

AUTHORITY TO TRANSFER EDUCATION RECORDS

To: _____

(last school attended)

Student's name _____ Date of Birth _____

In accordance with the Family Educational Rights and Privacy regulations

NEWKIRK PUBLIC SCHOOL

Requests the transfer of all of the above named student's education records. This would include but not be limited to health, grades, cumulative, and confidential records.


The above mentioned student intends to enroll or is enrolled in our district. Therefore, please send records to:

NEWKIRK ELEMENTARY SCHOOL
PAM HUNTER - PRINCIPAL
BOX 91
NEWKIRK, OKLAHOMA 74647

Phone 380-362-2279

F.A.X. 580-362-1151

Sincerely,



(Administrator or representative)

(Date)

NEWKIRK ELEMENTARY SCHOOL assures that subsequent disclosure of the above records will be in accordance with 34 CFR 99 31.

(Parent's Signature)

NEWKIRK PUBLIC SCHOOLS ENROLLMENT

Date: _____

Student Name _____ Grade _____ Date of Birth _____
 Last First Middle

Student S.S. # _____ Male Female Place of Birth _____

This section for new students only:

Has this student ever attended Newkirk Public Schools? Yes No If so, when? _____
 School attended last year? _____
 Address of school _____
 Phone Number of school _____ FAX if known _____
 Is either parent deceased? Yes No Does this student have an IEP? Special Education Yes No
 Does this student have a 504? Yes No Is this student identified as Gifted/Talented? Yes No
 Is student currently under suspension from any school? Yes No Grade level last year _____

ETHNICITY (Part A) and RACE (Part B)

Ethnicity and Race both must be answered. If either part is not answered, the US Department of Education requires the district to supply an answer on your behalf.

Part A: Ethnicity

- Hispanic/Latino/Spanish
- Non-Hispanic

Part B: Race

Select one or more. When choosing more than one, please enter % of each race.

- % _____ Black or African American
- % _____ Native Hawaiian/Pacific Islander
- % _____ Asian
- % _____ White
- % _____ American Indian or Alaska Native (Please complete a Title VI form)

Does this student have a CDIB card? YES NO

Please Check Yes or No:

	Yes	No	
Does this student live on tribal land?			Is any parent/guardian a member of <input type="checkbox"/> Armed Forces (Full-Time) <input type="checkbox"/> Reservist (Active Duty) <input type="checkbox"/> National Guard (Active Duty) <input type="checkbox"/> Not Applicable
Does this student or parent work on tribal land?			
Is this student in the Foster Care System?			Is this student's housing situation a temporary arrangement or is student living with someone other than parent/legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes to either, please complete Student Housing Questionnaire)
Is the primary language used in your child's home or environment a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is that language? _____			
Is your child's native tongue a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is that language? _____			(*If yes to either question, please complete Home Language Survey.)

HOUSEHOLD CONTACT INFORMATION (WHERE THE STUDENT LIVES)

Primary Household Data	Primary Head of Household #1	Primary Head of Household #2
Name (First, Last)		
Relationship Type		
Phone (circle the number to use for automated calling)		
Employer		
Employer Phone		
Email Address:		
Address:		
Mailing Address:		

Other Children in Home or Currently Attending Newkirk Public Schools			
Name	School	Age	Grade

Other Adults Living in the Home			
Name	Relationship	Name	Relationship

CUSTODIAL ISSUES

If parents are divorced, is the custody of this child decreed by the courts? Yes No.

Is there a Primary Custodian Parent/Guardian arrangement? Yes No

If yes, who has primary custody? _____ Relationship _____

Is there a joint custody arrangement? Yes No

The school must have a copy of the court documents declaring custody arrangement.
 (Non-custodial parents have access to student information unless prohibited by the court; the school must have a copy of the legal document).

PARENTS/GUARDIANS LIVING IN DIFFERENT HOUSEHOLD (if applicable)					
Relationship	Name	Address	Cell	Work Phone	May Pickup?

EMERGENCY & PICKUP INFORMATION – Only people listed here will be allowed to pick up student.

Emergency: In case of illness/emergency, will be contacted to pick up child from school if parent/guardian is unavailable or cannot be reached. ****Must have two emergency contacts on file.**

Pickup: Allowed to pick up child after school or at parent request to office.

