

**Anadarko Public Schools
Enrollment Questionnaire**

This form is intended to address the McKinney-Vento Act. Your answers will help determine residency necessary for enrollment and ensure that certain needs will be met for this student.

Presently, where is the student living? Check *one* box only

<u>Section A</u>	<u>Section B</u>
<ul style="list-style-type: none"><input type="checkbox"/> In an emergency/transitional shelter<input type="checkbox"/> Temporarily with more than one family due to loss of job, loss of housing, etc.<input type="checkbox"/> In a motel, car, or campsite<input type="checkbox"/> In temporary foster care awaiting placement<input type="checkbox"/> Alone without parental support (independent living student) <p>CONTINUE: If you checked a box in Section A, please complete the remainder of this form.</p>	<ul style="list-style-type: none"><input type="checkbox"/> Choices in Section A do <u>NOT</u> apply. <p>STOP: If you checked this section, you do <u>not</u> need to complete the remainder of this form.</p>

Student ID# _____ Date of Birth: _____

Student Name: _____

School: _____ Grade: _____ Male _____ Female _____

Parent/Guardian: _____ Date: _____

Present Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Last school attended: _____ City: _____ State: _____

Would you like to be contacted by an employee of the school to discuss additional assistance which may be available to you and your child? _____ Yes _____ No

Signature: _____ Date: _____

AUTHORIZATION FOR MEDICAL CARE OF A MINOR

I, _____, parent/legal guardian of:
Parent/Legal Guardian Name (Please Print)

Minor's Name (Please Print)

DO HEREBY AUTHORIZE Anadarko Public Schools' Staff
To CONSENT to any X-ray examination, anesthetic, medical, surgical or dental
diagnosis or treatment, hospital care, immunization, blood test, examinations, guidance
services and/or mental health services to be rendered to the above named minor under
general or special supervision and upon the advice of a school nurse, physician,
surgeon, dentist, or mental health counselor licensed under the laws of the State of
Oklahoma.

IN GIVING THIS CONSENT, I RECOGNIZE AND UNDERSTAND that in situations
where the above named minor requires immediate or hospital care it may not be
possible to contact me and that in such situations 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 to foregoing all treatment; in such situations, I authorize a
school nurse, physician, surgeon, dentist, or licensed mental health counselor to
exercise his/her professional judgment and assess the risks of incident to and choose
necessary treatment from any available alternatives and to render such care and
perform such treatment as he/she in his/her professional judgment determines to be
necessary for the health or safety of the above named minor.

(Signature of parent/legal guardian)

(Date)

(Telephone Number)

(Cell Phone Number)

(Address)

(City)

(State)

(Zip Code)

Treatment Information:

Minor's Date of Birth: _____

Minor's Doctor: _____
(Name and Telephone Number)

Minor's Allergies: _____

Medication Minor is taking: _____

Date of Minor's Last Tetanus Shot: _____

Minor's Medical History: _____

**ANADARKO PUBLIC SCHOOLS ENROLLMENT FORM
2011-2012**

Date _____ School _____ Grade _____

STUDENT NAME _____
(LEGAL NAME) Last First Middle

STUDENT'S SOCIAL SECURITY NUMBER ____ - ____ - ____

MAILING ADDRESS _____

IF P.O. BOX OR ROUTE #, PLEASE GIVE PHYSICAL DIRECTIONS TO ADDRESS _____

DATE OF BIRTH _____ AGE _____ SEX (CIRCLE ONE) MALE FEMALE

BIRTH CITY _____ STATE _____ COUNTRY _____

HOME PHONE _____ CELL PHONE _____

WILL STUDENT RIDE A BUS? _____ BUS NUMBER _____

DOES STUDENT LIVE MORE THAN 1 ½ MILES FROM SCHOOL? (CIRCLE ONE) YES NO

SCHOOL STUDENT LAST ATTENDED _____

IF SCHOOL LAST ATTENDED WAS NOT IN ANADARKO, PLEASE GIVE SCHOOL NAME AND ADDRESS _____

IS THIS A TRANSFER STUDENT? YES _____ NO _____
(TRANSFER STUDENTS ATTEND SCHOOL IN ANADARKO WHILE RESIDING WITHIN ANOTHER DISTRICT)

HAS STUDENT BEEN IN SPECIAL EDUCATION CLASSES DURING PREVIOUS SCHOOL YEAR? YES _____ NO _____

PLEASE LIST INDIVIDUALS THAT HAVE YOUR PERMISSION TO CHECK YOUR CHILD OUT FROM SCHOOL.
ONLY PERSONS LISTED ON THIS ENROLLMENT FORM WILL BE ALLOWED TO CHECK OUT YOUR CHILD DURING
SCHOOL HOURS.

