

# Student Information Sheet

NAME STUDENT GOES BY: \_\_\_\_\_ GRADE \_\_\_\_\_ FULL LEGAL NAME: \_\_\_\_\_

Student Social Security Number (Optional): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

\_\_\_\_\_ (if different) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Age: \_\_\_\_\_ Male or Female (circle one)

Race: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Is your student receiving any related services? Yes No  
If yes please choose from the following. 504 APP ELL SPECIAL EDUCATION OTHER

FAMILY PHYSICIAN: \_\_\_\_\_ PH #: \_\_\_\_\_

**DO YOU RIDE A BUS?** \_\_\_\_\_ Do you live over 1-1/2 miles from school? \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_ Address \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_ Address \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

LIST ANY FOOD ALLERGIES OR HEALTH ISSUES BELOW:

SPECIAL INFORMATION ABOUT CUSTODY \_\_\_\_\_

**Emergency Contacts: (PLEASE LIST NUMBERS OTHER THAN YOUR OWN...VERY IMPORTANT!!!)**

Emergency #1 \_\_\_\_\_ Emergency #2 \_\_\_\_\_

Contact \_\_\_\_\_ Contact \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**THESE PEOPLE HAVE PERMISSION TO CHECK MY CHILD OUT OF SCHOOL:**

1. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

# PARENT INFORMED CONSENT

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

<p style="text-align: center;"><b>AFFIDAVIT OF RESIDENCY</b></p> <p>I verify that I, * _____, am the <b><u>PARENT/GUARDIAN</u></b> of the above named student, and I am resident of Hooker Public School Dist I-23 OR have a valid school transfer.</p> <p>I also understand that if I am NOT a resident of this school district, or have a valid transfer from the Hooker School District, my children or wards will NOT be allowed to attend Hooker Schools.</p>	<p style="text-align: center;"><b>DRUG-FREE SCHOOLS CONTRACT</b></p> <p>In compliance with Drug-Free Schools Act (P.L. 101-226), the Hooker Board of Education, District I-23, Hooker, OK adopted the policy statement concerning all students of the district listed in the student handbook. I understand the policies adopted by the Hooker Board of Education concerning drug-free schools and will abide by these policies.</p> <p><b>* Student Signature:</b> _____</p> <p><b>* Parent Signature:</b> _____</p>
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<p style="text-align: center;"><b>PERMISSION FOR RELEASE OF INFO</b></p> <p>The Hooker School District uses picture and directory information to communicate with the public about student's activities and accomplishments. Directory information, name of student and parents, weight and height for sports, athletic physicals and medical releases in case of emergency may be used in:</p> <p><b>Newspapers, Yearbook, Sports Programs, School Programs, student portfolios, video for prom, video for Teacher's National Certification, or video for education awards and grants.</b></p> <p>___ I DO or ___ I DO NOT give permission to the Hooker School District to include directory information, picture or video in the above fashion.</p> <p>___ I DO or ___ I DO NOT give permission for my student's picture to appear on the Hooker School District web site.</p> <p><b>* <u>Signature of Parent, Guardian, or Student above the age of 18:</u></b> _____</p>	<p style="text-align: center;"><b>INTERNET ACCEPTABLE USE POLICY</b></p> <p>Hooker Public Schools recognizes that access to the internet carries with it a responsibility for proper internet usage by students and staff. We are committed to the goal of having the internet used in a responsible, efficient, ethical and legal manner. Therefore, acceptable uses of the internet are activities that support teaching and learning only.</p> <p><b><u>UNACCEPTABLE USES INCLUDE:</u></b></p> <ul style="list-style-type: none"> <li>• <u>Facebook or Twitter "type" social media usage</u></li> <li>• Checking personal email accounts</li> <li>• Accessing, downloading, storing or printing files or messages that are profane or obscene</li> <li>• Sending or displaying offensive messages or pictures</li> <li>• Using obscene language</li> <li>• Harassing, insulting or attacking others</li> <li>• Damaging computers, systems or networks</li> <li>• Violating copyright laws</li> <li>• Using another's password</li> <li>• Using the internet for commercial purposes</li> <li>• Making unauthorized purchases (HHS will NOT be responsible for those purchases)</li> <li>• Buying or selling over the internet.</li> <li>• Online games that do not pertain to educational enrichment</li> </ul> <p>I have read the Internet Acceptable Use Policy and understand that this policy pertains to all computers attached to the Internet in the Hooker Public Schools. I agree to abide by these provisions and understand violation of this provision may constitute suspension of Internet access and related privileges as well as lead to school disciplinary action.</p> <p><b>* Student signature:</b> _____</p> <p>As Parent/Guardian of above student, I grant permission for access to the internet. I understand some materials may be objectionable, and I will share responsibility to convey acceptable internet usage to my child.</p> <p><b>* Parent/Guardian:</b> _____</p>
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**CORPORAL PUNISHMENT FORM**

