

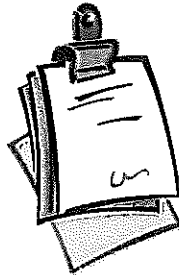
**ENROLLMENT REQUIREMENTS**  
**FOR OAK RIDGE SCHOOLS**  
**LINDEN**

Please complete the attached enrollment forms and return with the required documentation to *Linden Elementary School*

**Forms required prior to student enrollment:**

- **Information for Cumulative Record**
- **Birth Certificate**
- **TN Immunization/Physical Form**
- **Social Security Card (Optional)**
- **Proof of Residency (two documents)  
(current utility bill and lease/mortgage)**

***Students will not be enrolled without required documents***



OAK RIDGE SCHOOLS  
304 NEW YORK AVENUE  
OAK RIDGE, TN 37830

DEPARTMENT OF  
PUPIL SERVICES

TELEPHONE  
(865) 425-6009

**STUDENTS ADMISSION PROCEDURES**

Dear Parent or Guardian:

We want to welcome your children to Oak Ridge Schools and wish everyone well in starting their new classes. We welcome you as parents and promise you our dedicated efforts to help your children have a successful educational program.

**KINDERGARTEN PRE-REGISTRATION**

To help school officials know approximately how many kindergarten children will be enrolling in each school and to simplify registration this summer, we ask that you complete an enrollment form which is available at each elementary school. According to Tennessee State Law, children must reach their fifth birthday by August 15<sup>th</sup> to be eligible for kindergarten. State Law also requires that, prior to attending first grade all children must have attended an approved kindergarten program.

May 11-15, 2020 is kindergarten pre-registration and the first step in enrolling your child in kindergarten. **THE REGISTRATION PROCESS IS TO BE COMPLETED ON OR BEFORE JUNE 30<sup>TH</sup>.** You will receive important information such as transportation, class materials, school lunch program, etc. relative to your child's school year during the first week of school.

If you move during the summer to another school in the Oak Ridge school district, you should call the school office to request that your child's registration form be sent to the school in the district into which you have moved.

**REQUIRED ADMISSION INFORMATION FOR ALL STUDENTS IN K-12**

When you come to your child's school to register, please bring the following:

1. Proof of residency within the Oak Ridge Schools district (current lease, deed, current electric bill, etc.)
2. Child's birth certificate (a certified copy for school records, not the hospital copy or Mother's copy).
3. Child's social security number or a copy of the card – **optional**.
4. The Tennessee Certificate of Immunization available from your doctor or Health Department consisting of two parts **which must be completed to begin school**.
  - A. **IMMUNIZATIONS:**

A Tennessee Certificate of Immunization shows the complete dates (month, day & year) the immunizations were administered.
  - B. **HEALTH EXAMINATION:**

A physical examination is required for all children entering Tennessee schools (K-12). Oak Ridge schools require a current physical examination current since January 1<sup>st</sup> of the year the student will enter kindergarten. Students transferring to Oak Ridge from another state must present a physical examination current within one year from date of enrollment.
5. **(GRADES 1-12)** Provide the name, address and phone number of the school(s) where your child previously attended or provide report cards and withdrawal form.
6. **(GRADES 9-12)** Parents must call the Oak Ridge High School guidance office at (865)425-9607 to schedule a conference with a counselor.

Dr. Larrissa Henderson  
Director of Pupil Services

OVER  
IMMUNIZATION / PHYSICAL EXAM INFORMATION

The Tennessee State Law requires that each child entering a Tennessee school for the first time have a physical examination and immunized against Diphtheria, Whooping cough (**Pertussis**), Tetanus (**DPT**), Polio, Rubella (**German measles**), Rubeola (**red measles**), Mumps (**MMR**), Hepatitis A, Hepatitis B and Varicella (**Chicken Pox**).

- DPT/DTAP/DT/TD**      **4 or more doses.** One of which was given on or after the fourth birthday. If the child is age seven or older **3 doses** are required. If **DT or TD** must be used, only **3 doses** are needed and the first dose is given after 12 months of age.
- POLIO**                      **4 doses of OPV or IPV,** Final dose on or after the 4<sup>th</sup> birthday now required.
- MMR**                              **2 doses.** The first dose is to be given on or after the first birthday and no earlier than four days before the first birthday. The second dose should be administered at least 30 days following the first dose.
- HEPATITIS A**                **2 doses, spaced at least 6 months apart. Required by kindergarten entry effective July, 2011.**
- HEPATITIS B**                **3 doses.** For entrance into kindergarten.
- Varicella  
(Chicken Pox)**                **2 doses.** Proof of immunization against varicella or a history of the disease documented by a physician or health care provider will be **required** prior to entry into kindergarten and seventh grade, also new entrants into Tennessee school in any other grade. The second dose should be administered at least 3 months following the first dose.
- TDAP**                              Tetanus-diphtheria-pertussis booster is required for students entering **seventh grade.** The booster is not required if a Td booster dose was given less than 5 years before seventh grade.

