

# *RYAL PUBLIC SCHOOL*

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STUDENT NAME

PLEASE SELECT ONE

VIRTUAL – WILL ATTEND ALL VIRTUAL AND IN SCHOOL DAYS (IN SCHOOL DAYS WILL BE VIRTUAL ALSO)

BLENDED – WILL ATTEND VIRTUAL ON FRIDAYS. ATTEND SCHOOL ON CAMPUS MONDAY THROUGH THURSDAY.

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PARENT SIGNATURE

# RYAL PUBLIC SCHOOL

McIntosh County C003  
115035 S 3960 Rd  
Henryetta, OK 74437

HOME DISTRICT

Required are COPIES of the following:

- \_\_\_ Birth Certificate
- \_\_\_ Social Security Card
- \_\_\_ Parent SS Card
- \_\_\_ CDIB Card
- \_\_\_ Proof of Residency
- \_\_\_ Immunization Record

## 2020-2021 STUDENT ENROLLMENT FORM

LAST SCHOOL ATTENDED
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\*\*\*PLEASE COMPLETE ALL APPLICABLE AREAS\*\*\*

### STUDENT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME			
ADDRESS	PHONE NUMBER	SOCIAL SECURITY NO			
CITY	ZIP	EMAIL ADDRESS	TRANSFERRED DISTRICTS? (CIRCLE) YES NO		
GRADE					
PLEASE CHECK WHERE STUDENT AND FAMILY ARE CURRENTLY LIVING:					
<input type="checkbox"/> OWN/RENT A HOUSE OR APARTMENT UNDER PARENT/GUARDIAN'S NAME <input type="checkbox"/> TEMPORARILY/PERMANENTLY LIVE WITH ANOTHER FAMILY MEMBER OR FRIEND <input type="checkbox"/> IN A HOUSE, BUILDING, OR TRAILER WITHOUT RUNNING WATER OR ELECTRICITY <input type="checkbox"/> ALONE OR IN DIFFERENT LOCATIONS, WITHOUT AN ADULT SERVING AS A CAREGIVER <input type="checkbox"/> WITH AN ADULT THAT IS NOT A PARENT OR LEGAL GUARDIAN <input type="checkbox"/> IN A VEHICLE, PARK, CAMPGROUND, OR ON THE STREETS <input type="checkbox"/> IN AN EMERGENCY OR TRANSITIONAL SHELTER <input type="checkbox"/> IN A HOTEL OR MOTEL <input type="checkbox"/> WHEREVER I CAN FIND A PLACE TO STAY AT NIGHT <input type="checkbox"/> OTHER, PLEASE EXPLAIN:					
<table border="1"> <tr> <td><b>OFFICE USE ONLY</b></td> </tr> <tr> <td>QUALIFIES FOR TITLE IV A ASSISTANCE</td> </tr> </table>				<b>OFFICE USE ONLY</b>	QUALIFIES FOR TITLE IV A ASSISTANCE
<b>OFFICE USE ONLY</b>					
QUALIFIES FOR TITLE IV A ASSISTANCE					
GENDER (CIRCLE) MALE FEMALE	BIRTH DATE	PLACE OF BIRTH			
RACE (CIRCLE) INDIAN WHITE BLACK OTHER	TRIBAL NATION	DEGREE OF BLOOD	CDIB/ROLL NO		

### FAMILY INFORMATION

PARENT/GUARDIAN 1		SOCIAL SECURITY NO (REQUIRED)
FAMILY MEMBER <input type="checkbox"/> MOTHER/FEMALE GUARDIAN <input type="checkbox"/> FATHER/MALE GUARDIAN <input type="checkbox"/> OTHER	EMPLOYER	DAYTIME PHONE NUMBER
	EMAIL ADDRESS	EVENING PHONE NUMBER
PARENT/GUARDIAN 2		SOCIAL SECURITY NO (REQUIRED)
FAMILY MEMBER <input type="checkbox"/> MOTHER/FEMALE GUARDIAN <input type="checkbox"/> FATHER/MALE GUARDIAN <input type="checkbox"/> OTHER	EMPLOYER	DAYTIME PHONE NUMBER
	EMAIL ADDRESS	EVENING PHONE NUMBER

### EMERGENCY INFORMATION

EMERGENCY CONTACT	RELATIONSHIP TO STUDENT	ADDRESS	CONTACT'S DAYTIME PHONE NUMBER
STUDENT'S DOCTOR	DOCTOR PHONE NUMBER	HOSPITAL PREFERENCE	HOSPITAL PHONE NUMBER

I hereby authorize the Superintendent of Ryal School (or someone the Superintendent designates) to take my child to the doctor or hospital listed above in case of an accident or emergency during school hours.