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*NOTE: SIGN IN ONLY ONE PLACE BELOW\*\***

**I GIVE MY PERMISSION** for the above named student to receive corporal punishment. Corporal punishment will be only administered after other reasonable corrective measures have been used. Only an administrator will administer corporal punishment while witnessed by certified personnel. The corporal punishment will only be administered in a school office out of the presence of other students.

Careful documentation of each occasion shall be made by the administrator. Such documentation will identify the student, the person who administered the punishment, and the name of the witness. It will also describe the behavior necessitating the punishment. The student shall be advised of the nature of the rule infraction for which the punishment is being administered.

No more than three (3) swats will be administered per school day. The swats will be administered with reasonable force by a wooden paddle on the buttock's area of the student. The appropriate office will make every effort to notify the parent/legal guardian by phone prior to the above named student receiving corporal punishment.

The following statement must be filled in and signed by the parent/legal guardian before corporal punishment will be administered.

\*\* \_\_\_\_\_  
Parent/Legal Guardian (I **DO** GIVE PERMISSION) Date

.....  
**I DO NOT GIVE PERMISSION** for the above named student to receive corporal punishment.

\*\* \_\_\_\_\_  
Parent/Legal Guardian (I **DO NOT** GIVE PERMISSION) Date

*This approval/disapproval will remain in effect until the parent/legal guardian changes it in writing.*

**PARENTAL AUTHORIZATION TO ADMINISTER MEDICINE**

**STUDENT:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_  
**TO:** Mr. Velasquez \_\_\_\_\_ Hooker Public School \_\_\_\_\_  
(Principal) (School)

I am the parent with legal custody, the legal guardian, or individual assuming permanent care and custody, of \_\_\_\_\_, a student attending this school. This student requires medication at intervals during the school day. I hereby give my consent and authorize and request the school principal, or an employee of the school district designated by the principal to:

- \_\_\_\_\_ Administer \_\_\_\_\_, a non-prescription medication which I am hereby supplying you, in accordance with the label directions or written instructions from the student's physician which is attached hereto. Non-prescription medication must be in original container and will only be given if supplied by parent or guardian.
- \_\_\_\_\_ Administer \_\_\_\_\_, a filled prescription medication which I am hereby supplying you, in accordance with the directions for the administration of the medicine listed on the label of the vial. Medication must be in its original prescription container or a package from the doctor's office.
- \_\_\_\_\_ Administer \_\_\_\_\_, a filled prescription medication which I am hereby supplying you, in accordance with the written instructions of the physician prescribing the medicine, which is attached hereto. Medication must be in its original prescription container or a package from the doctor's office.
- \_\_\_\_\_ Permit the student to retain the medication on the student's person since the medication must be administered at unpredictable intervals throughout the day.

I understand that under state law, the board of education, the school district, or the employees of the district shall not be liable to the student's parent or guardian for civil damages for any personal injuries to the student which result from acts or omissions of school employees in administering the medicine I have hereby authorized.

\_\_\_\_\_ Date (Parent with Legal, Custody, Guardian, or Individual Assuming Permanent Care and Custody)

\_\_\_\_\_ (Phones) \_\_\_\_\_ (Address)

- **Please list any known allergies for this student:**

**AUTHORIZATION FOR MEDICAL CARE OF MINOR**

We, the parents of \_\_\_\_\_, in grade \_\_\_\_\_, a student in the Hooker Schools, give consent for this student to have any x-ray examination, medical, surgical or dental diagnosis or treatment and hospital care deemed necessary upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Oklahoma. GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named student requires immediate medical or hospital care it may not be possible to contact me, and that in such situations I will not be able to knowledgeable 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 treatments; in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives 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 student.