Immunizations may be obtained from your physician or the Anderson County Health Department located at 710 N Main Street, Suite A, Clinton TN 37716, telephone (865)425-8801. A parent or legal guardian must accompany a child needing immunizations. Take all records of past immunizations to the Health Department or to your physician when completing immunizations. The Tennessee Certificate of Immunization may be obtained from your doctor or the Health Department.

Be sure to obtain a written record of all immunizations, **including the dates the vaccine was administered, and signed by the health provider.** This record must be on the Tennessee Certificate of Immunization signed by the health provider (physician or health department).                      TCA 49-6-5002(a)

**REMEMBER, NO PUPIL WILL BE ADMITTED TO ANY TENNESSEE SCHOOL UNTIL A CURRENT TENNESSEE CERTIFICATE OF IMMUNIZATION HAS BEEN RECEIVED BY THE SCHOOL. SCHOOL HEALTH RECORDS ARE SUBJECT TO ANNUAL AUDIT BY THE TENNESSEE DEPARTMENT OF PUBLIC HEALTH. STUDENTS ENTERING KINDERGARTEN MUST HAVE A PHYSICAL AFTER JANUARY 1<sup>ST</sup> OF THE YEAR THEY REGISTER.**

OAK RIDGE SCHOOLS  
304 NEW YORK AVENUE  
OAK RIDGE, TN 37830

Departamento de  
Servicios Estudiantiles

Teléfono  
(865) 425-9009

Estimados Padres y representantes,

Queremos darles a sus hijos la bienvenida a las escuelas de Oak Ridge deseándoles un buen año escolar. Les damos a ustedes también la bienvenida y prometemos dedicar nuestros esfuerzos para ayudar a que los niños tengan un programa educativo exitoso.

**PRE-INSCRIPCION PARA KINDERGARTEN**

Para saber cuantos alumnos de kindergarten se inscribirán en cada escuela del distrito, y para simplificar el proceso de inscripción este verano, le pedimos que complete el formulario de inscripción que podrá solicitar en cada escuela primaria. De acuerdo a la Ley del Estado de Tennessee, los niños deberán haber cumplido los cinco años el quince de agosto para estar aceptados en Kindergarten. La ley también exige que, antes de pasar al primer grado, todos los niños deben haber asistido a un programa aprobado de kindergarten.

La pre-inscripción para Kindergarten se iniciará del 11 de mayo al 15 de mayo del 2020. Este es el primer paso para inscribir a su hijo en Kindergarten. **EL PROCESO DE INSCRIPCION DEBE ESTAR COMPLETADO ANTES DEL 22 DE JUNIO. DEBE PRESENTARSE EN LA ESCUELA DE SU HIJO CON LA DOCUMENTACION E INFORMACION EXIGIDA PARA ENTRAR EN LA ESCUELA.** En ese momento usted recibirá información importante relacionada con: transporte, útiles escolares, comidas, etc., la información se relaciona con el año escolar que su hijo inicia.

Si durante el verano, usted se muda para otro distrito escolar de Oak Ridge, debe llamar a la oficina de la escuela cualquier día de la semana y solicitar que el formulario de inscripción de su hijo, se envíe al distrito escolar al cual se ha mudado.

**INFORMACION EXIGIDA PARA LA INSCRIPCION DE TODOS LOS ALUMNOS (K-12)**

Cuando vaya a inscribir a su hijo en la escuela, por favor traiga los siguientes documentos:

1. Prueba de residencia dentro del distrito escolar de Oak Ridge (contrato de arrendamiento actual, contrato de arrendamiento, factura de electricidad actual, etc.)
2. Certificado de Nacimiento (una copia certificada para el registro de la escuela; no se acepta la copia del hospital o de la madre).
3. El número de seguro social del niño o una copia de la tarjeta- **opcional**
4. Nombre de la compañía de seguro
5. El Registro de Salud de Tennessee otorgado por el médico o el Departamento de Salud y que deben tener las siguientes partes **completadas para comenzar la escuela:**
  - A. **VACUNAS:** El registro de vacunación del niño del Estado de Tennessee muestra las fechas exactas (mes, día y año) en las cuales las vacunas fueron administradas.
  - B. **EXAMEN MEDICO:** Un examen médico es exigido a todos los niños que asisten a las escuelas de Tennessee (K-12). Oak Ridge requiere un examen físico reciente a partir del primero de enero del año en que el alumno inicia su escolaridad. Los estudiantes que se transfieren a Oak Ridge de otras escuelas deben mostrar un examen físico actualizado durante del primer año de la fecha de inscripción.
6. **(Grados 1-12 solamente)** Proporcione el nombre, la dirección y el número de teléfono de la escuela(s) a las que asistió o proporcione las boletas de notas y el formulario de retiro.

7. **(Grados 9-12 solamente)** Los padres deben llamar a la oficina de guía del Liceo de Oak Ridge al número 425-9607 para pedir una cita con un consejero.

### INFORMACION SOBRE VACUNAS Y EXAMEN FISICO

La ley del Estado de Tennessee exige que cada niño que asiste por primera vez las escuelas de Tennessee deba tener un examen físico y estar vacunados contra la difteria, tos ferina, tétano (DPT), polio, rubeola, sarampión, paperas (MMR), Hepatitis A, Hepatitis B y varicela.