PLEASE INDICATE ANY MEDICAL PROBLEMS/CONDITIONS WE SHOULD BE AWARE OF _____

PARENT/GUARDIAN CONTACT INFORMATION

PARENT/GUARDIAN (#1) _____
NAME ADDRESS PHONE

RELATIONSHIP TO STUDENT _____
CELL PHONE

EMPLOYER _____
NAME ADDRESS PHONE

PLEASE COMPLETE THE BACK OF THIS FORM

PARENT/GUARDIAN (#2) _____
 NAME ADDRESS PHONE
 RELATIONSHIP TO STUDENT _____
 CELL PHONE
 EMPLOYER _____
 NAME ADDRESS PHONE

EMERGENCY CONTACT _____
 NAME ADDRESS PHONE
 RELATIONSHIP TO STUDENT _____

WITH WHOM DOES THE STUDENT LIVE? (CIRCLE ONE) BOTH PARENTS MOTHER FATHER
 GUARDIAN RELATIVE FRIEND

PLEASE LIST NAMES AND GRADES OF ALL CHILDREN CURRENTLY LIVING IN YOUR HOME THAT ARE ATTENDING ANADARKO PUBLIC SCHOOLS FOR 2011-2012 .

NAME	GRADE	NAME	GRADE
NAME	GRADE	NAME	GRADE
NAME	GRADE	NAME	GRADE

DOES YOUR CHILD LIVE IN A HOUSING AUTHORITY HOME? (CIRCLE ONE) YES NO
 IF YES, CIRCLE ONE: APACHE CADDO COMANCHE DELAWARE KIOWA HOUSING AUTHORITY
 WICHITA ANADARKO HOUSING AUTHORITY
 OTHER _____

PROJECT NUMBER _____

DOES YOUR CHILD LIVE ON TRUST LAND? (CIRCLE ONE) YES NO
 LEGAL DESCRIPTION: TN _____ RNG _____ SEC _____ QTR _____

PLEASE GIVE PHYSICAL DIRECTIONS _____
 (IF DIRECTIONS ARE THE SAME AS ON THE OTHER SIDE OF THIS FORM)

PLEASE SIGN AND DATE THIS ENROLLMENT FORM VERIFYING ALL STUDENT INFORMATION GIVEN ABOVE IS CORRECT:

 PARENT/GUARDIAN (circle one) DATE

As part of No Child Left Behind, you may request any teacher's credentials by contacting the building principal.

STUDENT NAME _____

**ANADARKO PUBLIC SCHOOLS
FIELD TRIP PERMISSION FORM**

School related field trips are designed to enrich the taught curriculum and are considered to be a privilege for Anadarko Public School students. I understand that District Student Code of Conduct rules apply to my child while he/she is attending school related field trips. I further understand that my child's failure to follow the Code of Conduct rules throughout the school year could result in the loss of school related field trip privileges, at the discretion of the principal, for my child.

_____ I **give permission** for my child to attend school related field trips during the school year.

_____ I **do not give permission** for my child to attend school related field trips during the school year. I understand in not giving permission that I must contact the principal to make other arrangements for my child's supervision on the day(s) his/her class is taking part in a school related field trip.

Parent/Legal Guardian Signature

Date

**ANADARKO PUBLIC SCHOOLS
PICTURE PUBLICATION PERMISSION FORM**

I give permission for my child's school activity pictures to be published in the newspaper and/or District publications.

Parent/Legal Guardian Signature

Date

Health History and Consent Form

Student Name _____ Grade _____
Address _____ Age _____
Date of Birth _____ Social Security # _____
Parent's or Guardian Name _____
Home Phone Number _____ Daytime Phone _____
Emergency Contact: Name/Relationship _____
Phone Number _____
Medicaid or Sooner Care Number _____

Student's Health History (circle what applies to your Child)

Asthma	Anxiety
Diabetes	Depression
Seizures _____ Type _____	Anger Problems
Last Seizure _____	Drug/Alcohol problems
High Blood Pressure	Suicidal Thoughts
Heart Disease _____	Family Problems
Nose Bleeds	
Skin Disorder	
Hearing Problems	
Allergic to Medication: List _____	

Has Student seen Counselor/Therapist? No Yes Name _____

Has Student been hospitalized for mental, emotional, or behavioral problems? No Yes

Describe any serious Health and or Mental Health issues: _____

List any routine medications- include medication for emotional problems.

