

2018-2019 Enrollment Form

Student's Legal Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ + Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M or F

Place of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Student Cell: \_\_\_\_\_ Parent Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Race: Asian American Indian or Alaska Native White Black or African American Native Hawaiian or Other Pacific Islander  
Mark on ethnic identity:  
Not Hispanic or Latino Hispanic or Latino

**Parents/Guardians:** (Living where the student resides within the school district)

Name	Relationship	Place Employed	Work Phone	Cell
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**Emergency Contacts:** (In the event that we are unable to locate the parents/guardian, who can we call?)

Name	Relationship	Home Phone	Work Phone	Cell
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Please list any parties NOT AUTHORIZED to pick up your child:

Yes No Is the custody of this child decreed by the courts? If yes, who has primary custody?

\_\_\_\_\_ Relationship \_\_\_\_\_

**Court documents declaring custody must be in this child's school file.**

How does your child usually get home to/from school? (circle one) Walk \_\_\_\_\_ Car \_\_\_\_\_ Bus # \_\_\_\_\_

Yes No Does your child live more than a mile and a half (1.5 miles) from the school?

Yes No Does your child use a name other than his/her legal name? If so what is it? \_\_\_\_\_

Yes No Does your child reside in the Healdton school district? If no, what district? \_\_\_\_\_

Yes No Did this student attend Healdton Public Schools last year? If no, list school last attended, address, and phone number where student attended.

Yes No My child may be paddled. Please indicate if you want to be called before your child is paddled. \_\_\_\_\_

Yes No I give permission for my child's picture to be used in school publications. (websites, newspaper, etc)

Yes No I give permission for my child to participate in class fieldtrips.

Yes No Does this student take medication on a regular basis? If yes, list. \_\_\_\_\_

Yes No Does this student have any health problems? Explain: \_\_\_\_\_

Yes No I hereby give my consent and authorize the school authorities to administer: non-prescription medications

Yes No I hereby give my consent and authorize the school authorities to administer: prescription medication (as instructed by physician).

List any food or other known allergies:

Please check if student has \_\_\_\_\_ asthma \_\_\_\_\_ diabetes.

List other children in this household attending Healdton Public Schools: Student's Name, school and grade

### *Elementary and Secondary Education Act (ESSA) Military Identifier*

Is the parent a **full-time member of the regular Army, Navy, Air Force, Marine Corps, or Coast Guard?**

- If **yes**, the student should be included in the military subgroup.
- If the **parent is not a full-time member of a regular service branch**, proceed to the next question.

Is the parent a member of the **Army Reserve, Navy Reserve, Air Force Reserve, Marine Corps Reserve, or Coast Guard Reserve** who has been **ordered to active duty?**

- If **yes**, the student should be included in the military subgroup. A reservist who has been ordered to active duty should have a copy of their duty orders indicating that they are currently in active status.
- If the **parent is not a member of the reserves**, or is a member of the reserves who **is not on active duty status**, proceed to the next question.

Is the parent a member of the **National Guard or Air National Guard** who has been **ordered to active duty?**

- If **yes**, the student should be included in the military subgroup. A National Guard or Air National Guard member who has been ordered to active duty should have a copy of their duty orders indicating that they are currently in national active status.<sup>1</sup>
- If not, and if the **student does not have another parent in the military**, the student should not be included in the military subgroup.

Parent's/Guardian's Signature

Date



HEALDTON BULLDOGS

**Medical Treatment Authorization Form**

This form grants temporary authority to any designated **HEALDTON** Public School employee to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

**Minor**

Full Legal Name: \_\_\_\_\_ Gender: F or M

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Information for Medical Treatment**

Physician's Name and Location of Practice: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical Insurer/Health Plan: \_\_\_\_\_ Policy # \_\_\_\_\_

Please note **all** conditions for which the child is currently receiving treatment:

Note any other significant medical information:

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for the designated **HEALDTON PUBLIC SCHOOL** employee (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. I will **NOT** hold the Healdton Public School or the designated adult responsible!

It is understood that this authorization is given in advance of any such treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: July 31, 2019 Date: August 2, 2018

Parent/Legal Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Printed Name: Moncia Harvey

**STAFF-STUDENT COMMUNICATIONS  
Parent/Guardian Notification and Permission Form**

Dear Parent/Guardian:

At the beginning of this school year we are sending notice that our staff has been directed not to communicate with students via telephone, email, instant message, or Internet website without specific written permission from a parent or guardian. Attached please find a permission form that you may utilize to grant permission for school employees to contact your child outside school hours. Please feel free to contact school administration regarding any violations of this policy.

Sincerely,

Administration

**FORM**

I, \_\_\_\_\_, authorize \_\_\_\_\_ Public Schools to communication with my child, \_\_\_\_\_, outside school for issues related to \_\_\_\_\_.

I approve communication through the following methods (check any that apply):

- Home telephone \_\_\_\_\_
- Cell phone \_\_\_\_\_
- Email \_\_\_\_\_
- Social Networking Site \_\_\_\_\_

I do not authorize \_\_\_\_\_ Public Schools or its staff to communicate with my child outside school. Please contact me to relay information to my child.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Parent/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 \_\_\_\_\_

## INSTRUCTIONS FOR THE ED 506 FORM

### FOR APPLICANTS:

**PURPOSE:** To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

**MAINTENANCE:** A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

### FOR PARENTS/GUARDIANS:

**DEFINITION:** Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**STUDENT INFORMATION:** Write the name of the child, date of birth and school name and grade level.

**TRIBAL ENROLLMENT INFORMATION:** Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

**ATTESTATION STATEMENT:** Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

**PAPERWORK BURDEN STATEMENT** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 07/31/2019.



***Achieving Classroom Excellence (ACE) Act of 2005 as Revised in 2006***

**ACE Resources**

**Parental Curriculum Choice Letter Template**

Dear Parent or Legal Guardian:

Senate Bill 1792 was passed by the Oklahoma Legislature and signed into law by Governor Henry, effective July 1, 2006. The law requires eighth grade students entering the ninth grade to complete the college preparatory/work ready curriculum as outlined in Senate Bill 1792, unless the student's parent or legal guardian approves the student to enroll in the core curriculum. The college preparatory/work ready curriculum and the core curriculum requirements are attached. Successful completion of either curriculum will result in a student receiving a standard diploma.

Choosing the courses a student takes in high school is an important decision for you and your child. A college preparatory curriculum is challenging and may help determine a student's future success in higher education and the world of work. Students who take a college preparatory curriculum designed to prepare them for both college and career have more opportunities.

**According to the law, your child will automatically be enrolled in the college preparatory/work ready curriculum. You do not need to do anything.** However, if you choose the core curriculum, you must complete the information below and return it to the school prior to enrollment. Please contact the high school principal or school counselor if you have questions or need additional information.

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As the parent or legal guardian, I am selecting the following curriculum for my student:

**Check one:**

Core Curriculum

College preparatory/work ready curriculum

Student's Name (print): \_\_\_\_\_ Grade: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Parent/Guardian's Name (print)

Parent/Guardian's Signature

Date

Parent/Guardian's Mailing Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_



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 35<sup>th</sup> 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
	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