

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

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 _____

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 no 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 be 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 medial 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	STUDENT RESIDENCY QUESTIONNAIRE	School Year 20__ - 20__
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PLEASE READ CAREFULLY AND COMPLETE FULLY

No student or family will be discriminated against based upon any of the information provided in this form. The information you provide is confidential. The answers you give will help us determine the services your student may be eligible to receive under the McKinney-Vento Act.

Student Name:		Date of Birth:
School:		Grade:
Person Completing This Form:	Relation to Student:	Phone:
Current Address:		How Long?

	Yes	No
1. Is this current address a temporary living arrangement?		
2. Is this temporary living arrangement due to loss of housing, economic hardship, or domestic violence?		
3. Is the student being enrolled by someone other than parent or legal guardian?		
4. Is the student an unaccompanied youth (not living with a parent or legal guardian)?		
5. Is the student a Foster Child or waiting for Foster Placement?		

If you answered **NO to ALL questions**, please sign and date below. Submit form to school personnel.

➡ Parent/Guardian Signature: _____ Date: _____

If you answered **YES to ANY question above**, please complete the remainder of this form.

Please select the option that best describes your current living situation:

- With more than one family in a house or apartment. # Bedrooms: _____ # People: _____
- In a motel/hotel due to lack of alternative, adequate accommodations. Name of motel: _____
- In a shelter/transitional housing. Name of agency: _____
- In a house, building, or trailer WITHOUT running water, electricity, or gas.
- Living with family or friends because you are an unaccompanied youth (not living with parent or legal guardian).
- In a car, campground, abandoned building, or other public place not intended for regular habitation.
- Wherever I can find a place to stay at night.

Please list **all children** (under 21 y/o) currently living with you, including those not yet old enough for school enrollment.

First and Last Name of Child	Relationship to Student	Date of Birth	Grade	School Name

I certify that the information provided above is correct and accurate.

➡ Signature of Person Completing this form: _____ Date: _____

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

Student Name: _____ Demographic/Client ID #: _____

(For School/Day Care receiving PHI to fill out)

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

SCHOOL YEAR: _____

HOME LANGUAGE SURVEY



STUDENT INFORMATION

Student Name: _____ 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

Please select one or more of the following races:

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

The purpose of the following questions is to help determine if a student’s exposure to a language other than English may make them eligible to receive additional English Learner (EL) supports.

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 YES, in what language? _____
5. Does the parent/guardian need translated materials? YES NO If YES, in 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 or Guardian Signature

SCHOOL USE ONLY

The response of a language other than English to any or all of questions #1, #2, and #3 above should prompt local review of the student’s potential EL identification and assessment history in the state Accountability Reporting application. If no previous EL history is present, the student must be administered a state-approved screening tool to determine their EL status.

If this HLS will be used for the purposes of Non-EL Bilingual qualification, please indicate one of the following:

A language other than English is indicated **TWO OR MORE TIMES** in questions #1, #2, and #3 above. The student is considered “**more often**” and has previously demonstrated English language proficiency on the PKST* or WIDA assessment :

Assessment Name:		Year Assessed:		Score:	
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A language other than English is indicated **ONE TIME** in questions #1, #2, and #3 above. The student is considered “**less often**” and has demonstrated English language proficiency on the PKST* or WIDA assessment. The student’s PKST* or WIDA assessment score and additional qualifying score is noted on the attached “Less Often” Non-EL Bilingual Qualification Form.

*A PKST score is valid only for a student's pre-K year(s). Regardless of the PKST score earned, a student administered the PKST must be administered the WIDA K Screener at the outset of kindergarten. To qualify a student as Non-EL Bilingual beyond their pre-K year, a student must either demonstrate initial proficiency on the WIDA K Screener or subsequently on the K ACCESS or ACCESS assessment.

DATOS DEL ALUMNO

Nombre del alumno: _____ Grado: _____
Apellido(s) Nombre Segundo Nombre

Fecha de nacimiento: _____ Escuela: _____ No. de carnet estudiantil: _____ Genero: Masculino Feminino
MM/DD/AAAA

¿Es el alumno de cultura u origen hispano o latino? **SI** **NO**

Seleccione una o más de las siguientes razas:

- afroamericana/negra
- amerindia o nativa de Alaska
- asiática
- Hawaiana o isleña del Pacífico
- caucásica/blanca

Las preguntas siguientes nos ayudan a determinar si exposición del estudiante a idiomas fuera del ingles podria hacerlos eligibles para recibir recursos adicionales de English Learners (Aprendiz de inglés).

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? **SI** **NO** En su caso, ¿para qué idioma? _____
5. ¿Requiere el padre/tutor materiales traducidos? **SI** **NO** En su caso, ¿para qué idioma? _____
6. ¿En qué fecha se inscribió el alumno por primera vez en una escuela en Estados Unidos? _____
MM/AAAA

FECHA (MM/DD/AAAA) Firma del padre/tutor

SOLO PARA USO ESCOLAR

The response of a language other than English to any or all of questions #1, #2, and #3 above should prompt local review of the student’s potential EL identification and assessment history in the state Accountability Reporting application. If no previous EL history is present, the student must be administered a state-approved screening tool to determine their EL status.

If this HLS will be used for the purposes of Non-EL Bilingual qualification, please indicate one of the following:

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Assessment Name:		Year Assessed:		Score:	
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A language other than English is indicated **ONE TIME** in questions #1, #2, and #3 above. The student is considered “**less often**” and has demonstrated English language proficiency on the PKST* or WIDA assessment. The student’s PKST* or WIDA assessment score and additional qualifying score is noted on the attached “Less Often” Non-EL Bilingual Qualification Form.

*A PKST score is valid only for a student's pre-K year(s). Regardless of the PKST score earned, a student administered the PKST must be administered the WIDA K Screener at the outset of kindergarten. To qualify a student as Non-EL Bilingual beyond their pre-K year, a student must either demonstrate initial proficiency on the WIDA K Screener or subsequently on the K ACCESS or ACCESS assessment.

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: Tjmeade@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 _____