

2019-2020 MIDDLEBERG SCHOOL PK-8 ENROLLMENT FORM

Students 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

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

List Brothers/Sisters that attend Middleberg School:
Name _____ **Grade** _____

Pick-up? _____ **By:** _____

Bus rider: # _____

Yes / No Do you live more than 1.5 miles from Middleberg School?

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: _____

Student Name: _____

Grade: _____

Preschool Age Information

Middleberg provides various activities for children from birth to 5 years of age not yet enrolled in school, as well as informative programs designed to aid in the preparation of these children for their entrance into the public school system. If you have children from the ages of birth to 5 years (not currently attending Middleberg School), please list them by name and age.

Name	Age	Date of Birth

Discipline Release

Please Check One

- I hereby authorize Middleberg Public School to administer corporal punishment as a disciplinary action with my child. Corporal punishment will be used as a last resort and will not be administered without contacting a parent or guardian.
- I do not give Middleberg Public School permission to utilize corporal punishment with my child. I realize that out of school suspension will serve as the alternate punishment.

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 2018-19 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 and selected my option concerning corporal punishment, that I have read and understand the Middleberg Public School attendance policy, and that I have selected my option concerning media publication.

Parent Name - PRINTED

Parent Signature

Date

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

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
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 _____

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 _____

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
	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

Guide to Immunization Requirements in Oklahoma: 2018-19 School Year

All children two months of age and older must present an immunization record or file for an exemption before they are allowed to attend childcare or school in Oklahoma. Please read the bullets below for essential information.



VACCINES	CHILDCARE	PRE-SCHOOL	KG-6th	7th - 12th
	Up-to-date for age	PRE-KG	Total doses	
DTaP (diphtheria, tetanus, pertussis)	4 DTaP	5 DTaP*	One-time Tdap booster	
PCV (pneumococcal conjugate vaccine)	1-4 PCV♦	PCV is required for children in child care only.		
IPV/OPV (inactivated polio/oral polio)	3 IPV/OPV	4 IPV/OPV▲		
MMR (measles, mumps, rubella)	1 MMR	2 MMR		
Hib (<i>Haemophilus influenzae</i> type b)	1-4 Hib♦●	Hib is required for children in child care only.		
HepB (hepatitis B)	3 HepB	3 HepB■		
HepA (hepatitis A)	2 HepA			
Varicella (chickenpox)	1 Varicella (2 nd dose recommended at KG entry)			

* If the 4th dose of DTaP is administered on or after the child's 4th birthday, then the 5th dose DTaP is not required.

♦ The number of doses of PCV and/or Hib may range from 1 to 4 depending on the age of the child when the first dose was given.

▲ If the 3rd dose of IPV/OPV is administered on or after the child's 4th birthday and at least six months from the previous dose, then the 4th dose of IPV/OPV is not required.

● Children may be complete with 3 or 4 doses of Hib vaccine depending on the brand of vaccine used.

■ Students 11 through 15 years of age who have not received HepB vaccine may receive a 2 dose series of Merck® Adult Hepatitis B vaccine to comply with this requirement. All other children (younger or older) must receive 3 doses of pediatric hepatitis B vaccine.

● The table above lists the vaccines that are required for children to attend childcare, preschool, and kindergarten through twelfth grade in Oklahoma. Additional vaccines may be recommended, but are not required. For example, a 2nd dose of varicella vaccine is recommended before entering kindergarten, but not required by Oklahoma law.

● Children attending licensed childcare facilities must be up-to-date for their age for the vaccines listed in the "Childcare" column.

● Hib and PCV vaccines are not required for students in pre-school, pre-kindergarten, or kindergarten programs operated by schools unless the facility is a licensed child care facility. Hib and PCV vaccines are required for children attending licensed child care facilities.

● Doses administered 4 days or less, before the minimum intervals or ages, are counted as valid doses.

● The first doses of measles, mumps and rubella (MMR), varicella, and hepatitis A vaccines must be administered on or after the child's first birthday (or within 4 days before the birthday) or they must be repeated.

● For doses given on or after Jan. 1, 2003, the 5th dose of DTaP must be given on or after the 4th birthday (or within 4 days before the 4th birthday). This rule does not apply to doses given before 2003.

● If a parent reports that their child had chickenpox disease, the child is not required to receive varicella vaccine. Record that the child had the disease.

● It is not necessary to restart the series of any vaccine if a dose was given late or if a dose is past due. Longer than recommended intervals between doses do not affect final immunity.

● Children may be allowed to attend childcare and school if they have received at least one dose of all the required vaccines due for their age or grade and the next doses are not yet due, but they must complete the remaining doses of vaccine on schedule. These children are "in the process" of receiving immunizations.

For more information call the Immunization Service at (405) 271-4073 or visit our website at: <http://imm.health.ok.gov>.

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.

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 Middleberg 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: _____