<b>DPT/DTAP/DT/Td</b>	<b>4 o más dosis</b> , una al menos estuvo administrada durante o antes de los cuatro años. Si el niño tiene 7 años o más, se exigen 3 dosis más. Si <b>DT o Td</b> debe estar usado, solo se necesita 3 dosis y la primera dosis está administrada después de cumplir 12 meses.
<b>POLIO</b>	<b>4 dosis de VPO o VPI</b> ; la última dosis, ahora se exige durante o después de los cuatro años
<b>MMR</b>	<b>2 dosis</b> ; la primera dosis debe estar administrada al cumplir el primer año o después, no antes de cuatro días antes del primer año. La segunda dosis debe estar administrada a los menos 30 días después de la primera dosis.
<b>HEPATITIS A</b>	<b>2 dosis</b> , la segunda dosis debe estar administrada a los menos 6 meses después de la primera dosis. Se exige ante de asistir al Kindergarten (en efecto desde julio de 2019).
<b>HEPATITIS B</b>	<b>3 dosis</b> , para asistir al Kindergarten
<b>VARICELA (Lechía)</b>	<b>2 dosis</b> , comprueba de la inmunización contra la lechía, o una historia de enfermedad que está documentado por un diagnóstico médico o un representante, estará exigida antes de que su hijo asista al Kindergarten y al séptimo grado. También, cualquier estudiante que está asistiendo una escuela de Tennessee por la primera vez tiene que tener comprueba antes de entrar. La vacuna no debe estar administrada antes de los cuatro días previos al primer año.
<b>TDAP</b>	Tétano-difteria-tos ferina es exigida para los alumnos que inician al séptimo grado. Esta dosis <b>no</b> es exigida si la TD estuvo administrada menos de los cinco años antes de iniciar el séptimo grado.

Las vacunas pueden estar administradas por su médico o en el Departamento de Sanidad del Condado Anderson ubicado en 710 N. Main Street, Suite A, Clinton, TN 37716, teléfono (865) 425-8801.

El padre o el representante legal deberá acompañar al niño durante la vacunación. Lleve los registros de vacunaciones anteriores al Departamento de Sanidad o al médico cuando las vacunaciones hayan estado completadas. El formulario para la cartilla de registro de salud de Tennessee puede conseguirse en el consultorio de su médico o en el Departamento de Sanidad.

Asegúrese de tener el registro escrito de todas las vacunaciones, **incluyendo fechas y firma del representante de salud que las administró**. Esta información debe estar en el formulario de Registro de Salud de Tennessee (firmada por el médico o una enfermera). **(TCA 49-65002 (a))**

RECUERDESE, NINGUN ALUMNO ESTARA PERMITIDO ASISTIR A UNA ESCUELA DE TENNESSEE HASTA UN CERTIFICADO ACTUAL DE VACUNACION DE TENNESEE (**TENNESSEE CERTIFICATE OF IMMUNIZATION**) HA ESTADO RECIBIDO POR LA ESCUELA. LOS REGISTROS DE SALUD ESTAN SUJETOS A LA AUDITORIA ANUAL DEL DEPARTAMENTO DEL SALUD PUBLICA. LOS ESTUDIANTES QUE INICIAN KINDERGARTEN DEBEN TENER UN EXAMEN FISICO DESPUES DEL PRIMERO DE ENERO DEL AÑO EN QUE SE INSCRIBEN.

# REQUEST FOR SCHOOL INFORMATION

OAK RIDGE SCHOOLS  
Oak Ridge, Tennessee

Prepare in duplicate: One copy to  
previous school; one copy for  
secretary's file.

To: School Records Department

School: \_\_\_\_\_

Address: \_\_\_\_\_

Please send all records, including test scores, medical records, psychological reports, special education records, and other pertinent information for the following pupil/pupils to:

### School Records

(School) Linden Elementary Phone: 865-425-5701 Fax: 865-425-5713

(Address) 700 Robertsville Road, Oak Ridge, TN 37830

Oak Ridge, TN 37830

Pupil \_\_\_\_\_ Grade \_\_\_\_\_ Pupil \_\_\_\_\_ Grade \_\_\_\_\_

Pupil \_\_\_\_\_ Grade \_\_\_\_\_ Pupil \_\_\_\_\_ Grade \_\_\_\_\_

Parent signature indicates  
agreement for transfer of records

Signed \_\_\_\_\_  
Parent or Guardian

ORS-105  
Rev. August 2004

Date \_\_\_\_\_

INFORMATION FOR CUMULATIVE RECORD

Oak Ridge Schools
Oak Ridge, Tennessee

Completing this form constitutes parental permission for preparation of the pupil's cumulative record.

