

Parents & Students:

Here is a list of enrollment papers that will need to be returned and signed by parent or legal guardian. Completed papers must be returned to the High School on or before **Aug.7th** or students will not be attending school on **Aug. 9th**. Office hours are from 8:00 a.m. until 3:30pm.

School Calendar form and Lunch Charge Policy is for your information **only**, you do not need to return it to the office.

Fill out & sign.

___ Enrollment Form

___ Housing Questionnaire

___ Internet Protection Act Policy

___ Over-the counter medication at school form

___ Authorization for Medical care of a minor

___ Health Information

___ Title VI Student Eligibility Certification

___ Discipline Consent form

___ Home Language Survey: State Required (**New enrollees only**)

___ *OSSAA Eligibility Form, Concussion Form, Cardiac Arrest Forms *

___ **Lunch application; One per household. We are asking that every family fill this out.**

___ Medication taken at school-Prescription medication only (Ask advisor/registrar for form)

___ Authorization for Self-Administration of Asthma Medication-(Ask advisor/registrar for form)

This applies only if your child is taking Asthma medication

Thank you for your time and consideration with the enrollment of your child.

Kevin Engle

High School Principal

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	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 live on tribal land?				
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

Please use one form per family. Return to school registration office within 14 days of receipt.

Student Name _____ Age _____ Date of Birth _____
Last First Middle
 Student S.S. # _____ - _____ - _____ Place of Birth _____ Gender _____
 Name of School _____ Grade _____

Section A:

1. Is this student's nighttime residence fixed, regular, and adequate; living in the same place each night in a safe and sufficient space? Yes No
2. Is this a temporary living arrangement due to a loss of housing or economic hardship? Yes No
3. Is this student in a temporary foster care placement or awaiting foster care? Yes No
4. As a student, are you living with someone other than your parent or legal guardian? Yes No

If you answered **YES** to any of these questions, please complete the remainder of this form.
 If you answered **NO** to all of the above questions, you may stop here.

Section B

Where is this student currently living? (Check box)

- In an emergency or transitional shelter through a community agency
- In a place not designed for sleeping, such as a vehicle, park, campground, or on the streets
- In a house, building, or trailer WITHOUT running water and electricity
- In a hotel or motel because of housing loss due to hardship
- With more than one family in a house or apartment due to hardship
- With an adult who is not a parent or legal guardian
- Moving from place to place
- Awaiting foster care
- Other- Please explain _____

If you checked a box in Section B, please list all children currently living with you who attend Newkirk Public Schools. (Use back if necessary)

First and Last Name of Student	Gender	Date of Birth	Grade	School

Address of current residence/hotel or general area: _____

Phone or contact number: _____ Name of Contact: _____

Print name of parent/legal guardian (Or unaccompanied youth) _____

Date _____

NEWKIRK PUBLIC SCHOOLS CHILDREN INTERNET PROTECTION ACT POLICY

The Newkirk Public School hereafter known as the "District" has the following restrictions in place to safeguard our students and staff from inappropriate materials on the Internet. The Newkirk Public School Internet/Intranet Policy is a document that each user (Students and staff) in the Newkirk Public School system must agree to sign before they are allowed access to the Internet or the Intranet. If they violate the agreement, access to the Internet and Intranet will be revoked. The five areas addressed by the Children's Internet Protection Act are listed with the actions that the District is taking to ensure the students have a safe and productive educational usage of the Internet.

I. Access by minors to inappropriate matter on the internet and world wide web

Newkirk Public Schools will use UnTangle for centralized filtering software and as a firewall. "The software is designed to block obscene material and the firewall is designed to further block inappropriate material from minors. The District's Internet/Intranet Access Policy in paragraph 2 state "Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to, copyrighted material, threatening or obscene material or material protected by trade secret."

II. The safety and security of minors when using electronic mail, chat rooms, and other forms of direct electronic communications.

High school students may have email accounts. Student in grades K-8 do not have access to the District's email, except when it is needed for a class project, and the instructor monitors it. All email is subject to monitoring. The District's Internet/Internet/Intranet Access Policy states in paragraph 4 section e "Note that electronic mail (email) is not guaranteed to be private. People who operate the system have access to all mail. Messages relating to or in support of illegal activities will be reported to the authorities." The District does not allow use of public chat rooms; however, we do allow use of private chat rooms used for educational purposes. All student users must sign the Internet/Intranet Access Policy, one of the statements that they must agree to is, and "I will NOT participate in, or allow participation in, any public or private chat room without instructor approval. "Students do not have access to other forms of direct electronic communications.

