

Dewey Elementary New Student Enrollment

ID# _____

Grade _____

Legal Last Name _____ Other Last Name _____

First Name _____ Middle Name _____ Suffix (Jr, III, etc.) _____

Phone: Cell _____ Home _____ Work _____

Home Address _____

City/State/Zip _____ Student State of Birth _____

Parent Email (required) _____

Race – Circle one: White Hispanic Black Asian American Indian Other _____

Sex – Circle one: Male Female Student Date of Birth: _____

Does student receive special education services (IEP) or have special needs? _____

Lives with – Circle One: Parents Father Mother Grandparent Guardian Other _____

Previous Dewey Elementary Student? Yes No Last School attended _____

Please list any special needs or requirements for this student _____

Please list any people who are not authorized to have contact with or pick up this student (legal documentation required) _____

(If non-custodial parent is listed, we must have a copy of legal documentation stating restrictions.)

School Use Only below this line

Approved by School Nurse _____ Initials _____ Assigned Teacher _____ Date ____/____/____

Transportation Code entered _____ Initials _____ Transfer Forms completed _____ Initials _____

PARENTS/GUARDIANS

Last Name_____ First Name_____ Middle_____

Address_____

City/State/Zip_____ Legal Guardian? Yes No

Phone: Cell_____ Home_____ Work_____

Relationship to Student_____ May this person pick student up from school? Yes No

If not a legal guardian, shall this person receive mailings such as progress reports, grades, etc.? Yes No

Last Name_____ First Name_____ Middle_____

Address_____

City/State/Zip_____ Legal Guardian? Yes No

Phone: Cell_____ Home_____ Work_____

Relationship to Student_____ May this person pick student up from school? Yes No

If not a legal guardian, shall this person receive mailings such as progress reports, grades, etc.? Yes No

Last Name_____ First Name_____ Middle_____

Address_____

City/State/Zip_____ Legal Guardian? Yes No

Phone: Cell_____ Home_____ Work_____

Relationship to Student_____ May this person pick student up from school? Yes No

If not a legal guardian, shall this person receive mailings such as progress reports, grades, etc.? Yes No

Emergency Contacts (not previously listed)

Last Name_____ First Name_____ Middle_____

Address_____

City/State/Zip_____ Relationship to Student_____

Phone: Cell_____ Home_____ Work_____

May this person pick student up from school? Yes No

Last Name_____ First Name_____ Middle_____

Address_____

City/State/Zip_____ Relationship to Student_____

Phone: Cell_____ Home_____ Work_____

May this person pick student up from school? Yes No

Last Name_____ First Name_____ Middle_____

Address_____

City/State/Zip_____ Relationship to Student_____

Phone: Cell_____ Home_____ Work_____

May this person pick student up from school? Yes No

Notice to Parent/Guardian

Dewey Schools will carry all school records (including but not limited to: transcripts, grade cards, test records, class lists, honor rolls, publicity releases, etc.) in the **legal name** of the student, as established and verified by the given name listed on the student's birth certificate. Any assumed "goes by" last name may be listed in addition to the legal name, but **will not replace the legally given name** in any publication of school records. A change in the legal name will need to be verified by presenting the school office a **record of the name change by court order**.

Non-custodial parents will have the right to any information or record relating to a minor child which is available to the custodial parent including teacher/parent conferences, **unless restricted by court order**. In such case, it is the responsibility of the custodial parent to provide a copy of any such legal restrictions to the school office.

Parent Questionnaire

The following information will assist in determining your child's educational needs and will be treated as confidential. Please complete the questions; however, you may omit any items that do not seem to apply to your child, or that you find objectionable.

Identifying Information: Child's Name _____ DOB _____ Age _____

Address _____ City/State/Zip _____

Child lives with: _____ Natural Parents _____ Adoptive Parents _____ Single Parent _____ Parent/Step Parent _____ Other

Others in home:

Name	Relationship

Primary Language Spoken in home _____ Secondary Language _____

1. **Developmental/Medical History** Normal pregnancy? _____
Unusual event or conditions during pregnancy or birth process? _____
Developmental milestones reached at appropriate ages? _____

NOTE: All PreK students are required to be fully toilet-trained. Each student must be able to attend to their own toileting needs.