I give my permission for the above information to be made available to the school nurse, school counselor, student nurses, and or designated personnel in order to assess, screen and treat health and or mental health related problems. I also give permission to give over the counter and /or prescription medications if needed. I understand service rendered may be billed to Medicaid if applicable.

Name/ relationship _____ Date _____



Janet Barresi
 State Superintendent of Public Instruction
 Oklahoma State Department of Education

2011-2012 HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS

Name of Student: _____
Last Name First Name Middle Name

Student ID #: _____ Gender: Male Female

School Site: _____ Grade: _____

Date of Birth: _____ Place of Birth (City/State/Country): _____

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 or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander Caucasian/White

Parent's/Guardian's Name: _____

Parent's/Guardian's Address: _____
Street City Zip Code

Parent's/Guardian's Telephone Number: (____) _____ Cell Phone: _____

1. Is a language **other than English** used in your home? Yes No
If NO, go to numbers 6 and 7. If YES, what is that language? _____

2. Is that language spoken in the home **MORE OFTEN** than **English**? **LESS OFTEN** than **English**?

3. What language is spoken by adults in the home? _____

4. What was the first (1st) language your child learned to speak? _____

5. What was the date (**month and year**) your child first enrolled in a school in the United States? _____

6. Parent/Guardian Signature: _____

7. Date: _____

FOR SCHOOL USE ONLY

THIS FORM MUST BE COMPLETED EVERY YEAR WITH CURRENT TEST DATA FOR STATE ACCREDITATION.

If a language other than English is spoken **MORE OFTEN** (see question #2), the student automatically qualifies as **bilingual** on application for accreditation.

OR

If a language is spoken **LESS OFTEN**, student qualifies as **bilingual** on application for accreditation if he or she meets **ONE OF THE FOLLOWING**:

- Scores 35% or below on norm-referenced test (NRT) on the composite **reading** score.
- Scores limited knowledge or unsatisfactory on **Reading** Oklahoma Core Curriculum Tests (OCCTs).
- Designated Limited English Proficient on an Oklahoma English language proficiency assessment: WIDA ACCESS for English language learners (ELLs) Test, WIDA Placement Test (including K W-APT, W-APT, and Kindergarten MODEL), or the Oklahoma Pre-K Language Screening Tool.

Documentation of a test result for students who marked **LESS OFTEN**:

1. NRT Test Date: _____ Name of the NRT: _____ Reading Total Composite Score: _____

2. Reading OCCT Date: _____ Score on Reading OCCT: Limited Knowledge Unsatisfactory Satisfactory Advanced

3. ACCESS for ELLs Test Date: _____ Score on ACCESS for ELLs: 1 2

WIDA Placement Test (K W-APT, W-APT, or Kindergarten MODEL) Date: _____ Score on K W-APT, W-APT, or MODEL: 1 2

Oklahoma Pre-K Language Screening Tool Date: _____ Score on Pre-K Language Screening Tool: _____

1 2

ANADARKO PUBLIC SCHOOLS INTERNET USAGE POLICY

Internet access provided through the school district's local area network is considered a privilege. Individuals may use the Internet only to support activities that promote the district's mission and goals. No student should have an expectation of privacy when using district computers, or the district's local area networks. The school Administration and the Information Technology Department may monitor activities that take place on these systems. External Internet monitoring techniques frequently log data about a user, and the network from where they reside. It is the responsibility of the user to limit access to resources that only pertain to the District's mission and goals. Any violations of the Usage Policy are strictly prohibited, and may lead to having Internet and/or network access revoked. Violations will be reported to the Anadarko Public Schools Administration and user may be subject to other disciplinary sanctions.

Student Agreement

Student's (User) Full Name (Please Print) User's Grade

Using the Internet requires responsibility from the user. I understand and will abide by the terms and conditions for Internet access. I further understand that any violation of the regulations is unethical and may constitute a criminal offense.

Student's (User) Signature Date

Parent/Guardian Agreement

(Completion of this section is required for students under the age of 18.)