III. Unauthorized access, including so-called "hacking," and other unlawful activities by minors online.

The District has a secure system and closely monitors it. The District's Internet/Intranet Access Policy state "Attempts to login as anyone other than yourself will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access indefinitely. "The Internet/Intranet Access Policy also states in **paragraph 4 sections "d" and "e"** that "Illegal Activities are strictly forbidden." Messages relating to or in support of illegal activities will be reported to the authorities. "Violations will result in the revoking of the user access to the District's network and Internet.

IV. Unauthorized disclosure, use, and dissemination of personal information regarding minors

The District's Internet/Intranet Access Policy states in **paragraph 4-section "c"**: "Do not reveal your personal information." Instructors also advise students not to reveal any personal information. Access to public chat rooms is forbidden by all users of the District's Internet or Intranet to prevent disclosure, use, and dissemination of personal information.

V. Measures designed to restrict minors' access to materials harmful to minors.

The District may use the filtering software UnTangle as a firewall. All students and personnel must sign the District's Internet/Intranet Access Policy agreeing to abide by its provisions. Access to public chat rooms is forbidden.

The District used UnTangle centralized content filtering software, and a firewall, to block or filter Internet access for both minors and adults to certain visual depictions that are:

1. obscene
2. child pornography, or, with respect to use of computers with Internet access by minors
3. harmful to minors.

The District forbids the use of public chat rooms to further ensure the safety of minors. All activities on the Internet and email can be monitored at any time, and past history can be examined if necessary. The District upgrades/evaluates the filtering software weekly.

I, _____ a student in the Newkirk Public Schools, agree to abide by the above Children's Internet Protection Act Policy.

I, _____ an employee of the Newkirk Public Schools, agree to abide by the above Children's Internet Protection Act Policy.

****If parents do not want their student's picture displayed on the school Facebook page, they must sign a waiver.**

Parent Consent for Ibuprofen

Dear Parent/Guardian:

The Newkirk Public School health regulations allow the school to administer, Ibuprofen, Peroxide, Neosporin as needed to students with written parental permission.

Please complete this form and check off the box to indicate that you grant permission for the school to administer the medication.

Student's name: _____ DOB: _____

Address: _____ Grade: _____

Parent/Guardian names:#1 _____ #2 _____

Cell Phone No. _____ #2 _____

Other person(s) to be notified in an emergency if the parent/guardian is unavailable:

Name(s): _____

Phone# _____ Relationship: _____

My son/daughter is currently receiving the following medications (to be completed if not in violation of confidentiality) _____

My son/daughter has the following food or drug allergies: _____

I consent to have the school to administer the following medication.

(Please check off only those medications you are giving consent for the school to administer, this school year, if deems it necessary upon assessment.)

Ibuprofen _____ Peroxide _____ Neosporin _____

I give permission for the school to share information relevant to this medication as determines necessary for my son's/daughter's health and safety. Yes _____ No _____

Signature of parent/guardian: _____ Date: _____

Authorization for Medical care of a Minor

I _____ the undersigned parent or person having legal custody or
(Parent Name)
legal custody or legal guardian of _____ do hereby authorize
(Student Name)

Newkirk Public Schools 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 such situations I will not be able to knowledgably 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 forgoing all treatment in such situations. I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatments he in his professional judgment determines to be necessary for the health and safety of the above named minor.

Date Signature of Parent or legal guardian Phone #

Address City State Zip Code

Treatment Information:

Minor's Birth Date _____

Minor's Allergies _____

Minor's Doctor _____

Name

Phone #

Medicine Minor is Taking _____

Date of Minor's last tetanus Shot _____

Minor's Medical History _____

Insurance Policy Name: _____

Insurance Policy Number: _____

Hospital Emergency Department Preference (if circumstances allow)

Newkirk High School Health Information

Name of Student _____
Last First Middle

Name of Student's Physician _____ Phone Number _____

Is your child experiencing any problems with:

Eating _____ Sleeping _____ Vision _____ Hearing _____

Wears Glasses _____ Uses Hearing Aide _____

Any other condition that may affect learning:

Chronic Health Problems

(Check all that apply)

Allergies _____ Heart Disease _____ Seizures _____ Asthma _____ Arthritis _____

Diabetes _____ Attention Deficit disorder _____ Chronic ear infections _____

Tubes in ears _____ Scoliosis _____ Color Blindness _____

Other illness _____

Has your child ever been hospitalized? Yes _____ No _____

If Yes list dates and explain _____

List all current medications:

Name	Dosage	Frequency
1. _____		
2. _____		
3. _____		

Is your child allergic to any medication, food or insect bites?