# PARENT CONSENT

NAME OF CHILD \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_ DATE \_\_\_\_\_  
FIRST MIDDLE LAST  
MONTH/DAY/YEAR

PARENT(S) \_\_\_\_\_

PHONE: WORK \_\_\_\_\_ HOME \_\_\_\_\_ OTHER \_\_\_\_\_

## INFORMATION MAY BE GIVEN TO THE FOLLOWING:

NAME	PHONE	RELATIONSHIP

## PICK UP/ EMERGENCY AUTHORIZATION

NAME	PHONE	RELATIONSHIP

SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_ DATE \_\_\_\_\_

Permission to Punish

Student \_\_\_\_\_ Grade \_\_\_\_\_

Check appropriate box for your preference of swats to be used as punishment or not to be used as punishment.

I give Lynn Maxwell, Superintendent of Ryal School, permission to administer swats to my child during the current school year. If you checked the box giving permission for your child to receive swats, would you like to be called before swats are given? \_\_\_\_\_ If yes, phone number \_\_\_\_\_

I DO NOT give Lynn Maxwell, Superintendent of Ryal, permission to Administer swats to my child during the current school year.

Internet Permission

\_\_\_\_\_ I **DO NOT GRANT** permission for my child's personally identifiable information to be published on the district's website.

\_\_\_\_\_ I **GRANT** permission for the following types of information regarding my child to be published on the district's website: *(check all that apply)*

\_\_\_\_\_ Student Name      \_\_\_\_\_ Student Photo      \_\_\_\_\_ Student Papers

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

## ACCEPTABLE USE AND INTERNET SAFETY AGREEMENT

I have read, understand and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the District's computer network and the Internet, I understand and agree that my access privilege may be revoked and school disciplinary and/or appropriate legal action may be taken against me.

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Status: Student \_\_\_\_\_

Staff \_\_\_\_\_

Patron \_\_\_\_\_

Parent or Guardian: (If applicant is under 18 years of age, a parent or guardian must also read and sign this agreement.) As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the District's Acceptable Use and Internet Safety Policy for the student's access to the District's computer network and the Internet

## **ACTIVITY TRIP PERMISSION FORM**

Activity trips are an extension of the child's classroom activities and scheduled throughout the school year. Written parent/guardian permission is required for participation. By signing below you will give permission for your child to participate in these school related activities.

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

Student's Grade: \_\_\_\_\_

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

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
Date

School Year 2020 - 2021  
Economically Disadvantaged Application

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 gross income:

- |   |   |  |
|---|---|--|
| <input type="radio"/> Less than \$22,311            | <input type="radio"/> Between \$45,510 and \$53,243 | <input type="radio"/> Between \$76,442 and \$84,175  |
| <input type="radio"/> Between \$22,311 and \$30,044 | <input type="radio"/> Between \$53,243 and \$60,976 | <input type="radio"/> Between \$84,175 and \$91,908  |
| <input type="radio"/> Between \$30,044 and \$37,777 | <input type="radio"/> Between \$60,976 and \$68,709 | <input type="radio"/> Between \$91,908 and \$99,641  |
| <input type="radio"/> Between \$37,777 and \$45,510 | <input type="radio"/> Between \$68,709 and \$76,442 | <input type="radio"/> Between \$99,641 and \$107,374 |

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

# NEW STUDENT'S ONLY

20\_\_\_\_ - 20\_\_\_\_

## HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS



### STUDENT INFORMATION

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? Yes \_\_\_\_\_ No \_\_\_\_\_

Select one or more of the following races:

\_\_\_\_\_ African American/Black \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian  
 \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ Caucasian/White

1. What is the dominant language most often spoken by the student? \_\_\_\_\_
2. What is the language routinely spoken in the home, regardless of the language spoken by the student? \_\_\_\_\_
3. What language was first learned by the student? \_\_\_\_\_
4. Does the parent/guardian need interpretation services? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what language? \_\_\_\_\_
5. Does the parent/guardian need translated materials? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what language? \_\_\_\_\_
6. What was the date the student first enrolled in a school in the United States? \_\_\_\_\_  
MM/YYYY

\_\_\_\_\_  
Date (MM/DD/YYYY)

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

### SCHOOL USE ONLY

*Please have test score documentation available for the Regional Accreditation Officer to review.*

- Other language than English indicated TWO OR MORE times on questions 1 – 3 above. The student is classified as "more often" and automatically qualifies as bilingual on the accreditation report.
- Other language than English indicated ONLY ONCE on questions 1 – 3 above. The student is classified as "less often" and only qualifies as bilingual on the accreditation report if he or she meets one of the following (any selection below **REQUIRES** appropriate documentation):
  - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool.
  - 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).
  - 3. Scored at or below the 35<sup>th</sup> percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

#### DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS		Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Reading Total Composite Score(s) %

*From Above:*  
 Question 1: Reference WAVE code 1036  
 Question 2: Reference WAVE code 1037  
 Question 3: Reference WAVE code 1038



Parent/Guardian's Application for a Student Transfer due to Emergency  
Beginning School Year 20 20 - 20 21

**Instructions:** The parent must complete and begin transfer application with the superintendent of the Receiving District. "On an adequate showing of emergency, the superintendent of the receiving school district may make and order a transfer, subject to approval by the State Board of Education." [70 § 8-104]. The Receiving District must submit student transfer applications to the State Department of Education only via the online Wave Student Transfer System. \*Sending District MUST SIGN if application is for Mutual District Consent RFT 05.

