

Dear Town & Country School Parent:

Enclosed you will find your Enrollment Packet for the 2018-2019 school year. Please complete and return all necessary paperwork with your first tuition payment ***no later than July 16, 2018.***

\_\_\_\_\_ Enrollment Contract  
\_\_\_\_\_ Student Information Form  
\_\_\_\_\_ Medication Emergency Release Form  
\_\_\_\_\_ Release form for Field Trips, Testing & Publicity  
\_\_\_\_\_ Administration of Medicine Form  
\_\_\_\_\_ Medical Information Form  
\_\_\_\_\_ Parent/Guardian Responsibilities  
\_\_\_\_\_ Student "I understand therefore I accept" Contract  
\_\_\_\_\_ Professional Team Contacts List  
\_\_\_\_\_ Additional Information Form  
\_\_\_\_\_ Physical Education Restriction Form  
\_\_\_\_\_ Internet Contract  
\_\_\_\_\_ Family Directory Form

**\*\*\*\*\*Please keep all sheets other than those listed above from the packet. This is information you will need throughout the school year.**

It is our goal to provide your child with an exceptional educational experience and we are looking forward to a great school year. If we can be of any assistance, please let us know.

**2018-2019 Staff:**

Loretta Keller	Executive Director	Ext. 102
Denise Jurbala	Lower School Principal	Ext. 111
Shevaun Etier	Upper School Principal	Ext. 114
Cyndi Tolbert	Office Administrator	Ext. 100
Tonya Stone	Student Affairs Coordinator	Ext. 103



**NEW STUDENT REGISTRATION CONTRACT 2018-2019**

**STUDENT NAME** \_\_\_\_\_

**GRADE** \_\_\_\_\_

**TERMS OF AGREEMENT**

I understand that this contract, duly signed, the registration fee of \$300, and the first tuition payment *must be received at Town & Country School by July 16, 2018*. If any of these items are received after July 15, 2018 my student will be considered for admission only on a space-available basis. I understand that the \$300 registration fee will be applied to my student's 2018-2019 tuition and is *non-refundable* except in the case that my student fails to qualify for the 2018 Fall term or my family must relocate from Tulsa.

By signing this contract I, the undersigned parent/guardian, agree to pay in full all tuition, fees and any personal charges for which I, or my child/legal dependent, is responsible. I further understand that all school bills must be paid in full before a student will be admitted to class and before transcripts and letters of recommendation will be issued.

I agree to make no claim for refunds of tuition, fees, or other charges on account due to extended absence or dismissal of the student. In the case of withdrawal or dismissal of the student I agree to pay the tuition due for the entire semester in which the withdrawal or dismissal occurs.

I hereby absolve Town & Country from any responsibility for injuries my child/legal dependent may incur at school, on school trips, or at school sponsored events of any kind, provided the school has exercised reasonable care for its students.

I understand that enrollment at Town & Country School is a privilege and I agree to abide by all rules, regulations, and disciplinary procedures, which are deemed necessary for the proper operation of the school. I also understand that my child/legal dependent will be held accountable by these same rules, regulations, and procedures, as they are contained in the annual *Student-Parent Handbook*.

I have read and accept the terms of this Contract as stated above. In keeping with the tuition options and penalties listed below,

I agree to (check one):      Plan A \_\_\_\_\_      Plan B \_\_\_\_\_      Plan C \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Plan A, one payment.** Payment is due by July 16, 2018. After July 16, 2018 all accounts not paid will be converted to Plan C (monthly payments).

**Plan B, semester payments.** Payments are due July 16, 2018 and December 15, 2018. After July 16, 2018 (or December 15, 2018 for the second payment) all accounts not paid will be converted to Plan C (monthly payments).

