

**BENNINGTON INDEPENDENT SCHOOL DISTRICT
STUDENT ENROLLMENT FORM**

STUDENT FULL NAME _____

STUDENT'S DATE OF BIRTH _____ PLACE OF BIRTH _____

GENDER MALE FEMALE SS# _____ AGE _____

ETHNICITY/RACE

Are you of Hispanic/Latino culture or origin? YES NO

What is your race? (Choose one or more.)

American Indian or Alaskan Native
Name of tribe _____

Asian

Black/African American

Native Hawaiian or Other Pacific Islander

White

GRADE LEVEL _____ LAST SCHOOL ATTENDED _____

DOES STUDENT RESIDE IN BENNINGTON SCHOOL DISTRICT? YES NO
(IF "NO," A REQUEST FOR TRANSFER MUST BE APPROVED BY SENDING AND RECEIVING SUPERINTENDENTS.)

MAILING ADDRESS _____
ROUTE, STREET, P.O. BOX CITY STATE ZIP

911 PHYSICAL ADDRESS _____
(Must have this)

PRIMARY PHONE _____ E-MAIL _____

STUDENT'S PHONE: _____

DOES THE STUDENT LIVE IN AN INDIAN HOUSE? YES NO

DOES THE STUDENT LIVE 1.5 MILES OR LESS FROM SCHOOL?
 MORE THAN 1.5 MILES FROM SCHOOL?

IS EITHER PARENT IN THE ARMED SERVICES? YES NO

IS EITHER PARENT EMPLOYED BY THE FEDERAL GOVERNMENT?
 YES NO

IS A COPY OF THE STUDENT'S IMMUNIZATION RECORD ON FILE?
 YES NO

MORE ON THE BACK 

WITH WHOM DOES THE STUDENT LIVE? _____

RELATIONSHIP WITH THE STUDENT? (I.E. NATURAL PARENT, LEGAL GUARDIAN,
GRANDPARENT, FOSTER PARENT, ETC.) _____

MALE PARENT/GUARDIAN NAME _____

ADDRESS (IF DIFFERENT FROM STUDENT) _____

CELL/HOME PHONE _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____

FEMALE PARENT/GUARDIAN NAME _____

ADDRESS (IF DIFFERENT FROM STUDENT) _____

CELL/HOME PHONE _____

PLACE OF EMPLOYMENT _____ WORK PHONE _____

IN CASE OF EMERGENCY, CONTACT THE FOLLOWING PERSON (IF A PARENT IS NOT
AVAILABLE):

NAME _____ RELATIONSHIP _____

HOME/CELL PHONE _____ WORK PHONE _____

NAME/PHONE NUMBER OF ADULTS WITH WHOM THE STUDENT WILL BE PERMITTED TO
LEAVE SCHOOL

NAME: _____ HOME/CELL PHONE: _____

NAME: _____ HOME/CELL PHONE: _____

NAME: _____ HOME/CELL PHONE: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

ENROLLMENT DECLARATION

I hereby certify that I am the parent and legal guardian or have obtained legal guardianship through the courts for _____,
(Student's name)

I also certify that I have verified my address, _____,
_____, to be a legal residence located within the Bennington Public Schools Independent School District I040.

I further understand that if at a later time my legal residence is determined to be located in another school district, any student residing at the address be assessed a tuition fee equal to the per capita cost of education in such district during the preceding school year.

I certify that I have read the statements above and the information provided is accurate.

(Signature of parent/legal guardian)

(Date)

Bennington 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.

<p>Section A</p> <p><input type="checkbox"/> Rent/own my own home or apartment</p> <p>STOP: <i>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.</i></p> <p>Section B</p> <p><input type="checkbox"/> Temporarily with another family member or friend until we can locate affordable housing</p> <p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> In a vehicle, park, campground, or on the streets</p> <p><input type="checkbox"/> In a house, building, or trailer WITHOUT running water or electricity</p> <p><input type="checkbox"/> In a hotel or motel</p> <p><input type="checkbox"/> With an adult that is not a parent or legal guardian</p> <p><input type="checkbox"/> Alone or in different locations, without an adult serving as a caregiver</p> <p><input type="checkbox"/> Wherever I can find a place to stay at night</p> <p><input type="checkbox"/> Other Please Explain:</p>

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:** _____

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 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

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

Corporal Punishment

Bennington School District
2017-2018 School Year

The administration and staff of the Bennington School District are committed to delivering a quality educational opportunity to each student in our school. In doing so, it is necessary to have rules and regulations in place that will ensure a safe and positive learning environment. It is necessary to use disciplinary options to enforce these rules and regulations. Parents and guardians have the right to deny corporal punishment as a disciplinary option for their child. Please indicate below whether or not we may administer corporal punishment as a form of discipline to your child.