2. **Problems or concern in Student's development:**

____ Speech ____ Vision ____ Hearing ____ Headaches ____ Injuries ____ Asthma ____ Seizures
Any known allergies? ____ Food ____ Pollen ____ Mold ____ Medications
Surgeries? _____
Current Medications _____
Daycare/Preschool? _____ Head Start? _____
History of learning or behavior problems in the family? _____

3. **Social/Emotional/Physical**

____ Highly active ____ Quiet ____ Sensitive ____ Separation Anxiety ____ Follows directions
____ Attends task for 5 minutes ____ Dresses self ____ Normal eating habits ____ Normal sleeping habits
____ Age appropriate toilet habits ____ Writes/Draws/Scribbles ____ Plays with manipulatives

Writing Hand Preference: ____ Right ____ Left ____ Either

Concerns or problem areas:

____ Tantrums ____ Difficult to discipline ____ Fights w/siblings or others ____ Refuses directions
____ Uncooperative ____ Gives up easily ____ Lacks confidence ____ Physically challenged
____ Glasses

Authority to Transfer Education Records

Previous School District

Street Address/P.O. Box/City, State, Zip

In accordance with the Family Education Rights and Privacy Act (FERPA), 34 CFR 99.31, transfer of education records is requested for:

Student Name: _____

Date of Birth: _____ Grade Level: _____

Request for all education records includes, but is not limited to: health, grades, cumulative, and special education records.

Please include any confidential information and Accelerated Reading reports if available.

The student intends to enroll or is enrolled in our school district/agency. Therefore, please send records to:

Dewey Elementary School
#1 Bulldogger Road
Dewey, OK 74029
(918) 534-3800 Ext. 4000
FAX: (918) 534-3801
Email: sdmcneice@deweyk12.org

From: _____

Jerri Moore, Principal

Education records are maintained and released in accordance with the Family Education Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with 34 CFR 99.31.

Office use only:

1st Request _____ 2nd Request _____ 3rd Request _____ Call Made _____

FACEBOOK/TWITTER/SOCIAL MEDIA CONSENT

Dewey Public Schools

PURPOSE: To share, promote, celebrate and inform the public of the great things happening at Dewey Public Schools where we are achieving personal success and becoming responsible and productive citizens. The Facebook and Twitter pages are designed to be a positive communication between the school and the public. Negative comments will not be accepted on the pages.

GUIDELINES FOR THE FACEBOOK AND TWITTER PAGE: Only first names will be used in posting pictures (at Dewey Elementary). Parents have the right to decline their child's picture being posted. The Dewey Public School Technology Teams will monitor postings and grant permission for comments. **This consent will be valid for the duration of the student school career at Dewey Public Schools. This consent can be cancelled at any time.**

☐

ACCEPT

I give Dewey Public Schools, and its teachers and staff, permission to post photos on Dewey Public Schools/Classroom teacher specific social media of my child, _____ on this day, _____. I understand that this consent is valid through the duration of my child's years at all Dewey Public Schools. I understand that I may cancel this consent by contacting the school office to sign a cancellation declaration.

Parent Name(Please print):_____ Parent Signature:_____

☐

DECLINE

I **DO NOT** give Dewey Public Schools, and its teachers and staff, permission to post photos on Dewey Public Schools/Classroom teacher specific social media of my child, _____ on this day, _____. I understand that I may give consent at any time by contacting the office to sign a consent form and it will be valid through the years my child attends Dewey Public Schools.