Birth Certificate on file
TN Health Record
SSN card on file
Previous School Record
Checked EIS
Enrolled (first time this year)
Transferred Enrollment
Enrolled from Out-of-State
Medication Form

SCHOOL NAME:
ENROLLMENT DATE:
Teacher first assigned to:

Has your child ever attended Oak Ridge Schools? Y or N

PUPILS SOCIAL SECURITY NUMBER (Optional)

GRADE

PUPILS FULL LEGAL NAME Generation (Last, First, Middle, Jr., Sr., II, III etc.)

Preferred Name Gender (circle one): Male Female

Pupil's Home Phone Mother's Maiden Last Name
Father's Name

Birthdate (mm/dd/yyyy) Birth City Birth County
Birth State Birth Country

Immigrant Date entered Country Immigrant from Year started school

Ethnic Code (circle one Hispanic/Latino, Non-Hispanic/Latino)

Race 1-American Indian or Alaska Native 2-Asian 3-Black or African American 4- Native Hawaiian or Other Pacific Islander 5-White

\*Home Language Requires Translator Y N

Physical Address: City State Zip County Apt

Mailing Address: (If different) City State Zip County Apt

Previous Physical Address: City State Zip County Apt

In Order to Attend Oak Ridge Schools, a student must be a legal resident of Oak Ridge or have an approved tuition contract. Legal residence is defined as living with a legal custodial parent or legal guardian who is domiciled (living) in Oak Ridge. If the legal custodian or guardian moves out of the Oak Ridge city limits during the school year, Pupil Services must be notified immediately. Please provide school with appropriate legal documentation from judicial system regarding divorce/custody restrictions, orders of protection or power of attorney.

Please complete information below:

ENGLISH LANGUAGE LEARNER INFORMATION\*

What is the first language this child learned to speak?
What language does this child speak most often outside of school?
What language do people usually speak in this child's home?
Parent/Guardian Signature:

Within the last two years has your child been served by:

CDC Placement \_\_\_\_\_  
 A Title 1/Chapter 1 Program \_\_\_\_\_  
 An Individual Education Plan (IEP) \_\_\_\_\_  
 An English as Second Language (ESL) Program \_\_\_\_\_  
 Home School \_\_\_\_\_

A 504 Program \_\_\_\_\_  
 A Gifted Program \_\_\_\_\_  
 A Speech Clinician \_\_\_\_\_  
 Other \_\_\_\_\_

If yes to any of the above, please provide explanation or documentation. \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Health problems or physical limitations: \_\_\_\_\_

Medication(s): \_\_\_\_\_  
 (If medications are listed, please complete the form for Authorization for Medications.)

Is your child currently under a discipline action (suspension/expulsion) in another school system? Y or N

Explain: \_\_\_\_\_

Any additional information you feel is relevant to the enrollment and services for your child. \_\_\_\_\_

**SCHOOL HISTORY** List all schools attended (including Oak Ridge)

Date Entered	Grade	School, City and State	Date Left	Date Entered	Grade	School, City and State	Date Left

**BROTHERS AND SISTERS** Give last name if different

Name	Sex	Yr. of Birth	Grade or Occupation	Name	Sex	Yr. of Birth	Grade or Occupation

I certify that all of the above information is true and correct and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. I also certify that I am the parent, legal custodian/legal guardian of the child identified on this enrollment form.

PARENT OR LEGAL GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_



<b>CONTACTS FOR:</b>	(Last)	(First)	
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**ONE NAME PER CONTACT - MAILINGS WILL BE SENT TO CONTACT 1**

<p><b>CONTACT 1:</b> (Person with whom the student is living.)</p> <p>Name: _____</p> <p>Relationship: _____ (own, step, foster, other)</p> <p>Home Phone: ( ) _____</p> <p>Work Phone: ( ) _____</p> <p>Cell Phone: ( ) _____</p> <p>Address: _____ (mailings will go to this address)</p> <p>Active Duty__ National Guard__ Reserve Military _____</p> <p>Email Address: _____</p> <p>Employer: _____</p> <p>Year of Birth _____ Birthplace _____</p> <p>Education Completed: _____</p>	<p><b>CONTACT 2:</b> (Allowed to check student in/out Y N)</p> <p>Name: _____</p> <p>Relationship: _____ (own, step, foster, other)</p> <p>Home Phone: ( ) _____</p> <p>Work Phone: ( ) _____</p> <p>Cell Phone: ( ) _____</p> <p>Address: _____</p> <p>Active Duty__ National Guard__ Reserve Military _____</p> <p>Email Address: _____</p> <p>Employer: _____</p> <p>Year of Birth _____ Birthplace _____</p> <p>Education Completed: _____</p>
<p><b>CONTACT 3:</b> (Allowed to check student in/out Y N)</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Home Phone: ( ) _____</p> <p>Work Phone: ( ) _____</p> <p>Cell Phone: ( ) _____</p> <p>Address: _____</p>	<p><b>CONTACT 4:</b> (Allowed to check student in/out Y N)</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Home Phone: ( ) _____</p> <p>Work Phone: ( ) _____</p> <p>Cell Phone: ( ) _____</p> <p>Address: _____</p>

**STUDENT DIRECTORY INFORMATION** (Please refer to the form in the discipline handbook, for more detailed information concerning directory information): The school, in conjunction with certain activities or certain community organizations may publish the names and addresses of students achieving awards or other recognition. If you do not want your child's name and/or address released as general student directory information you need to complete an opt-out form and return it to the building level principal. This form is located in the school office. A new opt-out form must be submitted at the beginning of each school year the student is enrolled.

