OAKS MISSION PUBLIC SCHOOLS
Federal Programs Grievance Complaint Form

Date: _____

Grievant's Name, Address and Phone Number:

_____
_____
_____
_____

Statement of grievance (please provide as detailed a statement as is possible and attach supplemental pages so that we may have a complete understanding of your concerns):

_____
_____
_____
_____

Please identify any documents or other materials which support your grievance. If documents or materials are in your possession, please attach copies to this grievance. If documents are not in your possession, please indicate where they are located.

_____
_____
_____
_____

Please identify the name(s) and phone number (if known) for any individual who may have knowledge of this matter.

_____
_____
_____
_____

Please identify what action or relief you are seeking as a result of this grievance.

_____
_____
_____
_____

_____
Signature of Grievant

If, as a result of a disability, you need assistance in completing this form, please contact the district's ADA Coordinator, or superintendent, for assistance or accommodation.

OAKS MISSION PUBLIC SCHOOLS
Request for Raffle Fundraiser

To be completed by requestor.

Date: _____ School: _____

Group : _____

Description of item(s) to be raffled with their respective fair market values:

_____

_____

_____

Purpose of fundraising:

_____

_____

_____

Suggested Voluntary Contribution Amount for Ticket (if any): $_____

Expected Drawing Date, if approved: _____

Signature of Organization's Representative: _____

To be Completed by District Personnel

Request is: ☐ Approved ☐ Denied

Staff member: _____

Date: _____

OAKS MISSION PUBLIC SCHOOLS
Application for Sanctioning SAP & PTS

This is a request for sanctioning by the Applicant to the Board of Education of NAME School District pursuant to which the funds collected by the Applicant are exempt from the statutory controls over school activity funds. The Applicant is a student achievement program or a parent-teacher association or organization.

Name of Applicant:_____

Applicant's Address:_____

Applicant's Taxpayer I.D. No.:_____

Applicant's Representative from whom additional information may be obtained:

_____

Applicant's Telephone Number:_____

Applicant's Purpose, Goals and Organizational Structure: _____

_____

_____

_____

Describe how the School District and its Students will benefit if the Applicant is Sanctioned:

_____

_____

_____

_____

_____

Attach the most recent financial audit report, if any, for the Applicant issued by an independent accounting firm.

Applicant certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation or organization on the basis of race,

color, sex, national origin, religion, disability, veteran status, sexual orientation, age, or genetic information.

Applicant acknowledges that the Board of Education has the discretion to sanction or decline to sanction the Applicant, and the decision of the Board of Education is final and non-appealable. Applicant further acknowledges that (a) the Board of Education may, at any time, request the records maintained by the Applicant, which records Applicant will promptly make available, and (b) the Board of Education may, at any time it believes it is in the best interest of the School District to do so, withdraw sanctioning, and the decision of the Board of Education is final and non-appealable.

Applicant also acknowledges that, in order for the School District to consider whether to maintain the sanctioning action of Applicant, Applicant shall provide to the Board of Education, upon request, on an annual basis, by July 1 of each year, the audit report, if any, for Applicant's recently ended fiscal year, prepared by an independent accounting firm.

Instructions to Applicant:

1. Complete this application. Please print or type. If necessary, please use additional sheets of paper.

2. Attach Applicant's most recent audit report, if any.

3. Sign and date this application.

4. Deliver this application to:

   _____ (name)
   _____ (title)
   Oaks Mission Public Schools
   357 West Main
   Oaks, OK 74359

_____ _____
(Name of Applicant) (Date)

By: _____

OAKS MISSION PUBLIC SCHOOLS
Volunteer Packet

Superintendent's Welcome

Thank you for your interest in volunteering for the school district – you will be playing an important role in shaping the lives of district students.

This packet will assist you in completing the application process and provides all the necessary forms. If you have any additional questions or need more information as you work through this packet, please feel free to **contact** _____ **for** additional assistance.

General Expectations

All volunteers are required to:

- comply with board approved policies and procedures – including policies regarding discrimination, harassment, and student privacy;
- conduct themselves in a courteous and civil manner while performing volunteer duties;
- maintain strict confidentiality (anything observed at school must not be discussed outside of school – even with a student's parent - and discussions in school must be limited to a need to know basis);
- dress appropriately for a school setting;
- refrain from discussing personal issues within the hearing of students;
- refer student discipline matters to school employees;
- report suspected cases of child abuse to the assigned teacher or building principal;
- refer student first aid and health needs to school employees (except in an emergency); and
- contact a designated supervisor in the event circumstances prevent performing the assigned duty.