**Plan C, monthly payments.** Equal monthly payments are due on the 15<sup>th</sup> of each month beginning July 2018 through April 2019 and are past due after the 25<sup>th</sup>. *A late fee of \$10 is charged for payments made after the 25<sup>th</sup> and \$20 for payments made after the 1<sup>st</sup> of the following month.*

**Students with past due tuition on the 1<sup>st</sup> day of each month will not be allowed to attend class until account is brought current.**

**TUITION & FEES FOR 2018-2019 SCHOOL YEAR**

**1<sup>st</sup> – 3<sup>rd</sup> Grade      Tuition \$12,760**

The following reflects receipt of the \$300 registration fee and does not reflect any financial assistance:

- Plan A – due 7/15/18      \$12,760
- Plan B – due 7/15/18 and 12/15/18      \$6,380
- Plan C – due 15<sup>th</sup> of each month 7/18 – 4/19      \$1,276

**4<sup>th</sup> - 6<sup>th</sup> Grade      Tuition \$13,280**

The following reflects receipt of the \$300 registration fee and does not reflect any financial assistance:

- Plan A – due 7/15/18      \$13,280
- Plan B – due 7/15/18 and 12/15/18      \$6,640
- Plan C – due 15<sup>th</sup> of each month 7/18 – 4/19      \$1,328

**7<sup>th</sup>-8<sup>th</sup> Grade      Tuition \$13,770**

The following reflects receipt of the \$300 registration fee and does not reflect any financial assistance:

- Plan A – due 7/15/18      \$13,770
- Plan B – due 7/15/18 and 12/15/18      \$6,885
- Plan C – due 15<sup>th</sup> of each month 7/18 – 4/19      \$1,377

**9<sup>th</sup> – 12<sup>th</sup> Grade      Tuition \$14,300**

The following reflects receipt of the \$300 registration fee and does not reflect any financial assistance:

- Plan A – due 7/15/18      \$14,300
- Plan B – due 7/15/18 and 12/15/18      \$7,150
- Plan C – due 15<sup>th</sup> of each month 7/18 – 4/19      \$1,430



TOWN & COUNTRY SCHOOL STUDENT INFORMATION- 2018-2019

Please complete ALL of the following information:

School Year \_\_\_\_\_ Public School District \_\_\_\_\_ Level \_\_\_\_\_

Name of Student \_\_\_\_\_

Telephone \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Race \_\_\_\_\_

PARENTS/GUARDIAN

Mother \_\_\_\_\_ Cell Number \_\_\_\_\_

Home Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Business Telephone \_\_\_\_\_

E-mail Address to use for Teacher Ease \_\_\_\_\_

Father \_\_\_\_\_ Cell Number \_\_\_\_\_

Home Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

Business Telephone \_\_\_\_\_

E-mail Address to use for Teacher Ease (if different than above) \_\_\_\_\_

In case of emergency, we will contact parents first. Please list other emergency phone numbers:

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_ Pediatrician

\_\_\_\_\_ Telephone \_\_\_\_\_

Grandparents:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_



MEDICAL EMERGENCY RELEASE

2018-2019

Student: \_\_\_\_\_ School Year: 2018-2019
Last Name First Name

I hereby give permission for the personnel of Town & Country School to seek and have my child transported for emergency medical care, in the event that all methods of contacting me have been exhausted and I cannot be located.

I further give permission for Town & Country personnel to administer, at their discretion, the following:

Ibuprofen: Yes \_\_\_\_\_ No \_\_\_\_\_ Dosage: \_\_\_\_\_ (ie, Motrin)

Acetaminophen: Yes \_\_\_\_\_ No \_\_\_\_\_ Dosage: \_\_\_\_\_ (ie, Tylenol)

\_\_\_\_\_ Parent/Guardian
Signature

=====

MEDICATION LIST

Please list ALL medication that student takes whether at school or at home. This will only be used if an emergency situation occurs.