_____ Yes, I do authorize Bennington Independent Schools to administer corporal punishment from an authorized school official.

_____ No, I do NOT authorize Bennington Independent Schools to administer corporal punishment from an authorized school official.

Signature of Parent or legal guardian

Date

Name of student

Grade of student



I understand that if this form is not signed and returned to the school, it will signify that I entrust the administration and staff of Bennington Junior/Senior High School to use all of the disciplinary options outlined in the handbook in the event that my child is involved in a disciplinary infraction.

If you have any questions about this form, please direct them to the Junior/Senior High principal.

APPLICATION FOR INTERNET USAGE

User Full Name (Please Print): _____

Grade (Circle your grade): K - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12

911 Address: _____

Home Phone: _____

I have read, understand, and agree to abide by the Terms and Conditions for Internet access. I further that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privilege may be revoked; school disciplinary and/or appropriate legal action may be taken.

User Signature: _____ Date: _____

PARENT/GUARDIAN: (If you are under the age of 18, a parent must also read and sign this agreement.) As the parent/guardian of this student, I have read the terms and conditions for Internet access. I understand that this access is designed for educational purposes and the Bennington School System and Oklahoma Department of Education have taken available precautions to eliminate controversial material. However, I also recognize it impossible for Bennington School System and Oklahoma Department of Education to restrict ALL controversial material and I will not hold the Bennington School System and the Oklahoma Department of Education responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission to grant access for my child and certify that the information contained on this form is correct.

Parent or Guardian (Please Print): _____

Signature: _____

Date: _____

This Document must be complete and on file before the user will be allowed to access the internet.

**PARENTAL AUTHORIZATION FOR DISPENSING
NON-PRESCRIPTION/PRESCRIPTION MEDICATIONS**

I, _____, am the parent with legal custody or the legal guardian of _____, a student attending Bennington School. If this student requires medication at intervals during the school day, is injured while at school or school activity, or becomes ill at school or on a school activity, I hereby give my consent and authorize the school authorities to (Please check all that apply.)

_____ Administer non-prescription medicine to the child in event I cannot be contacted to give my consent to administer the medicine.

_____ Administer a non-prescription medicine which I am hereby supplying you. The medicine is to be administered in accordance with attached written instructions from the child's physician.

_____ Administer a filled prescription which I am hereby supplying you. The medicine is to be administered in accordance with the instructions on the label.

_____ Administer a filled prescription medication which I am hereby supplying you. The medicine is to be administered in accordance with attached, written instructions from the physician.

I understand that under state law, the board, the school district, or employees of the district shall not be liable to the student or the student's parent or guardian for civil damages for any personal injuries to the student which result from acts or omissions of school employees in administering the medicine I have hereby authorized.

Parent with Legal custody/guardianship

Phone

BENNINGTON PUBLIC SCHOOLS

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

STUDENT: _____ GRADE: _____

ADDRESS: _____ HOME PHONE: _____

PARENT'S NAME _____ PHONE: _____

Authorization is hereby given for a school official (Principal, Supervising Teacher, Sponsor, or Coach) to proceed with emergency medical treatment if parent/s or guardian cannot be reached at the above phone numbers. It is understood that expenses connected with emergency treatment be the liability of parent/s or guardian.

Signature of Parent/Guardian

Date

Close relative or family/friends that could be contacted in event that parent or guardian cannot be reached.

Name

Phone

LIST ALLERGIES, MEDICAL PROBLEMS, HEALTH-RELATED CONDITIONS
(INCLUDE REGULAR
MEDICATIONS) _____

Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone: _____

Medical Facility Preference: _____

Bennington Public Schools

MEDIA RELEASE FORM

In order to publish pictures of students participating in events and activities that occur at Bennington Public Schools in our school yearbook, on our school website, facebook page, and in the newspaper, we need parental permission. We want to be able to put photos of our students in each of the media resources as they participate in various school activities, but that is only if we have the permission of the parent/guardian to do so.

We are currently in the process of updating our school district website and hope it will be a place you will want to visit often to find out what is happening at Bennington Public Schools.

You can view our website at www.benningtonisd.org

Please complete a form for each child you have who attends Bennington Public Schools

_____ I give permission

_____ I DO NOT give permission

to Bennington Public Schools to use my child's photo in the school yearbook, on the school website, facebook page, and /or in the newspaper.

Parent/Guardian Signature

Parent/Guardian Printed Name

Student's Name

Student's Current Grade

Date

PK, K, & 1st only

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 into a school district. Please print legibly.

Student Legal Name: _____

First

Middle

Last

Student Date of Birth: _____