **STOP:** *If you checked this section, you do **not** need to complete the remainder of this form. Submit to school associates.*

2. The child lives with:

☐ One (1) parent ☐ a relative, friend(s) or other adult(s)
☐ Two (2) parents ☐ alone with no adults
☐ One (1) parent & another adult ☐ an adult who is not the parent or the guardian School: _____

Name of Child:_____ Male☐ Female☐

Birth Date: _____ Age: _____ Social Security # (if appropriate): _____

Name of Parent(s)/Guardian(s): _____

Address: _____ Zip: _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____

School Use Only – School Administrator's determination of Section A circumstances:

Completion of form is not required if the parent/guardian has checked Section B above. This form must be completed and provided to School Registrar immediately after completion for any choices in Section A. This form will be kept separately from the Student Permanent Record for audit purposes during the year.

Name and phone number of a School Personnel/Liaison Contact Person who may know of the family's situation:

_____Date contacted: _____

SCHOOL YEAR: 2026-2027 **HOME LANGUAGE SURVEY**

STUDENT INFORMATION

Student Name: _____ 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** ☐

Please select one or more of the following races:

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

The purpose of the following questions is to help determine if a student's exposure to a language other than English may make them eligible to receive additional English Learner (EL) supports.

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 YES, in what language? _____
5. Does the parent/guardian need translated materials? **YES** ☐ **NO** ☐ If YES, in 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 or Guardian Signature

SCHOOL USE ONLY

The response of a language other than English to any or all of questions #1, #2, and #3 above should prompt local review of the student's potential EL identification and assessment history in the state Accountability Reporting application. If no previous EL history is present, the student must be administered a state-approved screening tool to determine their EL status.

If this HLS will be used for the purposes of Non-EL Bilingual qualification, please indicate one of the following:

☐ A language other than English is indicated **TWO OR MORE TIMES** in questions #1, #2, and #3 above. The student is considered "**more often**" and has previously demonstrated English language proficiency on the PKST* or WIDA assessment :

Assessment Name:		**Year Assessed:**		**Score:**	

☐ A language other than English is indicated **ONE TIME** in questions #1, #2, and #3 above. The student is considered "**less often**" and has demonstrated English language proficiency on the PKST* or WIDA assessment. The student's PKST* or WIDA assessment score and additional qualifying score is noted on the attached "Less Often" Non-EL Bilingual Qualification Form.

*A PKST score is valid only for a student's pre-K year(s). Regardless of the PKST score earned, a student administered the PKST must be administered the WIDA K Screener at the outset of kindergarten. To qualify a student as Non-EL Bilingual beyond their pre-K year, a student must either demonstrate initial proficiency on the WIDA K Screener or subsequently on the K ACCESS or ACCESS assessment.

Health History Assessment

Jones Academy Student:

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Sex _____ Grade _____

PLEASE ANSWER THE FOLLOWING QUESTIONS CAREFULLY AND ACCURATELY.

1. Does child wear glasses, contacts or protective eyewear? List what child will be wearing while at Jones: _____
2. Is child being treated by a doctor now? _____ If Yes, please explain: _____
3. Name of clinic(s) or private practices child has previously been seen, including phone number: _____
4. Has the child ever had any serious illness or been hospitalized? _____ If Yes, please explain: _____
5. Has child had any medical treatments, tests, or surgeries? _____ If Yes, please explain: _____
6. Has the child ever had any of the following conditions?

	Yes	No		Yes	No		Yes	No
1. Respiratory disease			11. Anemia			20. Arthritis		
2. Heart problems or disease			12. Asthma			21. Epilepsy (seizures)		
3. Heart murmur			13. Allergies/sinus			22. Sexually Transmitted Diseases (STDs)		
4. High blood pressure			14. Tuberculosis			23. Kidney disorders		
5. Stroke			15. Hepatitis			24. Circulation problems		
6. Rheumatic fever			16. Jaundice			25. Skin disorders		
7. Diabetes (type 1 or 2)			17. Liver disease			26. Stomach disorders		
8. High cholesterol			18. Anxiety			27. Acid Reflux (heartburn)		
9. Bladder problems			19. Depression			28. Thyroid Problems		
10. Bed wetting			20. Have an EpiPen			29. Concussion(s)		

IF YOU ANSWERED YES to any of the ABOVE questions, please provide the date or age of the child and additional information (when, where, etc.) on the second page of this assessment.