As the parent or 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 that the District and the Internet provider have taken available precautions to eliminate controversial material. However, I also recognize it is impossible for the District and Internet provider to restrict access to all controversial materials, and I will not hold the District or the Internet provider responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's Internet 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.

Signature of Parent/Legal Guardian Date

Anadarko Public Schools
Anadarko, Oklahoma

MEDICATION FORM

Because of the legal implications involving teachers and other staff who administer medication to children, it is required that this form be completed by the parent and/or physician regarding any medication that needs to be administered during school hours. All medicine must have a current prescription label with medicine which includes prescription label on the inhalers. It is understood this creates no responsibility or obligation on the part of the school faculty and staff but is done only as a service to the parent or child.

Dear _____(Principal),

I have read and understand the above paragraph and hereby authorize you or a member of your staff to give the medication(s) listed below to the student named on this form. This will be done at my request and you or the staff member will not be held accountable for any effects nor the outcome of administration of the medication nor shall you be held liable in any manner whatsoever for any act of negligence in giving such medication or any failure to give such medication.

Student's Name _____ School _____

(1) Name of medication _____ Dosage/Time _____

Reason for administering medication _____

(2) Name of medication _____ Dosage/Time _____

Reason for administering medication _____

(3) Name of medication _____ Dosage/Time _____

Reason for administering medication _____

(4) Name of medication _____ Dosage/Time _____

Reason for administering medication _____

Physician's name or signature _____ Phone _____

Parent/Guardian signature _____

Address _____ Home phone _____

Business phone _____

Date _____

Race and Ethnicity Identification Form
Anadarko Public Schools

To Parents/Guardians:

Please complete Parts 1 and 2 by completely darkening the circle beside your answers.

Name of Student _____ Date of Birth _____

Part 1: Ethnicity Designation

Directions: Read the definition below and completely darken the circle that indicates this student's heritage.

Is this student Hispanic or Latino? (Select one answer.)

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic** or **Latino**.

Yes

No

Part 2: Race Designation

Directions: Read the descriptions below and completely darken the circle or circles that indicate this student's race. You must select at least one race, regardless of ethnicity designation. More than one response can be selected.

Indicate this student's race. (Select all that apply.)

- American Indian or Alaskan Native:** A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

I *verify* the information on this form is accurate.

I *refuse* to re-identify the race and ethnicity of this student.

Signature, Parent/Guardian Date

Signature, Parent/Guardian Date

FOR SCHOOL USE ONLY

I am the observer who completed this form due to parent/guardian refusal to re-identify.

Signature, Observer

Date

STUDENT NAME _____

Student/Teacher/Parent Title I Compact
Anadarko Public Schools

It is important that our families and our school community work together to help students achieve high academic standards. The following are agreed upon responsibilities that we as partners will carry out to support student success.

PARENT/GUARDIAN AGREEMENT

I want my child to achieve and be successful in school. Therefore, I shall encourage him/her by doing the following:

- _____ See that my child is punctual and attends school regularly.
- _____ Support the school in its efforts to maintain proper discipline.
- _____ Establish a time for homework and review it regularly.
- _____ Provide a quiet well-lighted place for study.
- _____ Remain aware of what my child is learning.
- _____ Talk, write, and read with my child and let my child see me read.

Parent Signature

STUDENT AGREEMENT

It is important that I achieve and work to the best of my ability. Therefore, I shall strive to do the following:

- ✓ Come to school on time, attend regularly, and be ready to learn.
- ✓ Come to school prepared each day with all materials and tools necessary for learning.
- ✓ Complete homework assignments in a thorough and legible way and return it on time.
- ✓ Observe regular study hours.
- ✓ Conform to the rules of student conduct.

Student Signature

TEACHER AGREEMENT

It is important that students achieve academic success and develop tools to become a productive citizen. Therefore, I shall strive to do the following:

- 1) Match instruction to diagnostic data.
- 2) Provide necessary assistance to parents so that they can assist with homework.
- 3) Encourage students and parents by providing information about student progress.
- 4) Use special activities in the classroom to make learning enjoyable.

Teacher Signature

PRINCIPAL AGREEMENT

I support this form of parent involvement. Therefore, I shall strive to do the following:

- Provide an environment that allows for positive communication between the teacher, parent, and student.
- Set high standards by providing a challenging curriculum.

Principal Signature