\_\_\_\_\_ Date (Signature of Parent/Legal Guardian)  
HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Street Address Mailing Address City Zip

PARENTS INSURANCE COMPANY: \_\_\_\_\_  
POLICY NO. \_\_\_\_\_

**\*\* PERSONS TO BE NOTIFIED (OTHER THAN PARENT/GUARDIAN) IN AN EMERGENCY & RELATIONSHIP\*\***

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**\*\*\*\*\*TREATMENT INFORMATION\*\*\*\*\***

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
STUDENT'S BIRTHDATE: \_\_\_\_\_ STUDENT'S S.S. NO.: \_\_\_\_\_  
DATE OF LAST TETANUS SHOT: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_  
LIST OF MEDICATIONS CURRENTLY TAKING: \_\_\_\_\_  
NAME OF HOSPITAL EMERGENCY PREFERRED: \_\_\_\_\_  
STUDENT'S MEDICAL HISTORY: \_\_\_\_\_

**MEDICAL INFORMATION: circle one, if YES give needed information.**

Heart condition or disease	YES NO	Asthma	YES NO	If YES list: _____
Diabetes	YES NO	Allergic medication	YES NO	If YES list: _____
Convulsions disorder	YES NO	Allergic to insect stings	YES NO	If YES list: _____

HEALTH & MEDICAL INFORMATION

STUDENT NAME:

DATE:

PLEASE LIST ANY FOOD ALLERGIES OR HEALTH ISSUES:

MEDICAL INFORMATION: PLEASE CHECK YES OR NO.

HEART CONDITION OR DISEASE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ASTHMA	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DIABETES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ALLERGIC TO MEDICATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CONVULSIONS DISORDER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ALLERGIC TO INSECT STINGS	<input type="checkbox"/> YES	<input type="checkbox"/> NO

# 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: **HOOKER PUBLIC SCHOOLS**  
*(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

**BUS FORM TO BE COMPLETED FOR ALL STUDENTS!!!!**

THIS FORM MUST BE COMPLETED IN ORDER TO RIDE THE SCHOOL BUS WHETHER IT IS A BUS ROUTE OR FOR ANY SCHOOL ACTIVITY.

Please return this form when enrolling at Hooker Public Schools:

We have read and discussed the school bus policy and rules with our children.

We agree with the School System that these rules should be enforced and that any student who cannot abide by these simple rules will be disciplined and/or counseled according to this policy.

As parents/guardians, we ask that the school contact us by telephone or written letter each time our children are involved in incidents so that we might further counsel our children on proper bus conduct.

Sincerely,

\_\_\_\_\_  
Parent/Legal Guardian Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

Please provide the name(s) and grade of each child in your family that will be riding the school bus. This statement will be in effect for the current school year.

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

H S O N L Y ! !

## MILITARY RECRUITER INFORMATION RELEASE

*I am aware the district must provide access to military recruiters of student names, addresses, and telephone listings. I am aware the district will provide this information upon request unless I require such information not to be given.*

- Do NOT release my student's information to the military recruiters.
- Do release my student's information to the military recruiters.

Name of Student:

Parent/Guardian Signature

SCHOOL YEAR: **26 · 27**

# 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 :

<b>Assessment Name:</b>		<b>Year Assessed:</b>		<b>Score:</b>	
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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  Femenino   
 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).**

- ¿Cuál es el idioma predominante que con mayor frecuencia habla el alumno? \_\_\_\_\_
- ¿Cuál es el idioma que normalmente se habla en el hogar, independientemente del idioma que habla el alumno? \_\_\_\_\_
- ¿Cuál fue el idioma que el alumno aprendió por primera vez? \_\_\_\_\_
- ¿Requiere el padre/tutor servicios de interpretación? SI  NO  En su caso, ¿para qué idioma? \_\_\_\_\_
- ¿Requiere el padre/tutor materiales traducidos? SI  NO  En su caso, ¿para qué idioma? \_\_\_\_\_
- ¿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:**

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 :

<b>Assessment Name:</b>		<b>Year Assessed:</b>		<b>Score:</b>	
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\*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.

**HOOKER SCHOOL TITLE I SURVEY**

(One form per family)

Our school is doing this survey to obtain the work status of families in the community. Please answer and return to the office as soon as possible.

If a change of address or phone is made after filling this out, please be sure to let the school know as soon as possible. We need current phone numbers and addresses on file at all times for emergencies.

