

**20 - 20 Harrah Public Schools Enrollment Form**

Date Entered \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Bus # \_\_\_\_\_

**STUDENT INFORMATION**

Student's legal name \_\_\_\_\_ (Last) (First) (Middle) Nickname \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Social security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student's cell phone \_\_\_\_\_  
(High School only)

Mystudent is a: Car rider / Busrider Does student go to daycare? Yes No AM PM Both Bus # \_\_\_\_\_

Daycare name, address and phonenumber \_\_\_\_\_

African American \_\_\_\_\_ Native American \_\_\_\_\_ Tribe \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Caucasian \_\_\_\_\_

Name of last school attended (if not Harrah Schools) \_\_\_\_\_

Is there a land line home phone? Yes No If yes, what is it? \_\_\_\_\_

Mother/Guardian's cell phone \_\_\_\_\_ Is it ok to text? \_\_\_\_\_ Father/Guardian's cell phone \_\_\_\_\_ Is it ok to text? \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Check this box if physical address is the same as the above mailing address, if different complete next line.

Physical address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**FAMILY INFORMATION**

Mother's name \_\_\_\_\_ Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Check this box **ONLY** if address is the same as the student's. E-mail address \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's name \_\_\_\_\_ Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Check this box **ONLY** if address is the same as the student's. E-mail address \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Step/Guardian \_\_\_\_\_ Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Check this box **ONLY** if address is the same as the student's. E-mail address \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Who does student reside with? \_\_\_\_\_ Who has legal custody? \_\_\_\_\_

Is either parent/guardian employed by the Federal Government? Yes No Do you live on Native American land? Yes No

Do you farm Native American land? Yes No Does student live more than or less than 1 1/2 miles from the school? More than Less than

Directions to home \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

April 16, 2014

List siblings attending Harrah Schools

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**EMERGENCY CONTACT**

Please list the names of relatives or friends who may be contacted when you cannot be reached. The student will be released to the persons listed **ONLY** when you cannot be reached. List 3 different people and their phone numbers.

1. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Any time you need someone, other than yourself, to pick up your student, you **MUST** send a note or call the office to inform the school.

**MEDICAL INFORMATION AND AUTHORIZATION, CONSENT, RELEASE & PERMISSION**

Family doctor/clinic \_\_\_\_\_ Phone number \_\_\_\_\_ Hospital preference \_\_\_\_\_

Medicaid number \_\_\_\_\_ Insurance company \_\_\_\_\_ School insurance Yes No

Does student have any food or medication allergies? Yes No List \_\_\_\_\_

Does student have health condition that should be reported to the office? Yes No List \_\_\_\_\_

Do you give permission for the office to administer a pain reliever and/or an antacid? Yes No Initials \_\_\_\_\_

I authorize screenings for vision, hearing and/or speech (screenings are not done in every grade). Yes No Initials \_\_\_\_\_

My student has permission to attend ALL field trips (specific information about each trip will be sent in advance). Yes No Initials \_\_\_\_\_

I give permission for my student to use the building-approved account to access the district's computer network/internet. Yes No Initials \_\_\_\_\_

In accordance to the Family Education Rights and Privacy Act (FERPA), Harrah Public Schools has designated the following as "directory information" about your student – STUDENT'S NAME, DATE OF BIRTH, WEIGHT, HEIGHT, PARENT'S NAMES, SIGNATION (first, tenth grade, etc.), ACHIEVEMENT AWARDS or HONORS, EXTRACURRICULAR PARTICIPATION and PHOTOGRAPH. If you wish to refuse any or all of the items listed about your student from being designated as directory information you must write a letter to the school principal. The letter must be received by the first Monday in September. Directory information allows the school district to release this designated information without prior written consent for things such as but not limited to, YEARBOOK, ATHLETIC ROSTERS, NEWSPAPERS, COLLEGES, ETC. For more information contact the Special Services Director at the Administration Building, 20670 Walker, Harrah OK 73045, (405)347-2820.

I have read the above FERPA statement and understand if I DO NOT want my student's directory information released, I must write a letter to my student's principal prior to the first Monday in September.

Initials \_\_\_\_\_

I acknowledge the information given on this registration card to be true. I understand that false information may result in the dismissal of my student from school.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_