No student may be granted more than one Open Transfer per school year, but may qualify for additional transfers pursuant to emergency provisions of the Open Transfers Act or a legal change in residence. [OAC 210:10-1-18 (d)]

RECEIVING SCHOOL DISTRICT (request transfer to)

County Number \_\_\_ District Number \_\_\_ - \_\_\_

District Name Ryals

County Name McIntosh

SIGNED \_\_\_\_\_

APPROVE  DENY  CANCEL

SENDING SCHOOL DISTRICT (transfer from)

County Number \_\_\_ District Number \_\_\_ - \_\_\_

District Name \_\_\_\_\_

County Name \_\_\_\_\_

Emergency transfers may only be cancelled with the concurrence of the board of the Receiving District and student's parent. [OAC 210:10-1-18 (e) (1)]

**Student Information:** Enter the Grade level for the school year the child will attend if transfer is approved; use EC for any PeK program.

(PRINT) First Name	Middle Name	Last Name	Birth Date	Grade	IEP**	Reason**	District Use

\*\*Check (✓) Individualized Education Program (IEP) column if applicable. If this transfer is for a student with a disability being served through an IEP, the IEP and necessary records must be submitted to the Receiving District. Both districts shall maintain such records in accordance with confidentiality regulations, state laws, and federal laws. An IEP Service Agreement does not constitute a transfer under the Open Transfer Act and should not be formalized using a transfer form.

\*\*\*Reason for Transfer (RFT): The Receiving District must select Reason for Transfer and enter correct code number in column above.

- 01 - Destruction or partial destruction of a school building;
- 02 - Inability to offer the subject a pupil desires to pursue if the pupil becomes a legal resident of a school district after February 1 of the school year immediately prior to the school year for which the pupil is seeking the transfer;
- 03 - Catastrophic medical problem of a student which for purposes of this section shall mean an acute or chronic serious illness, disease, disorder or injury which has a permanently detrimental effect on the body's system or renders the risk unusually hazardous;
- 04 - Total failure of transportation facilities; (school-provided transportation/bus service)
- 05 - Concurrence of both the Receiving District and Sending District and the Sending District Superintendent must sign the application. The Sending District must enter approve or deny online in the Wave within 10 business days or an automatic approval will result.

\*[For RFT 05] \_\_\_ Approve / Deny \_\_\_ Sending District Superintendent's SIGNATURE \_\_\_\_\_

- 06 - Unavailability of remote or on-site internet-based instruction (by course title) for a student identified as in need of drop-out recovery or alternative education services; provided such student was enrolled at any time in a public school in this state during the previous three (3) years in the district of residence 70 O.S. § 8-104.
- 07 - Unavailability of a Specialized Deaf Education Program for a student who is deaf or hearing impaired;
- 08 - When a student has been the victim of harassment, intimidation and bullying as defined in Title 70 O.S. § 24-100.3, upon verification by the Receiving District that the student has been the victim of harassment, intimidation or bullying, and that the Sending District was notified of the incident(s) prior to the filing of the application for transfer.

Parent/Guardian

1. Are you (parent/guardian) requesting to CANCEL a previously approved emergency transfer?  Yes / No
2. The applicant signed below verifies that he/she is the parent or guardian of the student(s) named above. This applicant acknowledges that if transferred, the student(s) and parent/guardian shall be bound by the Receiving District's rules and regulations and by the State of Oklahoma compulsory school attendance laws.

PRINT) Name of Parent/Guardian Applicant \_\_\_\_\_ (SIGNATURE) Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Residence Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Second Contact Phone \_\_\_\_\_



GRADE

**STUDENT INFORMATION CARD**

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE (     ) \_\_\_\_\_  
PARENT/LEGAL GUARDIAN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PARENT/LEGAL GUARDIAN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

EMERGENCY CONTACT IS WHO YOU AUTHORIZE TO PICK UP YOUR CHILD IN THE EVENT OF ILLNESS, INJURY, OR YOUR ABSENCE

NAME/RELATIONSHIP (1) \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME/RELATIONSHIP (2) \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME/RELATIONSHIP (3) \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME/RELATIONSHIP (4) \_\_\_\_\_ PHONE \_\_\_\_\_

PLEASE LIST ANY HEALTH PROBLEMS OR CONCERNS YOUR CHILD MAY HAVE INCLUDING DAILY MEDICATIONS, ALLERGIES, AND/OR THE NEED OF AN INHALER: ( IF AN INHALER IS NEEDED, PLEASE CONFIRM THAT YOUR CHILD CAN SELF ADMINISTER AND IS AWARE OF WHAT TRIGGERS HIS/HER ASMTHTMA)

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

**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**Student Information**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**

The individual with Tribal membership is the (select only one):  child  child's parent  child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

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

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_