<p><b>Will your child be riding the bus?</b> am _____ pm _____ both _____ If your child is an elementary or middle school student and rides the bus to a different address than the <u>physical address</u> listed above, please indicate their after school destination. _____</p> <p>_____</p> <p>Please notify the office in writing if the transportation mode changes.</p>
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# Linden Elementary School

700 Robertsville Road  
Oak Ridge, TN 37830

Office of the Principal

[rward@ortn.edu](mailto:rward@ortn.edu)

## CONSENT/NON-CONSENT TO FINGERPRINT SCANNERS

Dear Linden Parent or Guardian:

We are introducing a new payment method in our school cafeteria. Students will now be allowed to purchase lunch by having their fingerprint scanned instead of using their ID cards. This new system is intended to help improve the efficiency, accuracy, speed, and cost-effectiveness of this process. This technology **will not** store your student's fingerprint in our system. Rather, the software converts your student's fingerprint into a mathematical algorithm which will remain in the system after the fingerprint is initially scanned. More simply, the fingerprints scanned from each student are converted to a set of numbers and those numbers are used to identify each student. There are **no fingerprint images saved** to the computer system.

In addition, both parents and students can rest assured that the biometric images **cannot** be used by law enforcement for identification purposes. The fingerprint scanner will help to expedite the process to get students their lunches and also eliminate potential for replacement cost of the ID badge. Our goal is to utilize this new technology as a means to best serve our students and families while also making sure we are protecting our student information.

In order for your student to participate in this new pilot program, Tennessee law requires your active consent. **Please complete the form below and turn it into your homeroom teacher no later than Friday, February 14, 2020.** If you consent to your student participating in this pilot program and the use of the fingerprint scanning device, indicate same and sign below. If you do not want your student to participate, please indicate same and sign below. Consent may be revoked at any time by providing notice to the *Linden Elementary School* principal, in writing.

Respectfully,

Roger Ward  
Principal

I **DO** consent to my student's participation in the fingerprint scanner payment method as described above.

I **DO NOT** consent to my student's participation in the fingerprint scanner payment method as described above. I understand that my student will continue to use his/her ID card to pay for school lunch.

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name (printed)

\_\_\_\_\_  
Parent Name (Signature)

July 2020						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August 2020						
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2020						
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2020						
S	M	T	W	T	F	S
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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2020						
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2020						
S	M	T	W	T	F	S
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

# Oak Ridge Schools District Calendar 2020-2021

Counselors/Facilitators Report: July 6<sup>th</sup>  
 Teachers Report: July 20<sup>th</sup>  
 Students Report - Early Dismissal Districtwide: July 29<sup>th</sup>  
 Early Dismissal K-8 Only: July 30<sup>th</sup>

Labor Day Holiday: September 7<sup>th</sup>

Fall Break: September 28<sup>th</sup>-October 9<sup>th</sup>  
 Fall School Intersession: September 28<sup>th</sup>-October 1<sup>st</sup>  
 Fall Parent/Teacher Conferences: October 20<sup>th</sup>/21<sup>st</sup>  
 Early Dismissal Elementary Only: October 20<sup>th</sup>

Election Day - No School: November 3<sup>rd</sup>  
 Thanksgiving Break: November 25<sup>th</sup>-27<sup>th</sup>

Winter Break Early Dismissal Districtwide: December 18<sup>th</sup>  
 Winter Break: December 21<sup>st</sup>-January 4<sup>th</sup>

Staff Professional Development - No Students: January 4<sup>th</sup>  
 Students Report: January 5<sup>th</sup>  
 Dr. Martin Luther King Jr. Holiday: January 18<sup>th</sup>

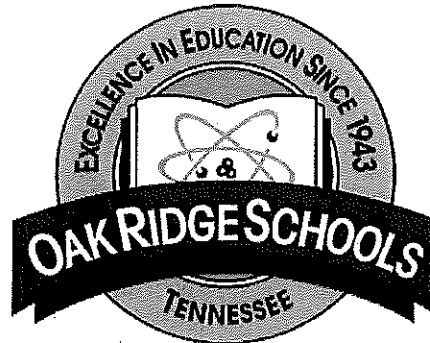
Winter Parent/Teacher Conferences: February 10<sup>th</sup>/11<sup>th</sup>  
 Early Dismissal Elementary Only: February 11<sup>th</sup>

Spring Break: March 15<sup>th</sup>-26<sup>th</sup>  
 Spring School Intersession: March 15<sup>th</sup>-18<sup>th</sup>

Good Friday Holiday: April 2<sup>nd</sup>

ORHS Commencement: May 27<sup>th</sup>  
 Student Last Day - Early Dismissal Districtwide: May 28<sup>th</sup>  
 Memorial Day Holiday: May 31<sup>st</sup>