All volunteers should strive to maintain safe interactions with students – for the protection of the student and the volunteer. Volunteers should:

- avoid being alone with a single student;
- conduct volunteer work with individual students (e.g., tutoring) only at designated times and locations;

- treat all students fairly;
- maintain appropriate boundaries, including physical, emotional, and electronic boundaries;
- refrain from exchanging gifts and/or personal information such as phone numbers, Facebook names, addresses, etc.; and
- refer requests for rides or special favors to the assigned employee.

Athletic Volunteers

Due to student safety and liability concerns, an individual may volunteer in the district's athletic program as a coach, trainer, etc. only upon approval of the district's athletic director. Athletic volunteers must submit a separate application and complete all supplemental training required by the athletic director.

These special requirements do not apply to individuals who are serving concessions, taking tickets, passing out programs, or similar activities that do not involve direct supervision or work with student athletes.

Transportation Volunteers

Due to student safety and liability concerns, an individual may volunteer to drive students on field trips or similar activities only upon approval of the district's transportation director. Transportation volunteers must complete a separate application and verification process.

Any individual who volunteers in this capacity is expressly assuming responsibility for any accident which may occur.

Volunteer Information Sheet

Required Annually for All Volunteers

Name: _____

Address: _____

Phone No.: _____ Alternate: _____

Email: _____

DOB: _____ (must be at least 18 years of age)

Are you related to a student in the district? If so, list the student's name, grade and school:

Student 1: _____

Student 2: _____

Student 3: _____

(if additional space is necessary, please use the back of this form and check here ☐)

Have you ever been convicted of or pleaded no contest to a serious, violent or drug crime, or are such charges pending against you?

☐ No ☐ Yes (provide explanation below)

Have you ever been required to register as a sex offender?

☐ No ☐ Yes (provide explanation below)

_____

_____

(if additional space is necessary, please use the back of this form and check here ☐)

I affirm that I will abide by the district's policies and procedures and will conduct myself in accordance with the guidelines provided by the district.

I authorize the school district to conduct a criminal records check to verify that the information I provided is true and correct.

I affirm that the information contained on this form is true and correct.

_____ _____

Signature Date

Office Use Only

ID Verified: ID Type: _____ No. _____

Records check fee paid: ☐ Paid (method _____) ☐ Waived

Record report reviewed: ____/____/_____ By: _____

Volunteer status: ☐ Approved ☐ Denied

Administrator signature: _____ Date: _____

Transportation Volunteer Information Sheet

Required Annually in Addition to Volunteer Information Sheet

Name: _____

Address: _____

Phone No.: _____ Alternate: _____

Email: _____

DOB: _____ (must be at least 21years of age)

Driver's License No: OK: _____ Expires: _____

Endorsements: _____

Restrictions: _____

Have you ever been ticketed for driving more than 10 MPH over the speed limit, or for any other traffic related offense?

☐ No ☐ Yes (provide explanation below)

Have you ever been convicted of any offense related to driving while impaired, intoxicated or otherwise under the influence, or any other serious driving related offense?

☐ No ☐ Yes (provide explanation below)

Do you have 2 or more points on your DMV driving record?

☐ No ☐ Yes (provide explanation below)

_____

_____

_____

Vehicle Information

	Vehicle 1	Vehicle 2	Vehicle 3
Make			
Model			
Year			
Color			
# Seatbelts (exclude driver)			
Tag Number			
Tag Expiration			
Auto Insurer			
Auto Policy #			
Auto Policy Expiration			
Insured Drivers			

I am offering to provide transportation for the district's students in my personal vehicle. In making this offer, I am expressly assuming liability for any accident which may occur while I am transporting students. I understand that the district is not providing insurance coverage related to this transportation, and that insurance coverage for any accident I may be involved in while volunteering in this manner is my sole responsibility. I agree to assume such responsibility and to hold the district harmless from any liability.

I confirm that my vehicle is safe to operate and that I will follow all reasonable safety practices, including: using seat belts during student transport, requiring students 12 and younger to ride in the backseat, and refraining from using a cellular, electronic, or digital communication device while driving. I will not transport students while under the influence of alcohol, drugs, other dangerous substances, or medication which may impair my ability to drive, and I will not use tobacco products while providing transportation for students.

I affirm that the information contained on this form is true and correct.

I authorize the school district to conduct a check of my driving record to verify that the information I provided is true and correct.