7. Any family member(s) or relative die of heart-related problems or sudden death before age fifty (50)? Who/Why? _____
8. Is child allergic to any drug or medicine of any kind, like penicillin, codeine, Novocain, lidocaine, etc.? _____ If Yes, please list the drug, medication, etc. child had a reaction to and what type of reaction: _____ Was child prescribed an EpiPen because of this incident? _____
9. Is child allergic to anything (including food, insect stings, pollen, etc.) resulting in swelling, hives, asthma, etc.? _____ If Yes, please list the food, insect, etc. child had a reaction to and what type of reaction: _____

   Was child prescribed an EpiPen because of this incident? _____
10. Has child ever had excessive bleeding which required treatment? _____ If Yes, please explain: _____
11. Has child ever had a blood transfusion or blood products? _____ If Yes, please explain: _____
12. Does the child have any wounds or injuries which heal slowly or have other complications? _____ If Yes, please explain: _____
13. Any joint replacements? _____ If Yes, please explain: _____
14. Does child have any artificial limbs or eye lens implants? _____ If Yes, please explain: _____
15. Has the child ever fainted or been unconscious? _____ If Yes, please explain: _____

16. Is child on any special diet at this time? _____If Yes, please explain: _____
17. Does the child have any disease, condition, or problem which you think the doctor or dentist should know about? _____If Yes, please explain: _____
18. Does the child have any trouble associated with dental treatment? _____If Yes, please explain: _____
19. Does the child worry excessively? _____Has the child received any psychiatric treatment? _____
    Please explain: _____
20. Has the child had thoughts of hurting himself/herself, suicide or made an attempt to commit suicide? _____
    Please explain: _____
21. Is the child taking any medications (including over-the-counter, herbal, etc.)? List ALL medications, dosage, and time(s) when medication is given:
    Medication Name: _____Dosage: _____
    Time(s) given: _____ Reason medication is given: _____

    Medication Name: _____Dosage: _____
    Time(s) given: _____ Reason medication is given: _____

    Medication Name: _____Dosage: _____
    Time(s) given: _____ Reason medication is given: _____

    Medication Name: _____ Dosage: _____
    Time(s) given: _____ Reason medication is given: _____

    Medication Name: _____Dosage: _____
    Time(s) given: _____ Reason medication is given: _____

    Medication Name: _____Dosage: _____
    Time(s) given: _____ Reason medication is given: _____

    Medication Name: _____Dosage: _____
    Time(s) given: _____ Reason medication is given: _____

    Medication Name: _____Dosage: _____
    Time(s) given: _____ Reason medication is given: _____
22. Any other health information or explanation of health history, please list here:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature of Parent or Guardian _____ Date _____

Jones Academy
909 Jones Academy Road ● Hartshorne, OK 74547
HIPAA Authorization

Release of Student Health Records
Pursuant to the Health Insurance Portability and Accountability Act, as amended; Standard authorization to use or share protected health information (PHI).

INSTRUCTIONS:
The Health Insurance Portability and Accountability Act (HIPAA) provides certain rights to students, parents and/or guardians concerning the privacy of, and access to, their PHI. Students (aged eighteen [18] and above), parents and/or guardians may choose to complete and submit this form to the Jones Academy Registrar, allowing the release of their PHI to the Choctaw Nation of Oklahoma and/or specified third parties. While this form authorizes Jones Academy to obtain and/or release PHI, it does not require or oblige Jones Academy or the Choctaw Nation of Oklahoma to do so. Jones Academy and the Choctaw Nation of Oklahoma reserve the right to review and respond to requests for the release of any PHI records on a case-by-case basis.

