

2018-2019 Porter JH/HS
Student Enrollment Packet
P.O. Box 120 (125 S. Main St.) Porter, OK 74454
Phone: 918-483-7011 Fax: 918-483-7202

In order to enroll with Porter JH/HS Please have the following:

- Birth Certificate
- Social Security Card
- CDIB Card If applicable
- Immunizations
- Proof of Address living in Porter School District
 - Any info from previous school
 - Transfer Papers
- Every household please fill out Cafeteria forms. We **must** have one on file for every household.
- Please complete all papers in enrollment packet.

Transfer Student: Yes No School Transferring From: _____

Student Name: _____
(First) (Middle) (Last)

Sex: _____ Grade: _____ Birth Date: _____ SSN: _____

Citizenship: US: _____ Other/Specify: _____ Birth Place: _____

Ethnicity: (Please check all that apply) African American American Indian Asian
 Pacific Islander Caucasian Hispanic/Latino

Native Language other than English: _____

Is A Language Other Than English Spoken In Your Home? Yes No Language: _____

Has Student Attended Porter Schools? Yes No Last School Attended _____

How Many Miles Do You Live From School? _____ Bus: Yes No Bus # _____

Home Address: _____

Mailing Address If Different: _____

Please Check: Parent Legal Guardian Foster Other _____

Name: _____ Email: _____

Address If Different From Student: _____

Home #: _____ Cell #: _____

Employer and Phone #: _____

Please Check: Parent Legal Guardian Foster Other _____

Name: _____ Email: _____

Address If Different From Student: _____

Home #: _____ Cell #: _____

Employer and Phone #: _____

Student Information

Is Student Currently Under A Suspension From Another School? Yes No

Has Student Been Enrolled In Special Ed. Classes Through An IEP? Yes No

Does The Student Have Any Specific Health Conditions/Food Allergies? Yes No
Please Explain: _____

Does The Student Live In A Shelter, Abandoned Space, Motel, Campground Or Shared Housing With Multiple Families Because Of Economic Hardship? Yes No

Does The Student Have A Fixed, Regular, Or Adequate Night Time Residence? Yes No

Please List Any Siblings:

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Name: _____ Grade: _____ School: _____

Any false statements are subject to immediate withdrawal. My signature certifies that I am the legal guardian and that all information provided is correct and the facts stated are true. My signature also certifies that the address given on this form is correct and that the student is a legal resident and/or transfer student in the Porter Consolidated School District.

Parent/Guardian Print

Parent/Guardian Signature Date

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Porter JH/HS
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Acknowledgements/Permissions

Student Name

Grade

Please read the statements below with your student and CHECK YES OR NO on each statement indicating you understand and permission to participate. Both parents and students must sign and return to the office. Please find a complete disclosure regarding the following statements in the student handbook.

**I have read and/or had explained to me the INTERNET ACCESS AGREEMENT in the student handbook and agree to abide by the Guidelines set forth in the policy and realize that noncompliance With these guidelines will result in disciplinary action. Internet/Computer Usage is a privilege and can be rebuked at the discretion of a Porter Faculty Member and/or Administrator if problems arise. Yes No

** I agree, pursuant to the PORTER CONSOLIDATED INTERNET/COMPUTER ACCEPTABLE USE POLICY, to authorize my child's photo and/or Work to be published on the authorized school website, school Publications and published through our broadcast. Yes No

** I hereby authorize and give my consent to a school faculty member to Administer a non-prescription and/or prescription Medication that I Have provided in the Original Package/Bottle. The student's name Must be clearly labeled on the cap or prescription label. I understand the School district shall not be liable to the student or student's result from The acts or omission of school employees in administering the medication I have hereby authorized and provided. Yes No

Student Signature

Date

Parent/Guardian Signature

Date

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Permission to Travel

Student Name: _____

Grade: _____

My above named son/daughter, has my permission to attend all school sponsored activities, including but not

Limited to, FFA, STUCO, FCCLA, JOM, NHS, SWAT, 4-H, Yearbook, Poetry/Troop Support, Cheerleading, Academics, all Athletics, Student of the Month, Good Behavior Trip that will be held off campus. In case of an Emergency a Porter School Faculty member has my permission to take my above named son/daughter to the doctor or Hospital.

Preferred Physician: _____

Preferred Hospital/Urgent Care: _____

Insurance Name: _____ Insurance Number: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Number: _____ Work: _____

Emergency Contact Name: _____

Emergency Contact Number: _____ Work: _____

Students Health Conditions/Food Allergies/Medications: _____

Parent Notes: _____

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Parent Verification form for Regulations of Student Handbook

Student Name: _____ Grade: _____

***I the parent/guardian of the above named student was notified that a copy of the Student Handbook from Porter Consolidated JH/HS with the Regulations by which my child must abide is available on the school website, www.porter.k12.ok.us, I understand that the Administration is asking me to read the information in the handbook and go over it with my child.

***I understand that I must be aware of the sections governing Attendance. I realize that by law, I am to call or email (rmoore@porter.k12.ok.us) on day(s) that my child is absent. If I fail to call the school or email, I will send a note with my child the next morning so they can check in school with an excused absence(s). I realize that the maximum number of absences my child can have EACH semester is ten (10), unless there are extreme extenuating circumstance (which must be approved by the Principal). If your child is not in attendance 90% of the time they will not receive credit for their classes. If your child is absent without valid excuse for ten (10) days per semester, we shall contact the District Attorney for juvenile proceedings pursuant to Title 10 of the Oklahoma Statutes. In addition, we will report these absences to the truancy court and you could receive a fine plus court costs.

***I understand that riding the bus is going to be very controlled and disciplined. If my child DOES NOT abide by the rules, he/she will lose their bus riding privileges and that it will be MY (parent/guardian) responsibility to get my child to and from school.

***Part of the Discipline Policy incorporates corporal punishment; Level 1 and Level 2 Corporal Punishment will be administered only by the Principal.

Please Check one: I support Corporal Punishment I Do Not support Corporal Punishment

Parent/Guardian Signature

Date

Student Signature

Date

Parent Comments: _____