_____ _____

Signature Date

Office Use Only
Note: Maintain all supporting forms with this application

ID Verified: ID Type: _____ No. _____

DMV records fee paid: ☐ Paid (method _____) ☐ Waived
DMV report reviewed: _____/_____/_____ By: _____
NOTE: Drivers with 2 or more points are not permitted to volunteer.

Insurance proof reviewed: _____/_____/_____ By: _____
NOTE: Drivers must have policy minimums of $100,000 / $300,000 / $25,000

Vehicle registration: Tag #: _____ Expires: ____/____/____

Volunteer status: ☐ Approved ☐ Denied
Administrator signature: _____ Date: _____

Athletic Program Volunteer Information Sheet

Required Annually in Addition to Volunteer Information Sheet

Name: _____

Address: _____

Phone No.: _____ Alternate: _____

Email: _____

DOB: _____ (must be at least 21years of age)

List any special training or expertise in coaching, the care and prevention of injuries, or other relevant experience:

_____

_____

_____

I understand that prior to volunteering for the athletic department, I will be required to furnish proof of completion of a live CPR/AED (adult) course and proof of completion for a first aid, health and safety for coaches course. I will be responsible for all costs associated with completion of these courses. This requirement is waived for physicians.

I understand that I may also be required to obtain additional training, at my own expense, in the sole discretion of the athletic director.

I affirm that the information contained on this form is true and correct.

_____ _____

Signature Date

Office Use Only

Note: Maintain all supporting forms with this application

ID Verified: ID Type: _____ No. _____

CPR certification reviewed: ____/____/_____ By: _____

NOTE: must be a "live" course and must include AED instruction

First aid certification reviewed:____/____/_____ By: _____

Volunteer is a physician - CPR & first aid certification waived by:_____

Volunteer status: ☐ Approved ☐ Denied

Administrator signature: _____ Date: _____

Wellness Resources

For:	Go to this address:
School level assessments	http://www.schools.healthiergeneration.org
USDA nutrition standards	http://www.fns.usda.gov/school-meals/nutrition-standards-school-meals
USDA training requirements	http://professionalstandards.nal.usda.gov/
Tips to promote health	http://smarterlunchrooms.org/ideas
USDA Smart Snacks in School standards & food lists	www.healthiergeneration.org/smartsnacks www.healthiergeneration.org/live_healthier/eat_healthier/alliance_product_navigator/browse_products/?product_category_id=720 https://www.healthiergeneration.org/take_action/schools/snacks_and_beverages/celebrations/ http://healthymeals.nal.usda.gov/local-wellness-policy-resources/wellness-policy-elements/healthy-celebrations
Non-food rewards & discipline	https://www.healthiergeneration.org/take_action/schools/snacks_and_beverages/non-food_rewards/ http://cspinet.org/new/pdf/constructive_classroom_rewards.pdf
Fundraising	https://www.healthiergeneration.org/take_action/schools/snacks_and_beverages/fundraisers/ http://healthymeals.nal.usda.gov/local-wellness-policy-resources/wellness-policy-elements/healthy-fundraising
Food guidance	http://www.choosemyplate.gov/
Free materials, plans	http://www.fns.usda.gov/tn/team-nutrition
Let's Move! Active Schools	www.letsmoveschools.org
Shared use agreements	*http://changelabsolutions.org/shared-use*
Fitness and activity assessments	http://www.pyfp.org/
Ideas for physical activity breaks	http://healthymeals.nal.usda.gov/resource-library/physical-activity-school-aged-children/activities-and-tools https://www.healthiergeneration.org/take_action/schools/physical_activity/physical_activities/

Oaks Mission Public Schools
Declaration

1. I am the _____ parent, _____ legal guardian, or _____ caretaker of the following named student: _____ (hereinafter the "Student").

2. I am requesting that the District permit me access to the Student to administer cannabidiol, a nonpsychoactive cannabinoid substance derived from the *Cannabis sativa L.* plant (hereinafter "Cannabidiol").

3. In making this request, I affirm one of the following:

(Check Only One)

- ☐ The cannabidiol substance I seek to administer to the Student has 0.0% tetrahydrocannabinol (THC).

- ☐ The cannabidiol substance I seek to administer to the Student has a tetrahydrocannabinol (THC) level not exceeding 0.3% **AND** I have received a written certification from a physician licensed in this state that the Student has been diagnosed by a physician as having Lennox-Gastaut Syndrome, Dravet Syndrome, also known as Severe Myoclonic Epilepsy of Infancy, or any other severe form of epilepsy that is not adequately treated by traditional medical therapies, spasticity due to multiple sclerosis or due to paraplegia, intractable nausea and vomiting, or appetite stimulation with chronic wasting diseases.