- Medication \_\_\_\_\_ Times & Dosage \_\_\_\_\_
Medication \_\_\_\_\_ Times & Dosage \_\_\_\_\_
Medication \_\_\_\_\_ Times & Dosage \_\_\_\_\_
Medication \_\_\_\_\_ Times & Dosage \_\_\_\_\_
Medication \_\_\_\_\_ Times & Dosage \_\_\_\_\_
Medication \_\_\_\_\_ Times & Dosage \_\_\_\_\_
Medication \_\_\_\_\_ Times & Dosage \_\_\_\_\_

Please list allergies: \_\_\_\_\_

Any additional comments concerning health issues: \_\_\_\_\_



**FIELD TRIP RELEASE FORM  
2018-2019**

Student : \_\_\_\_\_ School Year: 2018-2019  
Last Name First Name

The undersigned, acting for the undersigned and Student, give permission for Student to be in involved in the School's Field Study Program. The undersigned understand that Student will be studying aspects of the School's curriculum at sites other than the School campus located at 8906 E. 34th St., Tulsa, Oklahoma, exclusively. The undersigned accept responsibility for Student's participation in the School, and holds its faculty, staff and Board of Directors free and harmless of all liabilities resulting from such transportation and/or participation.

\_\_\_\_\_  
Parent/Guardian Signature  
=====

**PERMISSION FOR TESTING  
2018-2019**

Student: \_\_\_\_\_ School Year: 2018-2019  
Last Name First Name

Each student at Town & Country will be tested at least annually in an attempt to measure his or her growth and progress. The test results will be used to evaluate the overall effectiveness of our program as well as to suggest strengths and weaknesses in our curriculum. The testing will be done individually and will take approximately 2 hours per child. Parents have complete access to all information and test results. The tests to be administered are:

- Woodcock-Johnson III Test of Achievement (every two years)
- Speech/Language Screening Tests - (A battery of speech/language screening tests will be given by our speech pathologist)
- STAR reading and math assessments

I hereby \_\_\_\_\_ give permission \_\_\_\_\_ do not give permission for my child to participate in the screening evaluations at Town & Country School. \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature  
=====

**PUBLICITY RELEASE  
2018-2019**

Student: \_\_\_\_\_ School Year: 2018-2019  
Last Name First Name

To make people more aware of our school and the services Town & Country School provides, we publicize through various forms of media. With parental permission, we will use pictures of some of our students for publicity purposes. No confidential information will be released.

I do \_\_\_\_\_ do not \_\_\_\_\_ give permission for my child to be photographed for use in publicity for Town & Country School.

\_\_\_\_\_  
Parent/Guardian  
Signature

***REQUEST FOR ADMINISTRATION OF MEDICATION***

STUDENT'S NAME: \_\_\_\_\_ SCHOOL YEAR 2018-2019  
Last First

**TO BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN:**

IF MEDICATION NEEDS TO BE ADMINISTERED DURING THE SCHOOL DAY, PLEASE SUBMIT THIS COMPLETED FORM BEFORE MEDICATION IS SENT TO SCHOOL. ALL MEDICATION WILL BE KEPT IN A LOCKED COMPARTMENT IN THE SCHOOL OFFICE. MEDICATION IS TO BE BROUGHT DIRECTLY TO THE SCHOOL OFFICE BY THE CHILD'S PARENT.

*NO MEDICATION WILL BE ADMINISTERED WITHOUT DIRECTIONS FROM THE CHILD'S PHYSICIAN AND PARENT. A NEW FORM MUST BE FILLED OUT FOR ANY CHANGE IN DOSAGE OF MEDICATION AND RENEWED EACH SCHOOL YEAR.*

I REQUEST THAT THE SCHOOL ADMINISTRATIVE STAFF, CLASSROOM TEACHER OR ASSISTANT ADMINISTER THE LISTED MEDICATION TO MY CHILD AS PRESCRIBED BY MY PHYSICIAN.

DATE \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_

**TO BE COMPLETED AND SIGNED BY PHYSICIAN**

NAME OF MEDICATION \_\_\_\_\_

DOSAGE TO BE GIVEN \_\_\_\_\_

TIME (S) TO BE GIVEN \_\_\_\_\_

SIDE EFFECTS TO REPORT \_\_\_\_\_

DATE \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_

PHYSICIAN'S NAME (PRINTED) \_\_\_\_\_

PHYSICIAN'S PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_



**MEDICAL INFORMATION FORM**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Number to call for emergency \_\_\_\_\_

**PLEASE ATTACH A COPY OF THE CHILD'S IMMUNIZATION CARD OR HAVE THE FOLLOWING INFORMATION COMPLETED BY PHYSICIAN**

IMMUNIZATION The Oklahoma State Department of Health requires all children be fully immunized before kindergarten enrollment.

