



**DEWAR PUBLIC SCHOOLS**  
**STUDENT ENROLLMENT FORM**  
 School Year 2020—2021  
 www.dewar.k12.ok.us

*To be completed by  
 parent or guardian. All  
 Information Required!!!*

Date: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  NEW  UPDATE

STUDENT INFORMATION

Student has previously attended Dewar Public Schools:  Yes  No

Previous School Attended: \_\_\_\_\_  
School Name City State Telephone

Social Security Number: \_\_\_\_\_ Transported over 1.5 miles to school:  Yes  No

Does your child reside in Dewar School District? If no, what district? \_\_\_\_\_

Legal Name: \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last Nickname

Ethnicity (check only one):  Hispanic/Latino  Not Hispanic/Latino

Race (check all that apply):  Black  American Indian  Asian  Pacific Islander  White/Caucasian

If American Indian: Tribe: \_\_\_\_\_ Roll #: \_\_\_\_\_ Student Citizenship #: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month Day Year City State Country

If your child was born in other country, what date did he/she first enter the country? \_\_\_\_\_ First USA Enrollment Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
(if different) Street PO Box City State Zip

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Student Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
(land line) (optional)

Is either parent/guardian in the military or a civilian working on government property?  Yes  No

Do you use a language other than English in your home (this includes Native American Indian Languages? If yes, what \_\_\_\_\_

Student Permission to use Internet  Yes  No Student Picture Publish on web page  Yes  No Student Work Publish on web page  Yes  No

FAMILY #1 (Primary Residence)

Parent/Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Middle Last

Email Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Middle Last

Email Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

Is the custody of this child decreed by courts? If yes who has primary custody? \_\_\_\_\_ Relationship: \_\_\_\_\_  
Court documents  
 Need to be in  
 Child's file.

FAMILY #2

Parent/Guardian 2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Middle Last

Email Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Middle Last

Email Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

EMERGENCY CONTACTS

**Contact 1:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Middle Last

Email Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

**Contact 2:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Middle Last

Email Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

MEDICAL

Does student have any illness or disability that requires medication?  Yes  No

List any illness, disability and/or medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Medicaid/Soonercare #: \_\_\_\_\_

Doctor's Phone: (\_\_\_\_) \_\_\_\_\_ Hospital of Choice: \_\_\_\_\_

As the parent/guardian of the above named student, in case I am unable to be reached during any emergency, I hereby authorize a representative of the school to act as an agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

Yes  No

OTHER CHILDREN

List any other children in the family:

<i>First Middle Last Name</i>	<i>Date of Birth</i>	<i>Relationship</i>	<i>Gender</i>	<i>Lives at Home</i>	<i>School Attending/Grade</i>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Authorized to Pick Up

Please list all parties authorized to pick up your child:

<i>First Middle Last Name</i>	<i>Relationship</i>

I/We have reviewed this document and to the best of my/our knowledge the information contained herein is true and complete. The undersigned declare under penalty of perjury that they are the parents or legal guardians of the above named student and grant the above authorizations.

\_\_\_\_\_  
*Parent Guardian Name (please print)*

\_\_\_\_\_  
*Parent Guardian Name (please print)*

\_\_\_\_\_  
*Parent Guardian Signature*

\_\_\_\_\_  
*Parent Guardian Signature*

## ALLERGY INFORMATION

CHILD \_\_\_\_\_ DOES OR DOESN'T HAVE A FOOD ALLERGY.

FOOD ALLERGY LIST : \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

(Template)  
**School Year 2020 - 2021**  
**Economically Disadvantaged Form**

This application should be completed even if your student attends a Community Eligibility Provision or Provision School.

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Number: \_\_\_\_\_

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

**Please select the income range that represents the total annual gross income:**

- |   |   |   |
|---|---|---|
| <input type="radio"/> Less than \$23,606            | <input type="radio"/> Between \$48,470 and \$56,758 | <input type="radio"/> Between \$81,622 and \$89,910   |
| <input type="radio"/> Between \$23,606 and \$31,894 | <input type="radio"/> Between \$56,758 and \$65,046 | <input type="radio"/> Between \$89,910 and \$98,198   |
| <input type="radio"/> Between \$31,894 and \$40,182 | <input type="radio"/> Between \$65,046 and \$73,334 | <input type="radio"/> Between \$98,198 and \$106,486  |
| <input type="radio"/> Between \$40,182 and \$48,470 | <input type="radio"/> Between \$73,334 and \$81,622 | <input type="radio"/> Between \$106,486 and \$114,774 |

**Please select the total number of people in your household:**

- |                                 |                                 |                                   |
|---------------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> One (1)   | <input type="radio"/> Five (5)  | <input type="radio"/> Nine (9)    |
| <input type="radio"/> Two (2)   | <input type="radio"/> Six (6)   | <input type="radio"/> Ten (10)    |
| <input type="radio"/> Three (3) | <input type="radio"/> Seven (7) | <input type="radio"/> Eleven (11) |
| <input type="radio"/> Four (4)  | <input type="radio"/> Eight (8) | <input type="radio"/> Twelve (12) |

Signature: I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school.

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**For Office use only:**

- Qualified                       Not Qualified

## DEWAR' Public Schools Student Enrollment Questionnaire

Student Name:	Today's Date:	
Date of Birth:	Grade:	School:

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

**Where are you and your family currently living? Please check one of the boxes below.**

**SECTION A**

Rent/own my own home or apartment

**STOP:** If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your own home or apartment, please continue to the next section.

**SECTION B**

- Temporarily with another family member or friend until we can locate affordable housing
- In an emergency or transitional shelter
- In a vehicle, park, campground, or on the streets
- In a house, building, or trailer WITHOUT running water or electricity
- In a hotel or motel
- With an adult that is not a parent or legal guardian
- Alone or in different locations, without an adult serving as a caregiver
- Wherever I can find a place to stay at night
- Other Please Explain:

If you checked a box in section B, in the space below please list all children currently living with you who attend "name" Public Schools.

FIRST & LAST NAME OF STUDENT	MALE OR FEMALE	DATE OF BIRTH	GRADE	SCHOOL NAME

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child?  Yes  No

*The undersigned certifies that the information provided is correct and accurate.*

(Print) Parent/Guardian or Adult Caring for the Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Signature: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_