- ☐ The cannabidiol substance I seek to administer to the Student has a tetrahydrocannabinol (THC) level not exceeding 0.3% **AND** the Student has a current Oklahoma Medical Marijuana License.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

_____ _____

(Date and Place) (Signature)

_____

Printed Name of Parent / Legal Guardian / Caretaker

[District Logo/Letterhead]

Donor Agreement Regarding Qualifying Contributions to the Oaks Mission School District Under the *Oklahoma Equal Opportunity Education Scholarship Act*

Tax Year(s): _____

Name of Donor:	
Address:	
Phone Number:	
SSN/EIN:	
Donor Filing Status:	○Single/Married Filing Separately ○Married Filing Jointly ○Legal Business Entity
Name of Organization:	
Contact Person:	
Organization Address:	
Organization EIN:	
Organization Phone Number:	

Purpose: Donor's non-refundable contribution will be used to support education services for the students of the Oaks Mission School District. If Donor wishes to earmark this contribution for a specific program or project, please provide those details here:

_____
_____
_____
_____
_____.

Contribution Amount:
The Donor will contribute $_____ for:

☐ 1 Year (for a maximum tax credit of 50%*)

☐ 2 Years (for a maximum tax credit of 75%*)

**For contributions made on or after January 1, 2022, an income tax credit is available for contributions made to an eligible public school district pursuant to the Oklahoma Equal Opportunity Education Scholarship Act, OKLA. STAT. tit. 68, § 2357.206 ("OEOESA"). The credit is generally 50% of the total amount of contributions made during a taxable year, not to exceed $1,000.00 for each taxpayer, $2,000.00 for married taxpayers filing jointly, or $100,000.00 for any taxpayer which is a legal business entity, subject to the limitations noted below. Tax credits which are allocated by a pass-through entity to equity owners are only limited*

in amount for the income tax return of a natural person based upon the limitation of the total credit amount to the entity from which the tax credits have been allocated, and not limited to $1,000.00 for single individuals or limited to $2,000.00 for married persons filing a joint return. For a taxpayer who makes an eligible contribution and makes a written commitment to contribute the same amount for an additional year, the credit shall be 75% of the total amount of the contribution made during the taxable year. The taxpayer shall provide evidence of the written commitment to the Oklahoma Tax Commission (OTC) when the tax return claiming the credit is filed the first year. See OKLA. STAT. tit. 68, § 2357.206; O.A.C. 710: 15-50-115.1.

Important Deadlines: Contributions to the District under the OEOESA must be postmarked or hand-delivered on or before December 31st of each year. **Contributions and this form should be mailed or hand-delivered to [Attention: Name, Position, Address].**

Information Collection and Reporting: Oaks Mission School District shall submit certain required information collected on this form to OTC as confirmation of the Donors' eligibility for a tax credit under the OEOESA. The Donor must also submit proof of their contribution to OTC when claiming the tax credit.

Important Tax Credit Information: Tax credits under the OEOESA have an annual statewide cap of $25,000,000.00 and an annual per-school-district cap of $200,000.00. If the total credits claimed exceeds either of these caps, the credit to the taxpayer will be the taxpayer's proportionate share of the cap for the taxable year after allocation of any amount of credits not claimed by other eligible organizations and taxpayers under the OEOESA. Credits earned but not allowed due to the application of statewide caps will be considered suspended and authorized to be used in the next immediate tax year and applied to the next year's statewide cap. Any credits authorized by the OEOESA that are allowed but not used in any tax year may be carried over, in order, to each of the three (3) subsequent tax years.

Disclaimer: Any information provided to you in this document or any communications you may receive from the District concerning or pursuant to the OEOESA are not tax, legal, or accounting advice. The District does not provide tax, legal, or accounting advice. Any information concerning tax credits or the OEOESA contained herein has been prepared for informational purposes only; it is not intended to provide tax, legal, or accounting advice and should not be relied on by you for those purposes. Because tax rules are complex, change frequently, and are dependent upon individual circumstances, consult your tax, legal, and/or accounting advisor(s) before engaging in any transaction regarding this information.

Donor hereby agrees to make a contribution that qualifies for an *Oklahoma Equal Opportunity Education Scholarship Act* tax credit to the Oaks Mission School District in accordance with the terms above.

Donor Signature & Date:	
Organization Representative Signature & Date:	