

## 2022-2023 MIDDLEBERG SCHOOL PK-8 ENROLLMENT FORM

**Student's Legal Name:** \_\_\_\_\_ **Home Phone:** ( ) \_\_\_\_\_  
Last Name First Middle

Name Child goes by if different than above: \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age:** \_\_\_\_  
MM DD YY

Gender: M or F Grade: \_\_\_\_ Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_ **School district residing in:** \_\_\_\_\_

**Place of birth:** \_\_\_\_\_ **School last attended:** \_\_\_\_\_  
City State

**Race:** Hispanic/Latino-01 African American-02 American Indian-03 Asian-04 White/Caucasian-05 Pacific Islander-06

**Student Lives with:** Both Parents Mother Father Guardian/Relative If other, specify & provide custodial documentation: \_\_\_\_\_

**Resident Address:** \_\_\_\_\_  
Street City State Zip

**Mailing Address** (if different from above): \_\_\_\_\_

**Parent/Guardian - Contact #1:** (Living with student)  
**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Pick-up?** \_\_\_\_\_  
Y / N

**Parent/Guardian - Contact #2:** (Living with student)  
**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Pick-up?** \_\_\_\_\_  
Y / N

**Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Emergency Contacts:** (In the event that we are unable to locate the parent/guardian, who should we call?)  

Name	Relationship	Home Phone	Cell Phone	Pick-up?
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N

**Transportations after school: How will your child regularly get home?** (Circle one)

Pick-up / Bus Rider  
Picked up By: \_\_\_\_\_

**List Brothers/Sisters that attend Middleberg School:**

Name	Grade
_____	_____
_____	_____

**YES / NO** Do you live more than 1.5 miles from Middleberg School? \_\_\_\_\_

**YES / NO** Has your child been identified as gifted/talented? \_\_\_\_\_

**YES / NO** Does your child require special education service or currently on an IEP? \_\_\_\_\_

**YES / NO** Has your child had speech therapy? Does your child have sooner care/blue card? **YES / NO**

**YES / NO** Legal guardian member of United States Reserves? **YES / NO** Legal guardian member of National Guard?

**YES / NO** Legal Guardian member of United States Armed Forces? **YES / NO** Does your child have any allergies?  
(If yes, please fill out an allergy form)

**YES / NO** Currently taking medications? \_\_\_\_\_

**YES / NO** Is student of Indian Descent? Does the student have an Indian card? **YES / NO**  
If yes to both questions, please fill out the Title VII Eligibility form.

**YES / NO** Is there another language spoken in the family? If yes, please fill out a Home Language Survey form.

Please list any additional information regarding your child's health, physical condition, special considerations or circumstances:  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## Attendance Policy

Students may not have more than 9 absences per semester. Any student who accumulates 10 or more absences in any one semester will be subject to not receiving credit for the semester.

## Media Publication Release

Throughout the 2022-23 school year, there will be times when we wish to recognize student achievement through various means of publication (internet, newspaper, etc.) Please indicate your choice of allowing release of student photographs.

I DO/DO NOT give permission for a student photograph to be used as described above.  
(circle one)

**By signing below I am acknowledging that I have read the Middleberg Public School attendance policy, and that I have selected my option concerning media publication.**

\_\_\_\_\_  
Parent Name – PRINTED

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## School Communication

Our school uses a text and phone call system to communicate with parents. This is how we provide information regarding school closings, event announcements, athletics updates and messages from teachers. Please provide the following information so that you will receive communication from Middleberg Public School:

**Student's Name:** \_\_\_\_\_

**Parent Contact 1 Name:** \_\_\_\_\_

**Parent Contact 1 Phone Number:** \_\_\_\_\_

**Parent Contact 2 Name:** \_\_\_\_\_

**Parent Contact 2 Phone Number:** \_\_\_\_\_

### **Teacherease:**

Please set up an account to log into Teacherease to check your child's grades, provide an email address below. You can download the Teacherease App in the app store or log in online. You will be sent a welcome email to set up your account.

\_\_\_\_\_  
Your email

## Authorization for Medical Care of a Minor

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(Print Parent Name) (Print Student Name)

authorize Middleberg Schools

**TO CONSENT TO** any x-ray examination, anesthetic, 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 advise 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 situation where the above named minor requires immediate medical or hospital care it may not be possible to contact me. And that in such situation I will not be able to knowledgeably 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 foregoing all treatment; in such situations, I authorize a physician, surgeon, or dentist to exercise his/her professional judgment and assess the risks incident to and choose the necessary treatment from any available alternative and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor.

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Telephone #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Treatment Information:

Minor's Birthdate: \_\_\_\_\_

Doctor Name/Telephone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medicine Minor is currently taking: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Immunization up to date? Yes / No

Medical History: \_\_\_\_\_

\_\_\_\_\_  
Emergency/Hospital Preference if circumstances allow:

\_\_\_\_\_  
By signing below, I am acknowledging that I have read and understand the statement above and am giving Middleberg School consent for medical treatment.

\_\_\_\_\_  
Parent and/or Guardian Signature

\_\_\_\_\_  
Date

## Technology Consent Form

I understand and will abide by the terms and conditions for use and access to the internet and school computers as stated in the Acceptable Use Policy of the Middleberg Board Policy and the Middleberg Student Handbook. All computer labs, hardware, data base systems, software, and the like provided by Middleberg Public School are included as part of this acknowledgment. I further verify that I have read the policy in its entirety and will abide by, and adhere to those policies set forth by Middleberg Public School regarding use of computer assisted learning. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary, and/or appropriate legal action may be taken.

