

**2018-2019 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
Employer _____ **Work Phone** _____ **Cell Phone** _____

Parent/Guardian - Contact #2: (Living with student)
Name _____ **Relationship** _____ **Pick-up?** _____
Y / N
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? By: _____
Bus rider: # _____

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

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 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:

PLEASE NOTIFY THE OFFICE IF YOUR CHILD IS DIABETIC SO WE CAN CREATE A SPECIFIC DIABETES PLAN FOR YOUR CHILD.

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: _____ Student ID # _____
Last Name First Name Middle Name

Gender: Male _____ Female _____ Date of Birth: _____ School: _____

Select one or more of the following races:

_____ African American/Black _____ American Indian/Alaskan Native _____ Asian
 _____ Native Hawaiian/Pacific Islander _____ Caucasian/White _____ Other

Is the student of Hispanic or Latino culture or origin? Yes _____ No: _____

1. What is the **primary language** used in the home, regardless of the language spoken by the student? _____
2. What is the language **most often** spoken by the student? _____
3. What language did the student learn **first**? _____
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? _____

Parent/Guardian Signature _____

Date _____

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:
 - Scored 35% or below on norm-referenced test (NRT) on the composite reading score.
 - Scored limited knowledge or unsatisfactory on Reading Oklahoma Core Curriculum Test (OCCTs).
 - 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, WAPT or Oklahoma Pre-K Language Screening Tool.

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) Norm Reference Test (NRT)	Name of the NRT	Reading Total Composite Score(s) %

Date(s) of Reading OCCT	Score(s) on Reading OCCT				Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	Limited Knowledge	Unsatisfactory	Satisfactory	Advanced		
	Limited Knowledge	Unsatisfactory	Satisfactory	Advanced		
	Limited Knowledge	Unsatisfactory	Satisfactory	Advanced		
	Limited Knowledge	Unsatisfactory	Satisfactory	Advanced		

Date(s) of ACCESS for ELLs 2.0 or Alternate ACCESS Test	Score(s) on 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.		1.	2.
	1.	2.		1.	2.
	1.	2.		1.	2.

Guide to Immunization Requirements in Oklahoma: 2017-18 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.



Immunization Service
Oklahoma State
Department of Health

VACCINES	CHILDCARE	PRE-SCHOOL	KG-6th	7th - 12th
	Up-to-date for age	PRE-KG	KG-6th	
DTaP (diphtheria, tetanus, pertussis)	Total doses 4 DTaP	Total doses 5 DTaP *	Total doses 5 DTaP *	One-time Tdap booster
PCV (pneumococcal conjugate vaccine)	1-4 PCV ♦	PCV is required for children in child care only.	4 IPV/OPV ▲	No additional doses are required once a child has completed the required number of doses. If a child or student has not completed all of the required doses by the time they enter pre-school, kindergarten, or any grade above kindergarten, the doses must be completed on schedule.
IPV/OPV (inactivated polio/oral polio)	3 IPV/OPV	4 IPV/OPV ▲	2 MMR	
MMR (measles, mumps, rubella)	1 MMR	2 MMR	3 HepB ■	
Hib (<i>Haemophilus influenzae</i> type b)	1-4 Hib ♦ ●	Hib is required for children in child care only.	3 HepB ■	
HepB (hepatitis B)	3 HepB	2 HepA	3 HepB ■	
HepA (hepatitis A)	2 HepA	2 HepA	3 HepB ■	
Varicella (chickenpox)	1 Varicella (2 nd dose recommended at KG entry)	2 HepA	3 HepB ■	

- ★ 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. Refer to this web page for information on when doses are due for children attending childcare: http://www.ok.gov/health/Disease_Prevention/Preparedness/Immunizations/Vaccines_for_Childcare/index.html.
- 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>.

Revised 04-12-2017 IMM 400

2018 - 2019

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

AUGUST						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

SEPTEMBER						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

OCTOBER						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

NOVEMBER						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

DECEMBER						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AUGUST
 13 Grady County Professional Day
 14 Professional Day
 15 Professional Day
 16 First Day of Classes

September
 3 Labor Day

OCTOBER
 17 Parent/Teacher Conference
 18-19 Fall Break

NOVEMBER
 19-23 Thanksgiving Break

DECEMBER
 19 End of 1st Semester
 20-Jan 2 Christmas Break

JANUARY
 3 School Resumes
 21 Holiday

February
 18 Professional Day

MARCH
 15 P/T Conferences
 18-22 Spring Break

APRIL
 19 Snow Day
 26 Snow Day

MAY
 3 Snow Day
 16 Last Day of School
 17 Professional Day

12/3

19

20/1

17

13

JANUARY						
S	M	T	W	T	F	S
	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

FEBRUARY						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

MARCH						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MAY						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

JUNE						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

20

19/1

16/1 p/tconf

20

11/1

	1st Sem	2nd Sem.
Days Taught	81	86
Professional Days	3	2
Parent/Teacher Con.	1	1
	85	89

APPROVED BOARD MEETING