HISTORY This includes: 5 doses of DPT, 4 doses of Polio, 2 doses of Mumps, Measles, and Rubella (MMR), 2 or 3 doses of Hepatitis B, 2 doses of Hepatitis A, Varicella (Chicken Pox) Vaccine. Measles and Rubella must have been received after age 1. DPT is Diphtheria/Whooping Cough/Tetanus combined. TD is Tetanus/Diphtheria. Any vaccine exclusion for medical reasons requires physician documentation. Varicella Vaccine applies to K-12, or proof of disease.

VACCINE	DATE GIVEN	DOCTOR OR CLINIC SIGNATURE OR STAMP	VACCINE	DATE GIVEN	DOCTOR OR CLINIC SIGNATURE OR STAMP
<u>DPT DOSE 1</u>			<u>M-M-R</u>		
<u>DPT DOSE 2</u>			<u>M-M-R</u>		
<u>DPT DOSE 3</u>			<u>HIB</u>		
<u>DPT DOSE 4</u>			<u>TD (Adult)</u>		
<u>DPT DOSE 5</u>			<u>TD (Adult)</u>		
<u>POLIO DOSE 1</u>			<u>HEPATITIS A</u>		
<u>POLIO DOSE 2</u>			<u>HEPATITIS A</u>		
<u>POLIO DOSE 3</u>			<u>HEPATITIS B</u>		
<u>POLIO DOSE 4</u>			<u>HEPATITIS B</u>		
<u>VARICELLA</u>			<u>HEPATITIS B</u>		

Does the child have any allergies? If so, please describe: \_\_\_\_\_

Does the child have any physical limitations that the school needs to be aware of? \_\_\_\_\_

**ALL INFORMATION GIVEN ON THIS FORM WILL BE HELD IN CONFIDENCE. ANY USE OF THE INFORMATION WILL BE IN DIRECT CONNECTION TO THE CHILD'S HEALTH NEEDS.**

This child was examined by me on \_\_\_\_\_ and found to be free of all contagious and transmissible diseases and is physically able, with the exceptions noted, to participate in the school program.

\_\_\_\_\_  
**Must be signed by Physician Only**



## Parent/Guardian Responsibilities 2018-2019

Student's Name \_\_\_\_\_

It is the belief of Town & Country School that the success of each student is dependent upon a cooperative effort between the student, the student's parents/guardians and the school's faculty and staff. Parents/guardians can support this process in the following areas:

1. Educational Support - *contributes to the academic success of our students*

- a. Parent/Guardian will ensure that their child completes all homework and assignments in a timely manner.
- b. Parent/Guardian will respond to the school's communications and/or concerns.
- c. Parent/Guardian will adhere to the school's absence and tardy policy.
- d. Parent/Guardian will support their child's overall academic effort.
- e. Parent/Guardian will comply with all policies set forth in the Student/Parent Handbook.

2. School Service - *provides valuable assistance to teachers and to the overall program*

- a. Parent/Guardian will support the school with monthly on-campus volunteer hours, 2 hours per month. Please note any special skills/talents that you might contribute:

\_\_\_\_\_

- b. When performing service hours, parents/guardians should sign-in/sign-out in the Student Affairs Office to ensure that volunteer hours are properly documented.
- c. Arrangements can be made for working parents to do at-home volunteer work. These arrangements will be determined on a case-by-case basis.
- d. Volunteer hours for special events can be counted toward monthly volunteer hours.