Mail to: Jones Academy (address above) **Attn: Registrar**

Student Last Name	Student First Name	Student Middle Name	Student Date of Birth	Social Security #

Authorization: I hereby authorize Jones Academy and the Choctaw Nation of Oklahoma to obtain and/or disclose PHI records, including but not limited to personally identifiable information (PII) contained in my records. Initials _____

Information to be shared:

☐ Entire Medical Record ☐ Mental Health Records ☐ Substance Abuse Records ☐ Billing Information

☐ Psychotherapy Notes ☐ Medical Information compiled between _____and _____ ☐ Behavioral Health Records ☐ Other

The information may be disclosed for the following purposes only:

☐ Insurance ☐ Continued Treatment ☐ Legal Purposes ☐ At my or my representative's request

☐ Other: _____

By voluntarily signing this authorization:

- I authorize the use and/or disclosure of my (or the identified students) PHI and PII as described above for the listed purpose(s).
- I understand I (or the legal parent and/or guardian) have the right to withdraw permission for the release of my information. If I sign this authorization to use or disclose information, I can revoke this authorization at any time. The revocation must be made in writing to both Jones Academy and the Choctaw Nation of Oklahoma disclosing the information and will not affect information which has been disclosed previously.
- I understand I have the right to receive a copy of this authorization.
- I understand unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment or payment of claims.
- I understand my (or the identified students) medical information may indicate the presence of a communicable and/or non-communicable disease and/or may indicate I (or the identified student) have or have been treated for psychological or psychiatric conditions or substance abuse.
- I understand I (or the legal parent and/or guardian) cannot restrict information which may have already been shared or disclosed in compliance with this authorization prior to any revocation or withdraw of authorization.
- I understand information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by the HIPAA Privacy Regulation.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be the school year from August _____to August _____or upon the occurrence of the following event: _____.

_____ _____
Signature of Student or Parent/Guardian Date

Jones Academy

909 Jones Academy Rd. • Hartshorne, OK 74547
(888) 767-2518 • Fax (918) 297-2364

Dear Parent or Guardian:

The following immunizations are required by Oklahoma State Law for enrollment in school:

- **Tdap (booster)**
- **Hep B**
- **IPV/OPV**
- **Hep A**
- **MMR**
- **DTap**
- **Varicella**

Please sign and date if you agree and authorize Choctaw Nation Health Services Authority/Jones Academy to give the required immunization(s), if the child is not up to date as required by law.

_____ _____
Name of the Child Child DOB

_____ _____
Parent/Guardian Date

Additionally, the following vaccinations are not required but recommended for students. If you agree and authorize your child to receive any of the following vaccinations from Choctaw Nation Health Services Authority/Jones Academy, please sign, date:

Influenza (Flu) Injection: _____
Parent/Guardian Date

Meningococcal: _____
Meningitis Parent/Guardian Date

HPV (Gardasil): _____
(two to three [2-3] Shot Series) Parent/Guardian Date

Updated immunizations and an updated record are required for enrollment at Jones Academy. Please forward a current immunization record when returning the application to Jones Academy.

If there is any reason why you do not wish your child to receive a specific immunization, please supply Jones Academy with a written statement as to why. Please be aware children who are not adequately immunized will not be permitted to attend school.

Please visit the Oklahoma State Department of Health website or visit the following page: Immunization Requirements for Oklahoma for more information in regard to State-required immunizations to attend school in Oklahoma.

If you have any questions, please call 888-767-2518.

Thank You,

Jones Academy Nurse

Child Name: _____ Date of Birth: ____/____/____
(mm) (dd) (yyyy)

Screening Questionnaire for Child and Teen Immunization

Parents/Guardians: The following questions will help us determine which vaccines your child may be given. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated; it just means we need to ask additional questions. If a question is not clear, please either call the Jones Academy Nurse or your healthcare provider for further explanation.