Emergency		Pickup		Relationship	Full Name of Contact	Cell Phone	Phone #2
Yes	No	Yes	No				

Student Cell Phone _____

Parent/Guardian Signature _____

Date _____

HOUSING QUESTIONNAIRE

NEWKIRK ELEMENTARY SCHOOL - CONSENT FORM

Student _____

Initial correct box yes/no

Field Trips: Permission is hereby given for my child to go on field trips. The school will send advance notice of any field trips.	Yes ____	No ____
Screenings: Permission is hereby given for my child to receive health related screenings including vision, hearing, speech/language, dental, and/or scoliosis by a designee of Newkirk Public Schools, and hearing and/or middle ear screenings.	Yes ____	No ____
Publication: Permission is hereby given for my child's name/pictures to be published in articles reflecting Newkirk Public School's activities.	Yes ____	No ____

NEWKIRK ELEMENTARY SCHOOL CONSENT FOR CORPORAL PUNISHMENT

I, the legal guardian of the above named student, () give () do not give Newkirk Elementary School permission to use corporal punishment in the behavior management of this student.

I understand that corporal punishment will be administered and documented as established in the Newkirk Elementary School discipline plan.

NEWKIRK ELEMENTARY SCHOOL - CONSENT FOR CELL PHONE POSSESSION

I, the legal guardian of the above named student, () give () do not give Said child permission to possess a cell phone at Newkirk Elementary School.

I have read and understand the cell phone policy.

Cell Phone Policy – Parents are strongly encouraged not to allow wireless electronic devices to be brought to school. This is to help avoid potential distractions or problems with the use during unauthorized times. Parents/Guardians must give written permission for students to have cell phones in their possession. The school or district is not liable or responsible for theft, damage or loss of such devices. Students may have cell phones as long as they are not seen or heard during regular school hours. Students should have them off (NOT VIBRATE) during school hours. Students may use such devices after school hours outside of the school building. Violation of this policy will result in confiscation of the phone.

1. First Offense – Students claims device from office at end of day.
2. Second Offense – Student's parent(s) must come to office and claim device.
3. Third Offense – Conference between parent/administrator/student.
4. Fourth Offense – Conference with parents and In-School-Detention.

Parent/Guardian Signature _____ Date _____

NOTIFICATION LETTER/PERMISSION TO PARTICIPATE

Dear Parents or Guardians,

Your child has the opportunity to participate in a climbing wall unit as a part of our physical education program.

We are using a traverse climbing wall to host many exciting activities. At its highest point, the wall measures eight/ten feet. Participants climb horizontally (traverse) across the wall and their feet should never be higher than three/three-and-a-half feet off the ground. Your child will be informed of safety rules and will climb under the careful supervision of an adult instructor at all times.

Indoor rock climbing is one of the fastest growing activities today. It simultaneously develops coordination, strength, flexibility and cardiovascular fitness. Additionally, important life skills like problem-solving, goal-setting, perseverance, inner confidence and patience will be learned in this unit.

In order for your child to participate in our climbing wall unit, Newkirk Elementary School must have a signed permission slip. Should you have any questions regarding this exciting educational opportunity, please call Kim Wilson at 362-2516.

PERMISSION TO PARTICIPATE

_____ (student name) has my permission to participate in the climbing wall unit at Newkirk Elementary School. I understand that this activity involves some risk of injury and I will stress the importance of following the class safety rules when we discuss this activity at home.

(Signature of parent/guardian)

(Date)

Authorization for Medical Care of a Minor

I, _____ the undersigned parent or person having
(parent)
legal custody or the legal guardian of _____
(student)

do hereby authorize **NEWKIRK ELEMENTARY SCHOOL**
TO CONSENT TO any x-ray examination, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Oklahoma. IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, and that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgement and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgement determines to be necessary for the health and safety of the above named minor.

(date) (signature of parent or guardian) (phone)

(address) (city) (state) (zip)

TREATMENT INFORMATION:

Minor's Birth Date _____ Minor's Allergies _____
(food or medication)

Minor's Doctor _____ Phone _____

Other Doctor _____ Phone _____

Medicine Minor is Taking _____

Date of Minor's Last Tetanus Shot _____

Minor's Medical History _____

Hospital Emergency Department Preference _____
(if circumstances allow)

Insurance Information: _____
(policy name) (policy number)

**PARENT CONSENT FOR GIVING OVER-THE-COUNTER
MEDICATION AT SCHOOL**

Dear Parent;

Occasionally your child may unexpectedly need medication during a school day. For these occasions we must have written parental permission. Newkirk Elementary School maintains a limited supply of over-the-counter medications for student use, however, parents are requested to supply over-the-counter medications for their child if the medication needs to be used for an extended time or for a chronic condition. The medication must be in the original container with all warnings and directions clearly visible. The school will attempt alternate methods of care or treatment before using over-the-counter medications.