3. Accountability - *protects the integrity of the program*

- a. Parent/guardian responsibilities will be evaluated on a monthly basis.
- b. Parent/guardian will receive notification if responsibilities have not been fulfilled.
- c. Failure to correct parent/guardian responsibilities may result in loss of placement or financial aid.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date





\_\_\_\_\_  
Student's Name

**STUDENT CONTRACT  
2018-2019  
“I UNDERSTAND AND THEREFORE I ACCEPT”**

1. I understand that enrollment at Town & Country School is a privilege.
2. I understand that Town & Country School believes that every student who accepts the offer to come, regardless of the past, has the capacity to achieve at the highest academic and character development potential.
3. I understand that, although Town & Country School will work with my learning style, the school requires intellectual discipline of all learners; that is:
  - I will be punctual, prepared and ready to participate in all classes.
  - I will have homework and will participate in structured study time.
  - I will write and read daily.
  - I will have to produce quality written reports for my classes.
  - I will have to make presentations before groups of people.
  - I am responsible for my learning.
4. I understand that I will live, learn and play with young women and men from many ethnic, cultural & spiritual backgrounds.
5. I understand that hurtful, argumentative, disrespectful, demeaning, racist and/or sexist language is unacceptable at Town & Country School.
6. I understand that Town & Country School encourages students and staff to practice daily the art of making healthy life choices. Thus, the Town & Country community does not tolerate or negotiate the use of tobacco, alcohol, drugs, or violence (verbal or physical).

Town & Country School has invited me to attend the school. I have read all of the above, and I fully understand what I have read. My ultimate desire is to succeed in my educational experience at Town & Country School.

I understand and therefore I accept my responsibilities as a Town & Country School student.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Sponsor signature

\_\_\_\_\_  
Date



PROFESSIONAL TEAM CONTACT LIST

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician: \_\_\_\_\_

Name of Practice: \_\_\_\_\_ Phone #: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_

Name of Practice: \_\_\_\_\_ Phone #: \_\_\_\_\_

Psychologist/Counselor: \_\_\_\_\_

Name of Practice: \_\_\_\_\_ Phone #: \_\_\_\_\_

Speech-Language Pathologist: \_\_\_\_\_

Name of Practice: \_\_\_\_\_ Phone #: \_\_\_\_\_

Occupational Therapist: \_\_\_\_\_

Name of Practice: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Additional Information Top Portion Required

Child's Name \_\_\_\_\_

- We do not receive any federal or state money. The questions listed below are required on many educational grants and foundation applications. Often this information is needed before we will even be allowed to apply. Your name and student information will not be used in conjunction with the answers to these questions.

1. Does your child currently receive free and reduced lunches? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Is your child enrolled in Sooner Care? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Is your child of Indian (American) decent? YES \_\_\_\_\_ NO \_\_\_\_\_
4. If you answered yes to question 3, what tribe does your child belong? \_\_\_\_\_
5. Will you be applying for the Lindsey Nicole Henry Scholarship? YES \_\_\_\_\_ NO \_\_\_\_\_
6. Will you need financial assistance YES \_\_\_\_\_ NO \_\_\_\_\_
7. Please place a check in the box which best represents your most recent adjusted gross income:
  - a \_\_\_\_\_ \$0-\$10,000
  - b \_\_\_\_\_ \$10,000-\$20,000
  - c \_\_\_\_\_ \$20,001-\$30,000
  - d \_\_\_\_\_ \$30,001-\$40,000
  - e \_\_\_\_\_ \$40,001-\$50,000
  - f \_\_\_\_\_ \$50,001-\$60,000
  - g \_\_\_\_\_ \$60,001-\$70,000
  - h \_\_\_\_\_ \$70,001-\$80,000
  - i \_\_\_\_\_ \$80,001-\$90,000
  - j \_\_\_\_\_ \$90,001-\$100,000
  - k \_\_\_\_\_ \$100,001-\$200,000

### Grandparent Information (Optional)

Grandmother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City and State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Profession \_\_\_\_\_  
Special interests or Skills \_\_\_\_\_

Grandmother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City and State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Profession \_\_\_\_\_  
Special interests or Skills \_\_\_\_\_

Grandfather's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City and State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Profession \_\_\_\_\_  
Special interests or Skills \_\_\_\_\_

Grandfather's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City and State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Profession \_\_\_\_\_  
Special interests or Skills \_\_\_\_\_



# PHYSICAL EDUCATION RESTRICTION

Student: \_\_\_\_\_ School Year: \_\_\_\_\_

Dear Parents,

For our information, and for the safety of your child during P.E. class, would you please complete this form and return it with your enrollment packet. If no restrictions apply, please write "NONE".