Parent Name(Please print):_____ Parent Signature:_____

Dewey Public Schools

Statement of Policy, Drug Free School

- A. All students will participate in a developmentally based drug and alcohol education and prevention program.
- B. Students are hereby notified that the use, possession, or distribution of illicit drugs, and alcohol is wrong and harmful to themselves as well as to others.
- C. Standard of Conduct: The use, possession, distribution, sale, or being under the influence of alcohol, illicit drugs and/or inhalants will not be tolerated on school property or within one thousand feet of school property. Compliance is mandatory.
- D. Disciplinary Sanctions: Students who violate paragraph "C" shall be subject to discipline deemed appropriate in view of all the facts and circumstances. Discipline will be consistent with local, state and federal law. Disciplinary sanctions may include the possibilities of:
 - 1. In school suspension
 - 2. Suspension from school (short or long term)
 - 3. Alternative education placement (as appropriate)
 - 4. Referral to law enforcement officials
 - 5. Completion of an appropriate and rehabilitation program
- E. Information about drug and alcohol counseling and rehabilitation and re-entry program are available in the principal's and/or counselor's office.
- F. Students and Parent will receive a copy of the Statement of Policy for a Drug Free School. (See Parent/Student Handbook).
- G. A biennial review of the policies will be conducted. Disciplinary Sanctions paragraph "D" will be consistently enforced.
- H. This record of notification and compliance of the Drug Free School policy will be kept in the student's cumulative record folder.

Parent Statement of Acknowledgement

I have read the statement Policy, Drug Free School, and understand my child while in attendance in this school district will be governed by such policy.

Student Name _____ Grade _____

Parent/Guardian Signature _____ Date _____

Field Trip Permission

Students may take field trips throughout the year. These trips will be taken during regular school time unless you are otherwise informed. The children will be under close supervision and every safety precaution will be observed. Each child must have written permission from his/her parent to make these trips.

Student name _____

Parent/Guardian Signature _____ Date _____

Dewey Public Schools
Internet and Other Computer Networks
Acceptable Use Policy

The Board of Education believes that the use of the internet will further education by promoting the exchange of information and ideas and by providing intra- and inter-district, statewide, national, and global opportunities for staff, students, and the community. Students will be able to access the Internet under the supervision of their teachers.

Since the Internet constitutes an unregulated collection of education resources that change constantly, it is not possible to predict or control exactly what resources users may locate. The school district makes not guarantees of the accuracy of the information or the appropriateness of materials that a student may encounter. Students will be under teacher supervision; however, it is not possible to constantly monitor individual students and what they are accessing. Students and other users will refrain from intentionally accessing and downloading any text, picture, or online conferencing that includes materials which is to considered to be obscene, libelous, indecent, vulgar, profane, or lewd; advertises any product or service to minors prohibited by law; presents a clear and present danger; or will cause the commission of unlawful acts or the violation of lawful school regulations. Users will not solicit or receive any information or service that could result in unauthorized expense to the district.

Users will be courteous and polite. Messages will be concise and not abusive in content or language. Personal information should not be revealed. Records of Internet use will be considered confidential; however, users must be aware that any message or information posted on the Internet may be accessed by others for whom it is not intended. Email and downloaded materials will be deleted from the system on a regularly scheduled basis.

Users of the services will respect all copyright and license agreements. Copyrighted software, pictures, or music will not be downloaded for use that violates the copyright laws.

Staff and students must agree to some Internet orientations that will address the issues of appropriate use of the Internet, copyright laws, Internet etiquette, and fees (if any) incurred during the use of the services. An Internet User Agreement will be signed by all persons wishing to use the services provided by the school district.

Violation of the Internet/Computer Network Acceptable Use Policy will result in forfeiture of all user privileges. Violators shall also be subject to appropriate disciplinary action. Pending investigation into a student/staff complaint of inappropriate use of the networks, user privileges will be suspended.

The district shall not be liable for users' inappropriate use of electronic communication resources or violations of copyright restrictions, users' mistakes or negligence, or costs incurred by users. The district shall not be responsible for ensuring the accuracy or usability of any information found on the Internet.

Student Internet Access Agreement

Student Section:

Student Name _____ Grade _____
(Last) (First) (Middle)
_____ Dewey Elementary School _____ Dewey Middle School _____ Dewey High School

Home Address _____ Phone _____

I have received a copy of the Internet Acceptable Use Policy as contained in the Student Handbook. I have read and agree to abide by their provisions. I understand that any violation of the use provisions may result in disciplinary action including, but not limited to, suspension and/or revocation of network privileges and suspension from school.