1. Has the child had an allergic reaction to medications, food, a shot, or latex? **Yes☐ No☐ Don't know☐**
   If you answered yes, what are they allergic to? Please list: _____
   _____
2. Is the child allergic to eggs? **Yes☐ No☐ Don't Know☐**
3. Has the child had a serious reaction to a shot in the past? **Yes☐ No☐ Don't Know☐**
4. Has the child had a health problem with lungs, heart, kidneys or metabolic disease (e.g., diabetes), asthma, or a blood disorder? **Yes☐ No☐ Don't Know☐**
5. Has the child ever had the disease Chickenpox? **Yes☐ No☐ Don't Know☐**
   If you answered yes, please list the year they had the disease: _____
6. Has the child, a sibling, or a parent had a seizure? **Yes☐ No☐ Don't Know☐**
7. Has the child had brain or other nervous system problems? **Yes☐ No☐ Don't Know☐**
8. In the past three (3) months, has the child taken medications which weaken their immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments?
   Yes☐ No☐ Don't Know☐
9. In the past year, has the child received a transfusion of blood or blood products, or been given an immune (gamma) globulin or an antiviral drug? **Yes☐ No☐ Don't Know☐**
10. Is he or she on long-term aspirin therapy? **Yes☐ No☐ Don't Know☐**
11. Does the child have a weakened immune system (ex: HIV/AIDS, leukemia, cancer) or another disease which affects the immune system? **Yes☐ No☐ Don't Know☐** Long-term treatment with drugs such as high-dose steroids or cancer treatment with radiation or drugs? **Yes☐ No☐ Don't Know☐**
12. Is the child on antiviral medications? **Yes☐ No☐ Don't Know☐**

Form completed by: _____ Date: _____

Did you send your child's immunization record with application? Yes☐ No☐

It is important to have a personal record of your child's vaccinations. If you don't have one, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep it in a safe place and take it with you every time you seek medical care for your child. Your child will need this document to enter daycare or school, for employment, or for international travel.

JONES USE ONLY:

Form reviewed by: _____ Date: _____

IF THE APPLICANT IS A **RETURNING STUDENT**, HAVING COMPLETED THE SPRING 2026 SEMESTER AT JONES ACADEMY, **YOU DO NOT NEED TO INCLUDE** THE SCHOOL REFERENCE FORM IN THE APPLICATION.

NEW APPLICANTS

PLEASE INCLUDE THE COMPLETED SCHOOL REFERENCE PAGE WITH THE APPLICATION IF YOU ARE APPLYING AS A NEW STUDENT OR WERE ATTENDING ANOTHER SCHOOL AT THE END OF THE SPRING SEMESTER 2026.

The school reference form must be included in the application and mailed or faxed directly to:

Jones Academy
909 Jones
Academy Road,
Hartshorne, OK
74547

FAX: 918-297-2364

School Reference Form
(To be completed by a teacher, principal, or counselor)

Child's Name: _____

The above child has applied for admission to Jones Academy. Please fill out the following and **return it directly to Jones Academy or to the requesting party for inclusion with their application.**

1. How long have you known the child? _____Current Grade Level: _____School Year 2026-2027
2. What discipline and attendance problems, if any, have you encountered with the child? _____

   _____
3. Has child ever been suspended? Yes _____ No _____

   If yes, please explain: _____
4. Has child ever been expelled? Yes _____ No _____

   If yes, please explain: _____
5. What is child's Cumulative Grade Point Average? _____
6. How is child's classroom behavior? _____
7. Is the child in the Special Education Program? _____

   If the answer to Question #7 was yes, what category? _____

Comments:

_____

_____

_____

Teacher/Principal/Counselor Name (Please Print): _____

School: _____ Phone: _____ Fax: _____

Signature/Title: _____ Date: _____

We appreciate your time completing this form.

Sincerely,

Jones Academy Admission Committee

(Please mail or fax to):

Jones Academy
909 Jones Academy Road
Hartshorne, OK 74547
Fax: 918-297-2364