

20 - 20 Harrah Public Schools Enrollment Form

Date Entered _____ Grade _____ Teacher _____ Bus # _____

STUDENT INFORMATION

Student's legal name _____ (Last) (First) (Middle) Nickname _____

Date of birth _____ Sex _____ Social security number _____ - _____ - _____ Student's cell phone _____
(High School only)

Mystudent is a: Car rider / Busrider Does student go to daycare? Yes No AM PM Both Bus # _____

Daycare name, address and phonenumber _____

African American _____ Native American _____ Tribe _____ Hispanic _____ Asian _____ Caucasian _____

Name of last school attended (if not Harrah Schools) _____

Is there a land line home phone? Yes No If yes, what is it? _____

Mother/Guardian's cell phone _____ Is it ok to text? _____ Father/Guardian's cell phone _____ Is it ok to text? _____

Mailing address _____ City _____ Zip _____

Check this box if physical address is the same as the above mailing address, if different complete next line.

Physical address _____ City _____ Zip _____

FAMILY INFORMATION

Mother's name _____ Employer _____ Work phone _____

Check this box **ONLY** if address is the same as the student's. E-mail address _____

Mailing address _____ City _____ Zip _____

Father's name _____ Employer _____ Work phone _____

Check this box **ONLY** if address is the same as the student's. E-mail address _____

Mailing address _____ City _____ Zip _____

Step/Guardian _____ Employer _____ Work phone _____

Check this box **ONLY** if address is the same as the student's. E-mail address _____

Mailing address _____ City _____ Zip _____

Who does student reside with? _____ Who has legal custody? _____

Is either parent/guardian employed by the Federal Government? Yes No Do you live on Native American land? Yes No

Do you farm Native American land? Yes No Does student live more than or less than 1 1/2 miles from the school? More than Less than

Directions to home _____

April 16, 2014

List siblings attending Harrah Schools

Name _____ Grade _____ School _____
 Name _____ Grade _____ School _____
 Name _____ Grade _____ School _____
 Name _____ Grade _____ School _____

EMERGENCY CONTACT

Please list the names of relatives or friends who may be contacted when you cannot be reached. The student will be released to the persons listed **ONLY** when you cannot be reached. List 3 different people and their phone numbers.

1. _____ Phone _____ Relationship _____
 2. _____ Phone _____ Relationship _____
 3. _____ Phone _____ Relationship _____

Any time you need someone, other than yourself, to pick up your student, you **MUST** send a note or call the office to inform the school.

MEDICAL INFORMATION AND AUTHORIZATION, CONSENT, RELEASE & PERMISSION

Family doctor/clinic _____ Phone number _____ Hospital preference _____

Medicaid number _____ Insurance company _____ School insurance Yes No

Does student have any food or medication allergies? Yes No List _____

Does student have health condition that should be reported to the office? Yes No List _____

Do you give permission for the office to administer a pain reliever and/or an antacid? Yes No Initials _____

I authorize screenings for vision, hearing and/or speech (screenings are not done in every grade). Yes No Initials _____

My student has permission to attend ALL field trips (specific information about each trip will be sent in advance). Yes No Initials _____

I give permission for my student to use the building-approved account to access the district's computer network/internet. Yes No Initials _____

In accordance to the Family Education Rights and Privacy Act (FERPA), Harrah Public Schools has designated the following as "directory information" about your student – STUDENT'S NAME, DATE OF BIRTH, WEIGHT, HEIGHT, PARENT'S NAMES, SIGNATION (first, tenth grade, etc.), ACHIEVEMENT AWARDS or HONORS, EXTRACURRICULAR PARTICIPATION and PHOTOGRAPH. If you wish to refuse any or all of the items listed about your student from being designated as directory information you must write a letter to the school principal. The letter must be received by the first Monday in September. Directory information allows the school district to release this designated information without prior written consent for things such as but not limited to, YEARBOOK, ATHLETIC ROSTERS, NEWSPAPERS, COLLEGES, ETC. For more information contact the Special Services Director at the Administration Building, 20670 Walker, Harrah OK 73045, (405)347-2820.

I have read the above FERPA statement and understand if I DO NOT want my student's directory information released, I must write a letter to my student's principal prior to the first Monday in September.

Initials _____

I acknowledge the information given on this registration card to be true. I understand that false information may result in the dismissal of my student from school.

Parent/Guardian signature _____ Date _____