Teacher Last Day: June 1<sup>st</sup>



1 <sup>st</sup> Quarter Days	42
2 <sup>nd</sup> Quarter Days	46
3 <sup>rd</sup> Quarter Days	48
4 <sup>th</sup> Quarter Days	44
<b>Total Instructional Days</b>	<b>180</b>

January 2021						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

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

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

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

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

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ New Student: YES NO

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

# First Student

## Request for Bus Service

In compliance with ORS transportation provider, **First Student**, and to new state laws, it is required that each student have an assigned bus number in order for them to ride the bus to or from school. **Every ORS student will be required to complete this Request for Bus Service Form before the bus number is assigned. First Student will honor bus requests on the 15<sup>th</sup> and 30<sup>th</sup> of each month. PLEASE, DO NOT PUT YOUR CHILD ON A BUS UNTIL YOU RECEIVE WORD OF APPROVAL FROM THEIR RESPECTIVE SCHOOL OFFICE.**

*Students will not be allowed to ride another bus other than the one they are assigned to without a bus pass from their respective school which the student will then provide to the driver.*

Student Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

If your student rides the bus to or from a different address listed above, please indicate that address:

AM: \_\_\_\_\_ PM: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F (circle one)

Emergency Contact/Phone # \_\_\_\_\_

People Authorized (including parents) to get Kindergarten Student off the bus (they may be asked to provide ID):  
\_\_\_\_\_

AM Bus Service: YES NO (circle one) PM Bus Service: YES NO (circle one)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School Office Personnel:** Please fax this completed form to Transportation Department at 425-1884 (no cover sheet required). Requests will be honored the 15<sup>th</sup> & 30<sup>th</sup> of each month, unless student is NEW to Oak Ridge Schools. Your office will receive a faxed bus approval with transportation information.

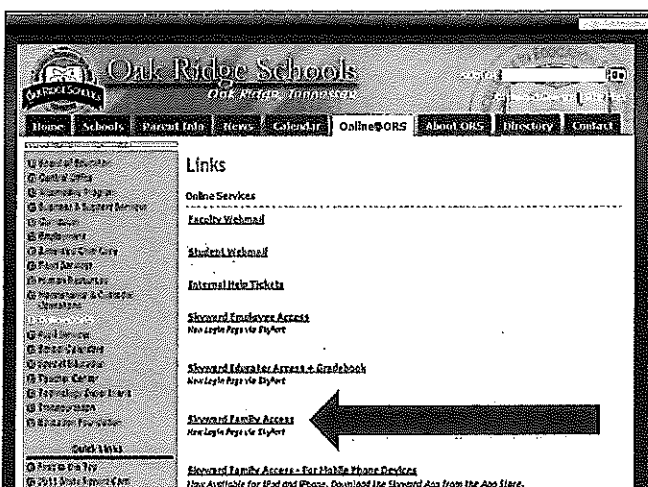
Thank You,  
*Clifford Bunch*

**PARENTS ARE RESPONSIBLE FOR THE TRANSPORTATION OF CROSS BOUNDARY AND TUITION STUDENTS**

## Using Skyward Family Access

With a current e-mail address on file, parents can log in to Skyward Family Access and view their student's Attendance, Food Service transactions, Schedule, contact information for teachers, grade history and more. Parents can set up automated email alerts for attendance and grades and submit requests to change certain account profile information, like addresses and phone numbers. The school will occasionally send out important messages that will come to your e-mail address as well.

If the school has your current, correct e-mail address entered, you can already log in to Skyward Family Access. One login will give parents and guardians access to all of their students, even if they are at different school buildings! To set your password, use the link to *Skyward Family Access* on the Oak Ridge Schools District Home page. <http://www.ortn.edu> Go to the tab that is labeled "Online@ORS." You will see a link for Skyward Family Access.



Click this link and it will take you to a login page.  
On the login page, click "Forgot your Login/Password?"

A screenshot of the Skyward login page for Oak Ridge Schools Educator Access. It features the Skyward logo at the top, followed by the school name. Below the logo are two input fields: 'Login ID:' and 'Password:'. A 'Sign In' button is positioned to the right of the password field. At the bottom, there is a link for 'Forgot your Login/Password?' and a timestamp '04.11.10.00.04'.

Then you will see a window like this:

A screenshot of the Skyward 'Forgotten Login/Password Assistance' window. It features the Skyward logo at the top. Below the logo is the title 'Forgotten Login/Password Assistance' and a paragraph of instructions: 'Please enter your email address or user name. If it matches the email or user name the district has on file, you will be sent an email containing your login and a link that can be used to reset your password.' Below this text is a screenshot of an email from 'Borriello, IT@orsd.k12.or.us' with a 'Reset Password' button. At the bottom of the window, there is an input field for 'Email or User Name:' and 'Submit' and 'Back' buttons.

Type the words in the box and enter the e-mail you have on file with the school office and click, "Submit."

The e-mail you receive back from Skyward will contain your username and a link to 'reset' (create) your password. Follow the link and the instructions and you can reset your password to one that will be easy for you to remember.