Please complete the form below and return it to the Newkirk Elementary School office if you want your child to receive any of the medications listed below during the school day.

Name of Student _____

My child may receive the medication(s) checked below:

<u>MEDICATION</u>	<u>YES</u>	<u>NO</u>
<u>Acetaminophen (Tylenol)</u>		
<u>Hydrogen Peroxide (First Aid)</u>		
<u>Caladryl (Skin Itching)</u>		
<u>Antibiotic Ointment</u>		

List all known medication allergies for the student. If none-write, "No known medication allergies."

Name of Student's personal physician _____ Phone _____

I authorize the administrator's designee to be my agent to give the medication(s) checked above to my child.

I, the undersigned, do hereby authorize officials of Newkirk Elementary School to contact directly the persons named on this form for clarification regarding medical information. Medical personnel may release medical information to the school.

Signature of Parent/Guardian

Date

Phone Number

Enrollment Health Information for School Year _____

Student's Name: _____ Grade _____
First Middle Last

Name of student's healthcare provider: _____ Phone _____

CHRONIC HEALTH PROBLEMS

Has your child been diagnosed with any of the following diseases or chronic health problems? Please check and describe.

- | | | |
|--------------------------------|--------------------------|------------------------------|
| ADD/ADHD _____ | Cystic Fibrosis _____ | Scoliosis _____ |
| Arthritis _____ | Diabetes _____ | Sickle Cell Anemia _____ |
| Asthma _____ | Epilepsy _____ | Traumatic Brain Injury _____ |
| Autism Spectrum Disorder _____ | Food Allergy _____ | Visual Impairment _____ |
| Cerebral Palsy _____ | Hearing Loss _____ | Other _____ |
| Color Blindness _____ | Insect Allergy _____ | |
| Congenital Heart Problem _____ | Medicine Allergy _____ | |
| | Migraine Headaches _____ | |

Please list medications your child takes for the above conditions:

1. _____
2. _____
3. _____
4. _____

Special Instructions: _____

Permission for Screenings: (Please initial)

Permission is hereby given for my child to receive health related screenings including vision, hearing, speech/language, dental, and/or scoliosis by a designee of Newkirk Public Schools, and hearing and/or middle ear screening by designees of **Guthrie Rite Care Charitable and Educational Foundation**.

_____yes _____no

Confidentiality Statement:

Newkirk Public Schools will hold confidential the above health information, and with parental permission will share the above information only with those who "need to know" in order to provide for a safe environment for the student.

Parental Permission to Share Health Information: (Please initial)

I, the undersigned, do hereby authorize designees of Newkirk Public Schools to share confidential health information with Newkirk Public Schools' staff who "need to know" in order to provide for a safe environment for my child.

_____yes _____no

I also authorize designees of Newkirk Public Schools to contact directly, the healthcare providers named on this form for clarification regarding medical information. Medical personnel may release medical information to the School Nurse or other designee.

_____yes _____no

Signed: _____ Date: _____ Phone: _____
(Parent or Legal Guardian)

**U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file 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 _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

- A. Membership or enrollment number (if readily available) _____ OR
- B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

Initial Enrollment Prior Participation Form Student Information

The following information should be completed by the parent or guardian of the student. This information is collected on a student's initial enrollment in to a school district. Please print legibly.

Student Legal Name: _____
First Last

Student Date of Birth: _____
Month Day Year

Student Gender -- Please check one: Male Female

Did the student participate in any of the following programs? Please indicate by checking YES or NO for each statement.

PROGRAMS	YES	NO
A childcare program that is licensed pursuant to the tiered licensing system established by the Department of Human Services (a DHS licensed childcare program)		
The Sooner Start program operated by the State Department of Education		
The Oklahoma Parents as Teachers (OPAT) program operated by the State Department of Education		
The Children First program operated by the State Department of Health		
Any child abuse prevention program operated by the State Department of Health		
Any federally funded Head Start program		

2017 Bus Rider form

Only one form is necessary for each family

Parent/Guardian Name		
Address		
Home phone	Cell phone	Work/alternate phone
Child's name		Birth date
Child's name		Birth date
Child's name		Birth date
Child's name		Birth date
Child's name		Birth date
Other Emergency Contact name		
Relationship of Contact above (Grandparent, Aunt/Uncle, Family, Friend)		
Home phone	Cell phone	Work/alternate phone
Name/number of last year's driver/route		
Location where bus was met last year (if in town)		



STUDENT INFORMATION

Name of Student: _____
 Last Name First Name Middle Name Grade: _____

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 the school administrator or designated official review this information and sign below.

- 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 35th 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