If, during the course of the year, your child should have any reason to refrain from P.E. activities, please send a written note to inform us of: restricted activity, length of restriction, and the date to return to regular activities.

Thank you for your cooperation.

Physical Restrictions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medication \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

Date: \_\_\_\_\_

## Internet Contract

Internet use at Town & Country School is a tool used for special projects, research, online field trips, and any other such activities that a teacher may assign. In order to assure safety for all students and faculty, strict rules for usage must be applied and adults will supervise all Internet usage. The school also has security software installed on all the computers, which monitors Internet usage and disallows users to go to inappropriate web sites. The following rules will apply:

1. Any sites with inappropriate images, text, video or audio material shall not be allowed. Inappropriate material includes, but is not limited to: vulgar, rude, or obscene language, sexually explicit material, material defined as satanic, or material that depicts destruction of property or societal rebellion.
2. Downloading of programs or video, audio, or other files without prior teacher approval is prohibited.
3. The use of chat rooms without teacher approval is prohibited.
4. Students may not order or purchase items on the Internet or use the school system for commercial purposes.
5. Personal student e-mail use is prohibited. During instructional e-mail usage, the opening of attachments or downloads is also strictly prohibited.

Violation of Internet rules may result in the loss of privilege and or suspension. Loss of privilege could also result in harm to student's grade for Internet based assignments.

I have discussed and understand the Internet rules with my parent/guardian. Internet use is prohibited without a signed contract on file at Town and Country School.

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

\_\_\_\_\_  
Student

**TOWN & COUNTRY SCHOOL FAMILY  
DIRECTORY  
2018-2019**

School directories will be available as soon as all current information is updated. This is a very helpful tool for parents and students to stay connected.

**I agree to have the following information printed in the school directory.**

**Parent Signature:** \_\_\_\_\_

Student Name: \_\_\_\_\_ Class \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone:

Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_

E-Mail \_\_\_\_\_

# TEACHEREASE

TeacherEase is a web-based program that will allow you to monitor your child's classroom & behavioral progress throughout the school year. This program allows parents to access information pertaining only to their child.

## HOW PARENTS ACCESS TEACHEREASE:

1. The parent provides his/her email address to the school.
2. The school enters the email address into TeacherEase for each student. TeacherEase creates a parent account with access to your student. Your email address will be your login when accessing TeacherEase.
3. TeacherEase will send a "welcome" email with login and password information to the parent. Once you receive this email, you should be able to login. If you do not receive this welcome email please **contact your child's principal**.
4. The parent can then use this login/password to access their student's information. Go to: [www.teacherease.com](http://www.teacherease.com) , click "Login" and fill in your information.



## **INCLEMENT WEATHER SCHOOL CLOSINGS!!**

In the event of inclement weather, please tune into the stations listed below for up to date Town & Country School Closings. Once the decision has been made to close Town & Country School, you will also be notified through our emergency notification system as well as the TV stations. In prior years, we have closed if TPS closed. However, they often close for cold mornings due to their bus routes. We do not have bus routes. Therefore, we will be attending school on those days.