Remember to add the log in page and Skyward in your "Safe Senders" list so they won't be blocked.

***For further assistance, please contact your school's office or e-mail Heather Henderlight at [hvhenderlight@ortn.edu](mailto:hvhenderlight@ortn.edu)***

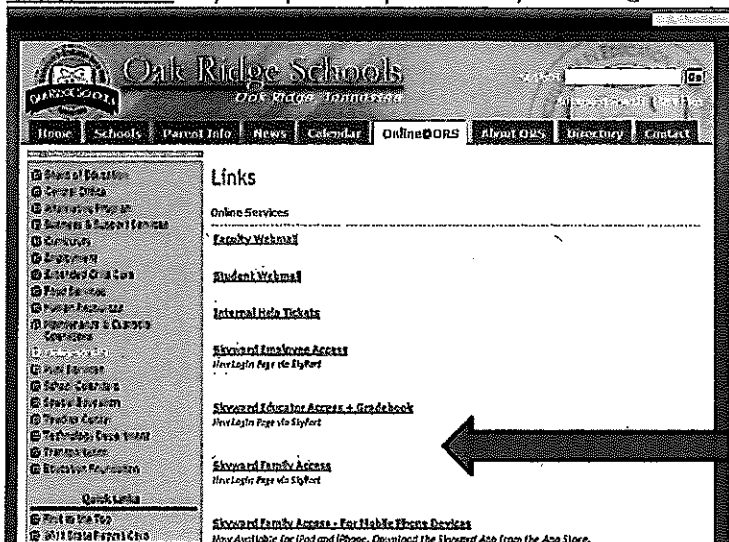
Estimado padre de familia o tutor,

Si ha registrado su dirección de correo electrónico en la oficina de la escuela para la recuperación de la contraseña del sitio de Skyward family and Student Access , puede recuperar de forma segura su nombre de usuario y crear una contraseña .

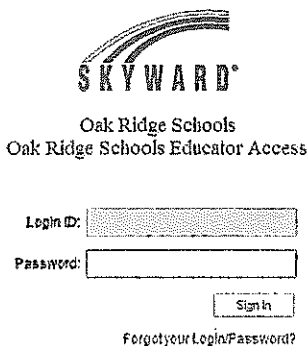
Aquí se explica como:

Hay un link de acceso a Skyward family and student access en la página de las escuelas del distrito de Oak Ridge.

<http://ortn.edu> vaya a la pestaña que se llama , " Online @ ORS ." Usted verá enlaces a acceso a Skyward family Access.



Dele click a este link y le llevara a la página de acceso. En la página de acceso de click a "Forgot your Login/Password?"



Escribe las palabras en el cuadro e introduzca la dirección de correo que tiene en el archivo de la oficina de la escuela y haga clic en "Enviar".

El correo electrónico que reciba contendrá su nombre de usuario.

Un enlace (link) será enviado al correo electrónico para restablecer su contraseña. Siga el enlace (link) y las instrucciones y pueda restablecer su contraseña a algo fácil de recordar.

**NOTA:** Cada usuario de Skyward Family and Student Access **DEBERA** tener una dirección de correo electrónico única para el sistema de recuperación de contraseña y así funcione correctamente.

Si usted es el tutor para varios estudiantes inscritos en el distrito, su nombre de usuario funcionara para ver la información de cada estudiante que tiene. Hay un menú desplegable en la parte superior de la página que le permite alternar entre los perfiles de los estudiantes.

Para obtener asistencia adicional, por favor, póngase en contacto a la oficina de orientación y consejería.



## Skylert

This area allows you to manage which notifications you will receive, such as general, emergency, and attendance.

You may enter and update any contact information as needed. When updating the information in the My Skyward Contact Info area, it will update the information throughout Skyward. Note: If you are unable to enter or update information in this area, contact your district.

The Additional Contact Info for Family with [Student] could be used for individuals other than a guardian, such as a grandparent, or a babysitter. Note: Any updates you make in this section will be used for the Skylert application only.

Skylert enables you to receive notifications concerning your child(ren). You have control over which notifications to receive and how you would like to receive them.

**Save**

**My Skyward Contact Info**

**Contact Info**

	Emergency	Attendance	General	Other	Sports/Activites	Survey	Another One
* Primary Phone: (554) 554-5554 Family With Jon:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Work Phone: (554) 222-2222 Family With Jon:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Phone: Family With Jon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Email: abastascr@scramble.com Family With Jon:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Additional Contact Info for Family With Jon**

Phone Numbers	Emergency	Attendance	General	Other	Sports/Activites	Survey	Another One
Additional Phone 1: (554) 233-3333	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Phone 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Phone 3:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Phone 4:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Phone 5:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Phone 6:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Phone 7:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Phone 8:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Phone 9:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

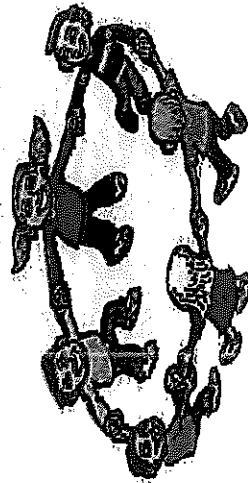
## Fee Schedule

There is a yearly \$55.00 per child non-refundable registration fee. This helps to cover the cost of snacks, activities, and special events.

