

NEW STUDENT ENROLLMENT

Date _____

Name _____

Do you live in the Dewey School District? _____

If you are a Transfer (student NOT currently living in the Dewey School District), what school district do you live in? _____

Name of previous school _____

Address of previous school _____

Date of withdrawal from previous school _____

Are you currently under suspension from any other school? _____

Have you been a student at Dewey Schools before? _____

If so, what grade did you last attend? _____

Have you ever been enrolled in any special programs/classes? _____

Have you ever had an IEP? _____

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 **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 the legal restrictions to the school office.

Student Information Sheet

Please fill out and return to the school office.

First Name _____ Middle Name _____

Legal Last Name _____ Suffix (Jr, III, etc.) _____

Nickname (If student goes by any name other than full first name) _____

Date of Birth MM/DD/YY ____/____/____ City and State of Birth _____, _____

Parent Phone Number: _____ Type (Cell, Home, Work) _____ Unlisted? _____

Gender (Male, Female)

Ethnicity (circle all that apply):

White (non-Hispanic)	Percentage _____
American Indian (non-Hispanic)	Percentage _____
Black (non-Hispanic)	Percentage _____
Asian (non-Hispanic)	Percentage _____
Pacific Islander (non-Hispanic)	Percentage _____
Hispanic	Percentage _____

Listing race percentages is optional. However, if no percentages are listed, please check all that apply, and circle the primary race.

Grade classification upon entry (what grade will the student be classified as when he/she starts attending DHS)

____ Freshman-9th Grade ____ Sophomore-10th Grade ____ Junior-11th Grade ____ Senior-12th Grade

Please list any special needs or requirements for this student.

Please list any people who are **RESTRICTED** from having contact with or picking up this student. (If non-custodial parent is listed we must have a copy of legal documentation stating restrictions.)

Mailing Address:

Street Address _____

City _____ State ____ Zip _____

County _____

Physical Address (Leave blank if same as mailing)

Street Address _____

City _____ State ____ Zip _____

County _____

Birth Certificate Number _____

Citizenship/Nationality _____

Guardian/Contact Information

Student Name: _____

Please list all parents, guardians, and contacts for this child. **Please list each person separately.** even if married.

Contact 1:

First Name: _____ Middle Initial _____ Last Name: _____ Male / Female

Phone (list preferred number first): Number _____ Type (Cell, Home, Work) Unlisted? _____

Number _____ Type (Cell, Home, Work) Unlisted? _____

Street Address _____

City _____ State _____ Zip _____ County _____

Relationship to Student: _____

Check all that apply: This person is a family member This person is an emergency contact
 This person can pick up the student from school This person can receive mailings
 This person is allowed online access to student grades

Non-English Speaking? Email Address _____

Employer Name: _____

Contact 2:

First Name: _____ Middle Initial _____ Last Name: _____ Male / Female

Phone (list preferred number first): Number _____ Type (Cell, Home, Work) Unlisted? _____

Number _____ Type (Cell, Home, Work) Unlisted? _____

Street Address _____

City _____ State _____ Zip _____ County _____

Relationship to Student: _____

Check all that apply: This person is a family member This person is an emergency contact
 This person can pick up the student from school This person can receive mailings
 This person is allowed online access to student grades

Non-English Speaking? Email Address _____

Employer Name: _____

Contact 3:

First Name: _____ Middle Initial _____ Last Name: _____ Male / Female

Phone (list preferred number first): Number _____ Type (Cell, Home, Work) Unlisted? _____

Number _____ Type (Cell, Home, Work) Unlisted? _____

Street Address _____

City _____ State _____ Zip _____ County _____

Relationship to Student: _____

Check all that apply: This person is a family member This person is an emergency contact
 This person can pick up the student from school This person can receive mailings
 This person is allowed online access to student grades

Non-English Speaking? Email Address _____

Employer Name: _____

Dewey 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 Dewey Public Schools.

FIRST & 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

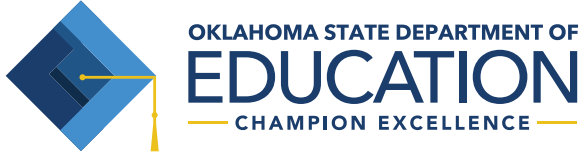
The undersigned certifies that the information provided is correct and accurate.

(Print) Parent/Guardian or Adult Caring for the Student: _____

Relationship to Student: _____ Signature: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number: _____ Email Address: _____



College Preparatory/Work Ready Parental Curriculum Choice Letter

Dear Parent or Legal Guardian:

70 O.S. § 11-103.6 requires eighth grade students entering the ninth grade to complete the college preparatory/work ready curriculum outlined in the statute, unless the student's parent or legal guardian approves the student to enroll in the core curriculum. The college preparatory/work ready curriculum and the core curriculum requirements are attached. Successful completion of either curriculum will result in a student receiving a standard diploma. However, the core curriculum does not meet college entrance requirements or OK Promise requirements.