User  
signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian (If the student is under the age of 18, a parent or guardian must also read and sign this agreement.) As the parent or guardian of the student listed above, I have read the terms and conditions for internet access and all use of computers and computer systems including computer labs, hardware, data base systems, software, and the like provided by Middleberg Public School. I understand that this access is designed for educational purposes and that Middleberg Public School has taken precautions to eliminate controversial material. However, I also recognize it is impossible to restrict access to all controversial material and I will not hold Middleberg Public School 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) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

From time to time students may be able to check out Middleberg hardware and software including laptops to take home to use. Damage or loss of these items will be the responsibility of the student and ultimately the parent. Restitution must be made. Due to the extreme cost of these items, please sign the permission slip below to allow the student to check out these materials. If you do not wish to allow your student to check out these items, please indicate. Signing to allow the use of these items by a student also indicates your acceptance of the responsibility to pay for the item should it be lost or damaged.

\_\_\_ YES, Please allow my student to check out all available technological hardware and software.

\_\_\_ YES, Please allow my student to check out all available hardware and software except laptops.

\_\_\_ NO, Please do NOT allow my student to check out any technological hardware or software.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_

### PARENT OR GUARDIAN

I have been made aware and have access to the student handbook at:  
[www.middleberg.k12.ok.us](http://www.middleberg.k12.ok.us)  
Copy available upon request.

Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Allergic Reaction Plan

Student \_\_\_\_\_

Date of Plan \_\_\_\_\_

This student has allergic reaction to:

\_\_\_\_\_

Symptoms \_\_\_\_\_

What will the teacher notice if this student is having a reaction?

\_\_\_\_\_

Location of medication \_\_\_\_\_

Contacts:

Parents / Guardian \_\_\_\_\_

Phone number \_\_\_\_\_ other numbers \_\_\_\_\_

Emergency contacts \_\_\_\_\_ number \_\_\_\_\_

PLAN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents signature \_\_\_\_\_

**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 Office 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

**DATOS DEL ALUMNO**

Nombre del alumno: \_\_\_\_\_ Grado: \_\_\_\_\_  
 Apellido(s) Nombre Segundo nombre  
 Fecha de nacimiento: \_\_\_\_\_ Escuela: \_\_\_\_\_ No. de carnet estudiantil: \_\_\_\_\_ Género: M \_\_\_\_\_ F \_\_\_\_\_  
 MM/DD/AAAA

¿Es el alumno de cultura u origen hispano o latino? Sí \_\_\_\_\_ No \_\_\_\_\_

Seleccione una o más de las siguientes razas:  
 \_\_\_\_\_ afroamericana/negra \_\_\_\_\_ amerindia o nativa de Alaska \_\_\_\_\_ asiática  
 \_\_\_\_\_ hawaiana o isleña del Pacífico \_\_\_\_\_ caucásica/blanca

1. ¿Cuál es el idioma predominante que **con mayor frecuencia** habla el alumno? \_\_\_\_\_
2. ¿Cuál es el idioma que **normalmente** se habla en el hogar, independientemente del idioma que habla el alumno? \_\_\_\_\_
3. ¿Cuál fue el idioma que el alumno aprendió **por primera vez**? \_\_\_\_\_
4. ¿Requiere el padre/tutor servicios de **interpretación**? Sí \_\_\_\_\_ No \_\_\_\_\_ En su caso, ¿para qué idioma? \_\_\_\_\_
5. ¿Requiere el padre/tutor materiales **traducidos**? Sí \_\_\_\_\_ No \_\_\_\_\_ En su caso, ¿a qué idioma? \_\_\_\_\_
6. ¿En qué fecha se inscribió el alumno por primera vez en una escuela en Estados Unidos? \_\_\_\_\_  
 MM/AAAA

Fecha (MM/DD/YYYY)

Firma del padre/tutor

**SOLO PARA USO INTERNO**

*Favor de facilitar al Oficial Regional de Acreditación documentación que avale las calificaciones en el examen para su revisión:*

- 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, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool (PKST).
  - 2. Scored Basic or Below Basic in ELA on the Oklahoma State Testing Program (OSTP).
  - 3. Scored at or below the 35<sup>th</sup> percentile (or equivalent) composite reading score on the most recently administered state approved norm-referenced test (NRT). Qualifying score may not pre-date the start of the spring semester of the previous school year.

**DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN**

Date(s) of Kindergarten ACCESS, ACCESS for ELLs, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs, or Alternate ACCESS	Date of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL
	Composite / Overall Score		Composite / Overall Score
	1.		1.
	1.		
	1.		

Date(s) of ELA OSTP	Score(s) on ELA OSTP			
	Below Basic	Basic	Proficient	Advanced
		Below Basic	Basic	Proficient
	Below Basic	Basic	Proficient	Advanced
	Below Basic	Basic	Proficient	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	Composite / Percentile Score(s)

Question 1: Reference WAVE code 1036  
 Question 2: Reference WAVE code 1037  
 Question 3: Reference WAVE code 1038

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 \_\_\_\_\_



## Middleberg 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><b>Section A</b></p> <p><input type="checkbox"/> Rent/own my own home or apartment</p> <p><b>STOP:</b> <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><b>Section B</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:** \_\_\_\_\_