### Elementary School Student Weekly and Daily Rates

	Weekly
Morning	\$40.00
Afternoon	\$55.00
Morning & Afternoon	\$55.00

Please note: If your child attends one or more days in a weeks' time, you will be charged the weekly fee.



## Why ECC?

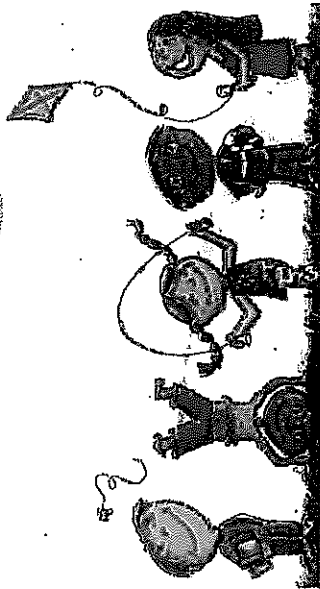
Here are some benefits from selecting our program for your child care needs:

1. We offer all day care (6:30am-6:00pm) during the schools Fall, Winter and Spring breaks. We also offer an all day camp during the summer break.
2. Since we are located "in house" there is no need for us to transport the children. Drop off and Pick up are located at the school.
3. The doors to our buildings remain locked 100% of the time. We utilize a camera/buzzer-system so the only way to gain access to the building is to be buzzed in by the ECC staff.
4. We ask for identification from EVERYONE! Only the people on your child's approved list will be allowed to pick up from ECC AFTER they have been properly identified.
5. Our "in house" location provides us with a wonderful working relationship with your child's teacher and the schools administration. We are one big team!
6. We provide a snack and drink every afternoon.

## OAK RIDGE SCHOOLS EXTENDED CHILD CARE

# ECC

"Quality Care for Working Families"



A Supervised before and after school

program for Elementary students.

FOR MORE INFORMATION PLEASE CONTACT:

INGRID HAMM—DIRECTOR CODY WRIGHT— ASSISTANT DIRECTOR AT 865 452 9145 OR 865 425 9007



## Our Mission Statement

Mission of Oak Ridge Schools

### Extended Child Care

Build Self Esteem within Individuals

Develop Leadership Skills

Build a Great Appreciation of Cultural and Individual Differences

Help Children to Have Fun

Our Objectives are:

1. Provide a comprehensive child care program with the commitment to help children develop physical and social skills and emotional well-being.
2. Develop a safe and comfortable environment that allows each child to develop confidence, self-discipline and a positive self image.
3. Increase each child's awareness of his or her own potential.
4. Provide not only direct supervision of the children but also productive use of their time.
5. Serve as an advocate for each child's right to a healthy, happy childhood.

## Hours of Operation

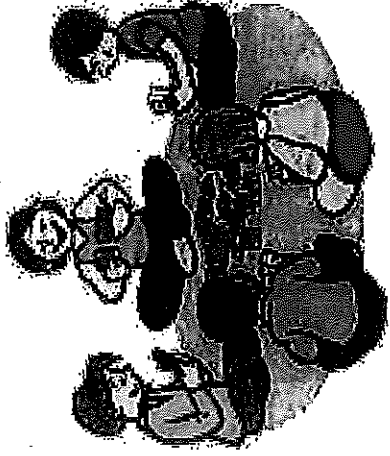
During the school year, ECC provides services from 6:30am until the students go to class.

Children remain under school supervision until they arrive to ECC at the end of the school day. ECC closes promptly at 6:00pm Monday-Friday.

ECC is open for the scheduled school breaks;

Fall Break, Winter Break, Spring Break and we hold a Summer Camp during June, July and August. We do not accept drop in care!

Please note ECC will be closed on the following days: Labor Day, Thanksgiving Day and the day after, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, Martin Luther King Jr. Day, Good Friday, Memorial Day and July 4th, and anytime school is closed for inclement weather.



## Prepayment of Fees:

All expenses for ECC are taken from monies paid by parents. We do not receive any other type of financial assistance from the city or school system. It is absolutely essential that we remain fiscally responsible in order to provide quality child care for your children while keeping your child care costs down. ECC fees may be paid in several ways. We accept check, money orders and online e-funds payments.

ECC policy states that all fees are to be prepaid. Your child care fees need to be paid in full no later than the Friday before the week that child care is to be received. A grace period will be extended to Monday by 6:00pm. After this date, your payment will be considered late. If your payment is late continually, other child care arrangements will need to be made.

INTERESTED IN JOINING OUR  
EXTENDED CHILD CARE  
FAMILY? GIVE US A CALL, WE  
WOULD LOVE TO HEAR FROM  
YOU!

WOODLAND - 425-9504  
LINDEN - 425-5704

WILLOW BROOK - 425-3204

GLENWOOD - 425-9404  
MAIN ECC OFFICE - 425-9007 OR  
425-9145

