

2023-2024 MOSS ENROLLMENT FORM

Date _____

Student's Legal Name _____ Grade _____ Gender M F

Mailing Address: _____
City _____ Zip Code _____

Physical Address _____
(If different than mailing) City _____ Zip Code _____

Home Phone _____ Student Cell Phone _____

Date of Birth _____ Place of Birth _____ SS # _____

PARENT Email: _____ STUDENT Email: _____

Parent/Guardian whom student resides:

Name	Relationship	Employment	Cell #	Work #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Emergency Contact: In the event we are unable to locate the parent/guardian

Name	Relationship	Home #	Cell #	Work #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

YES NO Does your child use a name other than his/her legal name?
If yes, what is it? _____

YES NO Is the custody of this child decreed by the courts?
If yes, who has primary custody? _____ Relationship _____

YES NO Does your child live more than a mile and a half from Moss School?

YES NO Does your child reside in the Moss School District?
If no, what district? _____

YES NO Did this student attend Moss School last year? If no, what school? _____

YES NO Is student of Hispanic/Latino culture or origin?

Please circle the ones that apply: 1. African Indian 2. Native American 3. Asian 4. Native Hawaiian or other
Pacific Islander 5. Caucasian Does your child have a CDIB card? YES NO Does your child have a
citizenship card? YES NO Name of Tribe _____

PLEASE FILL OUT BOTH SIDES

YES NO Will your child be driving to school? If yes, you must provide a copy of his/her driver's license and insurance.

YES NO Will your child be riding the bus? If yes, please mark the bus they will be riding.
Lamar _____ Yeager _____ Wetumka _____

SPECIAL PROGRAMS: Please circle all programs that your child has received.

Gifted & Talented Speech OT/PT Special Education Title VII/JOM

YES NO I give my permission for my child's picture/work to be published in school publications, Newspapers, etc.

YES NO Does this student take any medications on a regular basis? (Any medication needed during school hours a medical form must be filled out and the medicine must be brought to school in the original bottle with the child's name on it)
Please list medications: _____

YES NO Does this student have any health problems? Explain _____

I, the undersigned, do hereby authorize officials of the Moss Public School District to contact directly the persons named in this document, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of the said child.

In the event physicians, other than the physician named in this document, or parents cannot be contacted, Moss School officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the above said child.

I will not hold Moss School District financially responsible for the emergency care and/or transportation for the said child.

Physician: _____ Phone: _____

Parent/Guardian Signature _____ Date _____

List other children in this household attending Moss Public School: Name & Grade

_____	_____
_____	_____
_____	_____

BIOLOGICAL SEX AFFIDAVIT

STATE OF OKLAHOMA

§

COUNTY OF _____

§

§

I, _____, the undersigned person, being of lawful age, being first duly sworn, on oath, state that I am the lawful parent or guardian of _____. I further acknowledge that _____ was the biological sex of the student at birth.

or

I, _____, the undersigned person, being of lawful age, being first duly sworn, on oath, state that _____ was my biological sex at birth.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

(Date and Place)

(Signature)

As per 70 O.S. § 27-106, prior to the beginning of each school year, the parent or legal guardian of a student who competes on a school athletic team shall sign an affidavit acknowledging his or her biological sex at birth.

Moss 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 and 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 the Student: _____ **Signature:** _____

Street Address _____ **City** _____ **State** _____ **Zip** _____

Phone Number: _____ **Email Address:** _____

Dear Parent/Guardian:

Recognizing the challenges faced by military recruiters, the No Child Left Behind Law requires high schools to provide to military recruiters, upon request, access to names, addresses and phone numbers of high school juniors and seniors. The law also requires high schools to release information to colleges and other higher education learning institutes, upon request.

A list of guidelines on military recruiters' and colleges' access to information can be found at the following Web site: www.ed.gov/offices/OM/hot_topic/ht_10-09-02.html.

Sincerely,

Billy Brown
High School Principal

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PARENT PERMISSION FORM

YES _____ NO _____ Moss School District can disclose my child's name, address, or telephone number to the following without my prior consent (check one or both):

_____ United States Military Recruiters (name will not be given if checked)

_____ Colleges or Other Higher Education Institution Recruiters (name will not be given if check)

Student's Name: _____

Parent's Signature: _____

Student's Signature: _____

(If student is over 18, student rather than parent must sign.)



MOSS PUBLIC SCHOOL



Authorization for Administration of Prescription/Over The Counter Medication

Student's Name _____ Grade _____ DOB _____

Parents's Name _____ Relationship _____

Home Phone _____ Work Phone _____ Emergency Contact _____

This form must be completed by parent/guardian before any medication (This includes Tylenol, Ibuprofen etc.) will be administered.

A new form must be completed for each change in medication and renewed each school year. The pharmacy should prepare a bottle for school with the following information: Child's name, medication, dosage, frequency, direction for administering, doctor's name, and date filled. Medication not sent in the original bottle or container and properly labeled will **not** be given.

To be completed by parent/guardian:

I, the undersigned parent/guardian, request that a designated school employee administered to my child the following medication. I also understand the school personnel may contact the physician as needed and medication information will be shared with the school personnel who have a need to know.

Name of Medication and dosage: _____

Time(s) to administer: _____

Date: _____ Parent/Guardian _____

Signature