List: _____

I, undersigned, do hereby authorize officials of Newkirk High School to contact directly the person's names on this form for clarification regarding medical information. Medical personnel may release medical information to the school.

Signature of parent _____ Date: _____

**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 _____



Newkirk Tigers

PH: 580.362.6241

Fax: 580.362.6242

625 West South St

Newkirk, Ok 74647

Kevin Engle, Principal

Patty Rowe, Counselor

Consent for Corporal Punishment- Student _____

I the legal guardian of the above named child, (_____)- GIVE(_____)-DO NOT GIVE
Newkirk High 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 High School assertive discipline plan.

Parent Signature _____

Student Signature _____

Oklahoma Migrant Education Program Parent Employment Survey



Versión en español en el otro lado de esta hoja

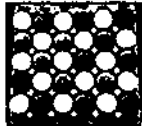
The Migrant Education Program (MEP) is authorized by Title 1, Part C of the Elementary and Secondary Education Act (ESEA). **The Oklahoma MEP** (English 405-522-3252-Español 405-615-8402) provides a variety of educational services to families who work in agriculture, ranching, or meat processing plants **regardless of their nationality** or legal status. This program is **free of charge** to all eligible families and **may** include tutoring, free lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed. A program employee may contact you for further information if needed.

1. In the past three years, has your family or yourself lived in or traveled to another Oklahoma school district, another state, and/or another country?
 Yes _____ (continue to #2) No _____ (stop here)

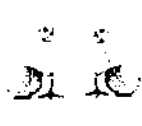
2. In the past three years, has anyone in your household or yourself worked with any of these products: on a farm, in a field, in a greenhouse, in a nursery, or in a meat processing plant?
 Please circle all that apply (not including your own property or business).



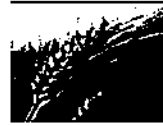
Livestock (cattle, pigs, sheep, dairy).



Eggs



Chickens



Crops (wheat, corn, soybeans, etc.)



Vegetables



Processing (Meat, fruit, vegetables, trees, etc.)



Harvest (fruit and vegetables)



Cotton



Hay



Nursery, Sod, Greenhouse



Trees, Timber, Plants, Flowers



Soil Preparation

If you circled one or more, continue to #3. None of these _____ (stop here)

3. Parents' Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Please list all children (including yourself if under 22) in the household less than 22 years of age who did not graduate from High School or have not obtained GED or equivalency:

Name	Date of Birth	Grade	School

Newkirk Public Schools Lunch Charge Policy

Effective beginning of the 2017-2018 school year

Child Nutrition Program

The National School Lunch Act, passed in 1946, established school lunch programs across the nation. The purpose of the program was to safeguard the health and well-being of the nation's children and to encourage the consumption of agricultural abundance.

The National School Lunch Program is available to any public or private nonprofit school or licensed residential child care institution. The objectives of the National School Lunch Program are to make available to all students enrolled in schools and institutions a meal during a period designated as the lunch period; to provide nutritionally adequate meals that are acceptable to students, thus reducing plate waste; to provide assistance to participants to ensure that minimum meal requirements are met; and to ensure that all programs are accountable. School districts and residential child care institutions may receive reimbursement for lunches served to enrolled students at predetermined rates established for free, reduced-price, or full-price meals each fiscal year.

It is the policy of Newkirk Public Schools that all students will establish a "Lunch Account" prior to eating in the cafeteria. The school authority (Newkirk Public Schools) is not required to provide meals if payment is not made for the **CURRENT** day's meal or if funds in the student's account are not sufficient to cover the cost of the meal.

Newkirk Public Schools charging policy is as follows:

Students and staff will only be allowed to charge up to, and to not exceed 6 meals, this is approximately \$11.00. When a student or staff member's account has reached 8 charged meals, approximately \$17.60 a receipt will be sent home stating the amount said student or staff member owes for meals. If payment is not received before 10th charged meal, student or staff member will need to bring his or her own meal to school or receive an alternate meal. Alternate meal will be provided until balance is paid.