Choosing the courses a student takes in high school is an important decision for you and your child. A college preparatory curriculum is challenging and may help determine a student's future success in higher education and the world of work.

According to the law, your child will automatically be enrolled in the college preparatory/work ready curriculum, and you do not need to do anything to enroll your child in this curriculum. However, if you choose the core curriculum, you must complete the information below and return it to the school prior to enrollment. Please contact the high school principal or school counselor if you have questions or need additional information.

As the parent or legal guardian, I am selecting the following curriculum for my student:

Core Curriculum

College Preparatory/Work Ready Curriculum

STUDENT'S NAME (Please Print)

GRADE

NAME OF HIGH SCHOOL

PARENT/GUARDIAN'S NAME (Please Print)

PARENT/GUARDIAN'S SIGNATURE

DATE

CODE OF CONDUCT FOR COMPUTER USE AND INTERNET ACCESS

The purpose of providing computer applications and Internet access is to develop communication skills and promote the exchange of information and ideas within the global community. The following represents a guide to the acceptable use of the technology provided by this district. All network use must be consistent with policies and goals of the school district.

Inappropriate use of district technology will result in the loss of technology use, disciplinary action, and/or referral to legal authorities.

Each system user is expected to comply with all district policies governing Internet access and to abide by generally accepted rules of network etiquette. The general rules include, but are not limited to, the following:

(a) **Appropriate language** – Do not use abusive language in messages to others. Be polite. Do not use obscene, indecent, lewd or profane language, vulgarities, rude or disrespectful language. Do not engage in personal attacks or activities intended to distress, harass or annoy another user.

(b) **Safety** – Do not reveal personal contact information about yourself or any other person. This information includes telephone numbers and addresses. Do not use the Internet access to arrange meetings with persons you have met on line. Users will promptly disclose to the teacher, District system administrator or to some other member of the faculty or staff any message they consider to be inappropriate or which makes them feel uncomfortable.

(c) **Electronic mail** – Users should be aware that electronic mail (Email) may not be assumed to be a private communication. The District and system administrators do have access to Email. Messages relating to or in support of illegal activities will be reported to the authorities. System users should not post any message which is intended to be private.

(d) **Network resources** – System users should not use the network in a way that will disrupt the use of the network by other users. **The network should be used for educational, professional and career development activities only.** System users should refrain from downloading large files unless absolutely necessary, and then only when the system is not being heavily used. Such files should be removed from the system computer to the user's personal computer as soon as possible.

(e) **Intellectual property** – Do not plagiarize work obtained from the Internet. Users must respect the rights of copyright owners and comply with all limitations imposed upon use of copyrighted material.

With access to such vast storehouses of information and instant communication with millions of people from all over the world, material will be available that may not be considered to be of educational value by the District or which is inappropriate for distribution to children. The District has taken available precautions, including but not limited to enforcing the use of filters that block access to obscenity, child pornography and other materials harmful to minors. However, on a global network, it is impossible to control all material and an industrious user may obtain access to inappropriate information or material. The District firmly believes that the value of the information and interaction available on the Internet far outweighs the possibility that students and employees may procure material that is not consistent with our educational goals.

Any user of District Internet capabilities implies an understanding of, and agreement with, the above terms and conditions of this Internet Acceptable Use Policy, and agrees to abide by all terms and conditions described. If a parent wishes to limit their students access to the Internet while at school they may request such in writing at a building office.

Statement of Policy for a 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:
 - 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 the counselor's office.
- F. Students and Parent will receive a copy of this 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 of Policy, Drug Free School, and understand my child, while in attendance in this school district will be governed by such policy. (Sign and return to building office)

Student's Name _____ Grade _____

Parent/Guardian Signature: _____ Date ____/____/____

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

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Dewey Public Schools

DEWEY PUBLIC SCHOOLS

#1 BULLDOGGER ROAD
Dewey, Oklahoma 74029

Authorization for RELEASE OF STUDENT RECORDS

I authorize _____

School District/Agency LAST ATTENDED

Street Address/P.O. Box

City

State

Zip

To release to **Dewey High School** copies of the official transcript, withdrawal grades to date, cumulative folder data, health records and any confidential records pertaining to special placement for the following student(s):

Name of Child

Birth Date

Grade

Name of Child

Birth Date

Grade

Name of Child

Birth Date

Grade

Signature of Parent or Guardian

Date

Address

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.