### **Television Stations:**

**KJRH Channel 2 – Cox 9**

**KOTV Channel 6**

**KTUL Channel 8**

**KRMG Radio**



## Dress Requirements for the 2018-2019 School Year

	<b>Girls</b>	<b>Boys</b>
<b>Shirts</b>	Polo style shirt or T&C t-shirt in Burgundy or Grey, short or long sleeves	Polo style shirt or T&C t-shirt in Burgundy or Grey, short or long sleeves
<b>Undershirts</b>	White only	White only
<b>Pants</b>	Blue Jeans or blue cotton, plain pocket.. Proper size and fit are required, no low riders or holes.	Blue Jeans or blue cotton, plain pocket. Proper size and fit are required, no low riders or holes
<b>Capri Pants</b>	Blue Jean shorts or blue cotton, plain pocket. Proper size and fit are required, no low riders or holes	Blue Jeans or blue cotton, plain pocket. Proper size and fit are required, no low riders or holes
<b>Shorts</b>	Blue Jean shorts or Navy blue cotton walking shorts. No shorter than 4" above the knee. Proper size and fit are required, no low riders	Blue Jean shorts or Navy blue cotton walking shorts. No shorter than 4" above the knee. Proper size and fit are required, no low riders
<b>Hoodies</b>	Only Town & Country School hoodies may be worn in the building and in classes.	Only Town & Country School hoodies may be worn in the building and in classes.
<b>Shoes</b>	Any tennis shoe or low heeled slip on loafer or tie style loafer or boot. No high heels or platform shoes.	Any tennis shoe or low heeled slip on loafer or tie style loafer or boot. No high heels or platform shoes.
<b>Gym/PE for High School</b>	Knee length basketball shorts in cotton or knit T-shirt, solid colored tennis shoes	Knee length basketball shorts in cotton or knit T-shirt, solid colored tennis shoes
<b>Lower School</b>	Girls may wear jumpers, skirts or cotton pants in a navy blue.	

### Additional Items:

- Students must keep their hair clean and out of their eyes.
- The wearing of hats, caps, sunglasses or scarves will not be permitted inside school buildings except for medical conditions, religious reasons or school authorized events.
- The administration reserves the right to determine the appropriateness of a students' appearance based on each of the preceding regulations. If students are not properly attired, parents may be required to bring acceptable clothing to the school office. We request that these policies be monitored at home.

# 2018-2019 Town & Country School Calendar

August 8,9,10,13,15	Professional Development
August 14	Orientation
August 16	First Day of School
September 3	Labor Day
September 28	½ Day
October 16	End of first 1/4
October 17	PEC Conferences
October 18-19	Fall Break
October 26	½ Day
November 8 <sup>th</sup>	End of 1 <sup>st</sup> Trimester
November 21-23	Thanksgiving Break
November 30	½ Day
December 19	½ Day
December 19	End of Second 1/4
December 20-January 3	Winter Break
January 3	No School/Professional Development
January 21	MLK Day
January 25	½ Day
February 15	End of 2 <sup>nd</sup> Trimester
February 18	President's Day
March 8	End of Third 1/4
March 18-22	Spring Break
March 29	½ Day
April 19 & 22	April Break
April 26	½ Day
May 3	PEC Conferences
May 14	Graduation
May 16	End of Fourth ¼
May 16	End of 3 <sup>rd</sup> Trimester
May 17	Last Day of School
May 17	½ Day
May 20	PD for Teachers

## Important Information for Parents About Meningococcal Disease and Meningococcal

### Vaccines from the Oklahoma State Department of Education and the Oklahoma State Department of Health

#### What is meningococcal disease?

Meningococcal (men-IN-jo-kok-ul) disease is a rare but sometimes fatal disease caused by a bacterium called *Neisseria meningitidis*. The disease causes either meningitis, severe swelling of the brain and spinal cord, or meningococemia, a serious infection of the blood.

**Who is at risk from meningococcal disease?** Although the risk is extremely low, disease does occur. Babies less than a year old have the highest risk for meningococcal disease, but no vaccine is available to protect them. Teenagers and young adults, aged 15 to 22 years, are at increased risk because of behaviors that spread the disease. On average two to three people in this age group get meningococcal disease every year in Oklahoma. More than half of these could be prevented by vaccine. College freshmen living in dormitories have a greater chance of contracting the disease than other persons their age. Others at increased risk are those with immune system problems, without a

spleen, and traveling to parts of the world where the disease is more common.

#### How is the disease spread?

The disease is spread by droplets in the air and direct contact with someone who is infected. That includes coughing or sneezing, kissing, sharing a water bottle or drinking glass, sharing cigarettes, lipstick, lip balm—anything an infected person touches with his or her mouth.

**Is meningococcal disease dangerous?** Yes, every year in the United States about 2,500 people are infected and about 300 people a year die, in spite of treatment with antibiotics. Of those who live, about 400 a year lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes. This is why preventing the disease is important. If your child has

symptoms of meningococcal disease contact your health-care provider immediately.