If a family has failed to fill out a free and reduced lunch application or their income has changed since the last time one was filled out, Newkirk Public Schools strongly recommends filling out a new application anytime during the school year. If a family does not pay for charged meals, they will be encouraged to complete an application for free and reduced-priced meals. If the family does not wish to complete the application or if they do not qualify for meal benefits after completing the application, Newkirk Public Schools is not obligated to continue providing meals without receiving payment.

Payment Options are as follows: In person at the school office, by mail 625 West South St. Newkirk, Ok 74647, or online www.myschoolbucks.com

This institution is an equal opportunity provider.

Newkirk Public Schools 2018-2019

August 2018						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8			11
12						18
19						25
26						

September 2018						
S	M	T	W	T	F	S
						1
2	3					8
9						15
16	17					22
23		25		27	28	29
30						

October 2018						
S	M	T	W	T	F	S
						6
7						12 13
14	15					20
21						27
28						

November 2018						
S	M	T	W	T	F	S
						3
4						10
11						17
18	19	20	21	22	23	24
25						

December 2018						
S	M	T	W	T	F	S
						1
2						8
9						15
16				20	21	22
23	24	25	26	27	28	29
30	31					







January 2019						
S	M	T	W	T	F	S
		1	2			5
6						12
13	14					19
20						26
27						

February 2019						
S	M	T	W	T	F	S
						2
3						9
10		12		14		16
17						23
24						

March 2019						
S	M	T	W	T	F	S
						2
3						9
10					15	16
17	18	19	20	21	22	23
24						30
31						

April 2019						
S	M	T	W	T	F	S
						6
7						13
14					19	20
21						27
28						

May 2019						
S	M	T	W	T	F	S
						4
5						11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August	January	First Semester	87 Days
6 Prof Dev	1 - 2 Winter Break Cont.- No School	Second Semester	80 Days
7 Prof Dev	14 Prof. Dev. - No School	Total Teaching	167 Days
8 Prof Dev		Parent Teacher Conf	2
9 First Day of School		Teacher Contract	1
	February	Prof. Develop.	5 Days
September	12 & 14 P/T Conf. 3 - 6:30 pm		175 Days
3 Labor Day - No School	15 No School		
17 Prof Dev - No School			
25 & 27 P/T Conf. 3 - 6:30 pm	March	 School Days	
28 No School	15 Snow Day	 Holidays, No School	
	18 - 22 Spring Break	 Professional Development, No School	
October		 No School due to evening P/T Conf.	
12 - 15 Fall Break - No School	April	 In School with evening P/T 3 - 6:30 pm	
	19 Good Friday	 No School Snow Day	
November			
19 - 23 Thanksgiving - No School			
	May		
	10 Last Day of School		
December	11 Graduation		
20 - 31 Winter Break- No School	13 Teacher Work Day		

2018-2019 Household Application for Free and Reduced Price School Meals

Apply online:
Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper.)

Definition of Household Member: Anyone who is living with you and shares income and expenses, even if not related.*	Child's First Name	MI	Child's Last Name	DOB	School Name	Grade	Student?	Foster, Migrant, Runaway	Homeless, Migrant, Runaway
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.							Yes No		
							Yes No		
							Yes No		
							Yes No		
							Yes No		

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

IF NO > Go to STEP 3. IF YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: _____

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income: \$ _____

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Member (First and Last)	Earnings from Work	How often?			Public Assistance/ Child Support/Alimony	How often?			Pension/Retirement/ All Other Income	How often?								
		Weekly	Bi-Weekly	2x/Month		Monthly	Weekly	Bi-Weekly		2x/Month	Monthly	Weekly	Bi-Weekly	2x/Month	Monthly			
	\$				\$				\$									
	\$				\$				\$									
	\$				\$				\$									
	\$				\$				\$									
	\$				\$				\$									

Total Household Members (Children and Adults) _____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X

Check if no SSN

STEP 4 Contact Information and adult signature. Mail Completed Form To:

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.*

Street Address (if available) _____ Apt # _____ City _____ State _____ Zip _____

Daytime Phone and Email (optional) _____

Signature of adult _____ Today's date _____

Printed name of adult signing the form _____