Student's Signature _____ Date _____

Parent/Guardian Section (Required):

I have read the Internet Acceptable Use Policy as contained in the Student Handbook for Dewey Public Schools. I understand that the School District has taken reasonable precautions to ensure that access to controversial material is limited to the extent possible. I realize, however, that it is not possible to completely prevent access to inappropriate material. I will monitor my child's use of the network and his/her access to the Internet, and will accept full responsibility for supervision in that regard if and when my child's use is not in a school setting. I hereby release the School District from liability in the event that my child acquires inappropriate material through use of the District's computing resources or the Internet. I hereby request that the District issue an account for my child and certify that the information contained on this form is correct.

Parent Signature _____ Date _____

Photo/Video Release

I give Dewey Public Schools the right to use all still and moving images that I appear in for any use. This use includes, but is not limited to: video, multimedia, web-based, and print curriculum, training materials, other instructional media advertising, commercials, other promotional materials, video conferencing/distance learning, web page images, and all other forms of media. I give this right of the use of my likeness for the usable life of the media. I further understand and agree that my compensation for this use of my likeness of \$0 and that I will not request further compensation at a later date.

I further agree that I will not hold Dewey Public Schools liable for any reason if the image is used in accordance with the acceptable uses as stated above. This institution then promises and agrees to use all images in an appropriate educational manner. Please sign below signifying your acceptance to the agreement.

Student Signature _____ Parent Signature _____

Initial Enrollment Prior Participation Form

Student Information

If your child has attended an Oklahoma school before, please leave this form blank.

The following information should be completed by the parent or guardian of the student. This information is collected on a student's initial enrollment into a school district. Please print legibly.

Student Legal Name: _____
First Middle Last

Student Date of Birth: _____

 Month Day Year

Student Gender – Please circle one: Male Female

Did the student participate in any of the follow programs? Please indicate by checking YES or NO for each statement.

PROGRAM	YES	NO
A childcare program that is licensed pursuant to the tiered licensing system established by the Department of Human Services (a DHS licensed childcare program)		
The Sooner Start program operated by the State Department of Education		
The Oklahoma Parents as Teachers (OPAT) program operated by the State Department of Education		
The Children First program operated by the State Department of Health		
Any child abuse prevention program operated by the State Department of Health		
Any federally funded Head Start program		

Dewey 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? Mark one line in Section A or B as it applies to your student.

<u>Section A</u>	<u>Section B</u>
<input type="checkbox"/> In a shelter _____	<input type="checkbox"/> Choices in Section A do not apply.
<input type="checkbox"/> Temporarily with more than one family due to job loss, loss of housing, etc.	<u>STOP: If you marked this section, you do not need to complete the remainder of this form.</u>
<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)	
<u>CONTINUE: If you marked a line in Section A, please complete the remainder of this form.</u>	

Date of Birth: _____

Student Name: _____

School: _____ Grade: _____ Circle one: Male Female

Parent/Guardian: _____ Date: _____

Present address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Last School attended: _____ City: _____ State: _____

20__ - 20__

ENCUESTA DEL IDIOMA HABLADO EN EL HOGAR PARA DISTRITOS ESCOLARES PRE-KINDER-12

OKLAHOMA STATE DEPARTMENT OF
EDUCATION
CHAMPION EXCELLENCE

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 2.0, 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 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 Test	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 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

OSIIS - Authorization to Use or Share Protected Health Information to School or Day Care

Student Name: _____

OSIIS ID #: _____

Date of Birth: _____

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to: _____
(Name of Person/Organization Receiving PHI)

The information may be disclosed for the following purpose(s):

☐ to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310: 535-1-3

☐ Other: _____

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be one year from the date of my signature or upon the occurrence of the following event [e.g., child no longer enrolled in school/day care center] _____

Signature of Student or Legal Representative

Date

Description of Legal Representative's Authority