#### Signs and Symptoms of Meningitis

- Headache
- Fever
- Chills
- Stiff neck
- Extreme tiredness
- Vomiting
- Sensitivity to light
- Rash of small purplish black-red dots

#### How can meningococcal disease be prevented?

Vaccines can prevent many types of meningococcal disease, but not all types. There are two vaccines available in the United States that protect against four of the five most common strains of the meningococcal bacteria. The newest vaccine, called Menactra, or MCV4, is currently available for:

Adolescents entering high school (15 years of age),

College freshmen who live in dormitories, Other people at high risk 11- through 55- years-of-age.

There is a shortage of both vaccines because the company that makes the vaccines has not been able to keep up with the demand; therefore, it may be difficult to get the vaccine. However, healthcare providers are saving the vaccine for these groups.

The earlier vaccine, called Menomune, or MPSV4, was effective in older children and teenagers but booster doses were needed every three to five years. The new vaccine protects against the same types of meningococcal bacteria and probably will not require booster doses. MPSV4 is still used for children 2- through 10-years-old and adults over 55 who are at risk.

Teenagers and young adults can also reduce their risk by taking good care of themselves, by eating a balanced diet, getting enough sleep and exercise, as well as avoiding cigarettes and alcohol.

**Is the meningococcal vaccine safe?** Yes, both vaccines are safe; however, there are risks with any vaccine. About half of the people who get the vaccine will have pain and redness where the shot was given, but because the vaccine is not made from the whole bacteria, it cannot cause bloodstream infections or meningitis. A small percentage of people who get the vaccine develop a fever. Vaccines, like all medicines, carry a risk of an allergic reaction, but this risk is very small.

A few cases of Guillain-Barré Syndrome, a serious nervous system disorder, have been reported among people who got the new vaccine, MCV4 (meningococcal conjugate vaccine). At this time, there is not enough evidence to tell if the vaccine caused the disorder. Health officials are investigating these reports.

**Does the meningococcal vaccine work?** Yes. The new meningococcal vaccine protects about 90 percent of the people who receive it from meningococcal disease caused by types A, C, Y, and W-135. These types cause almost two-thirds of all meningococcal disease in teenagers in the United States. It does not prevent type B, which causes about one third of the cases in teenagers.

**Does the meningococcal vaccine prevent all cases of meningitis?**

No. However, 63 percent of the meningitis cases in 1822 year olds occurring in Oklahoma from 2000 through 2005 could have been prevented by vaccination. The meningococcal vaccine does not include type B. Scientists have not been able to make a vaccine that will protect against type B. Other bacteria and viruses can also cause meningitis. More information about these causes can be found at the National Meningitis Association Web site listed in the box in the next column.



Oklahoma  
State  
Department  
Of Education



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**Where can I get the vaccine for my son or daughter?**

If your child has health insurance you can obtain the meningococcal vaccine from your health-care provider.

Local county health departments have the vaccine available now at no charge for all children who:

Have no health insurance,

Are Medicaid eligible,

Are Native American,

Or whose health insurance does not pay for vaccines,

and are either 15 through 18 years of age, or who do not have a spleen, have certain immune system problems, or who will be traveling to certain parts of the world.

**Is this vaccine required to attend school in Oklahoma?**

This vaccine is not required to attend kindergarten through the 12<sup>th</sup> grade in Oklahoma. However, it is required for students who are enrolling in colleges and other schools after high school who will live in dormitories or on-campus student housing.

**Where can I get more information?** For more information contact your healthcare

provider or local county health department or visit these Web sites:

National Meningitis Association at [www.nmaus.org](http://www.nmaus.org)

Immunization Action Coalition at <http://www.vaccineinformation.org/menin/index.asp>

Institute for Vaccine Safety, Johns Hopkins Bloomberg School of Public Health at <http://www.vaccinesafety.edu/cc-mening.htm>

National Network for Immunization Information at <http://www.immunizationinfo.org/>