Did your family move into this school district within the last three years? Yes or No

If so, what date? Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

What city and state did you move from? \_\_\_\_\_

Has any member of your family applied for work at Tyson Foods, OK Foods, Seaboard, Simmons Processing, or other? Yes or No

If so what date? Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

When your family moved here, did any family member look for a job in our agriculture industry? If so, please circle the type of labor sought: Farming, ranching, food or meat processing; production of poultry, swine, cattle, sheep, milk, hay, wheat, cotton, pecans, peanuts, berries, trees, vegetables, fruit or sod grass; processing timber, planting trees, hauling pulpwood, planting, tilling, hoeing or picking crops; fishing or fishing guide; clearing, leveling, watering or caring for land; feeding or caring for animals; hauling farm products for farmers.

Other \_\_\_\_\_

List below all children in your family:

Student	Birthday	Birthplace	Grade	M or F

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Signature \_\_\_\_\_

El distrito escolar de Hooker esta conduciendo una encuesta de todas las familias que viven en el distrito y se han mudado en los ultimos tres anos para conseguir trabajo en la agricultura. Esta informacion es completamente confidencial.

1. Si su familia se ha mudado en los ultimos tres (3) anos, aunque sea por un corto period, se mudaron de un ditrito escolar a otro?

SI \_\_\_\_: CITA? \_\_\_\_\_:  
DONDE? \_\_\_\_\_: MISMO DISTRITO: \_\_\_\_\_

2. Tenia usted trabajo al llegar aqui? SI \_\_\_\_\_ TIPO DE TRABAJO: \_\_\_\_\_  
Si su respuesta es no, hubiera aceptado trabajo en la agricultura?

SI \_\_\_\_ No \_\_\_\_

EJEMPLOS DE TRABAJO DE AGRICULTURA: Arando, sembrando, cortando, cultivando, fertilizando, regando, o levantando cosechas. Pescando fruta, nueces, o verdura. En una fabrica donde se prepara comida, levantando bardas, construccion, en una empackadora de carne de res, Puerco pescdo, o polio. Tambien todo lo relacionado con siembra de arboles y todos el proceso involucrado con el fabricamiento de Madera. Otros ejemplos son trabajos relacionados con engordas de vacas y puercos, asi como las pescas, y construccion relacionadas con estos trabajos.

Por favor nombre todos sus hijos que viven dentro de la familia:

NOMBRE	FECHA DE NACIMIENTO	LUGAR DE NACIMIENTO	FEMENINO MASCULINO	GRADO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOMBRE DEL PADRE: \_\_\_\_\_

DIRECCION: \_\_\_\_\_ CIUDAD: \_\_\_\_\_

TELEFONO: \_\_\_\_\_

ESTA INFORMACION ES CONFIDENCIAL

District Name and Logo HOOKER PUBLIC SCHOOLS	<b>STUDENT RESIDENCY QUESTIONNAIRE</b>	School Year 26-27
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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?	<input type="radio"/>	<input type="radio"/>
2. Is this temporary living arrangement due to loss of housing, economic hardship, or domestic violence?	<input type="radio"/>	<input type="radio"/>
3. Is the student being enrolled by someone other than parent or legal guardian?	<input type="radio"/>	<input type="radio"/>
4. Is the student an unaccompanied youth (not living with a parent or legal guardian)?	<input type="radio"/>	<input type="radio"/>
5. Is the student a Foster Child or waiting for Foster Placement?	<input type="radio"/>	<input type="radio"/>

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: \_\_\_\_\_

## School Year 2026-2027 Economically Disadvantaged Form

This application should be completed even if your student attends a Community Eligibility Provision or Provision School.

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Please select the income range that represents the total annual gross income:

- |   |  |   |
|---|--|---|
| <input type="radio"/> Less than \$29,526            | <input type="radio"/> Between \$61,050 and \$71,558  | <input type="radio"/> Between \$103,082 and \$113,590 |
| <input type="radio"/> Between \$29,526 and \$40,034 | <input type="radio"/> Between \$71,558 and \$82,066  | <input type="radio"/> Between \$113,590 and \$124,098 |
| <input type="radio"/> Between \$40,034 and \$50,542 | <input type="radio"/> Between \$82,066 and \$92,574  | <input type="radio"/> Between \$124,098 and \$134,606 |
| <input type="radio"/> Between \$50,542 and \$61,050 | <input type="radio"/> Between \$92,574 and \$103,082 | <input type="radio"/> Between \$134,606 and \$145,114 |

Please select the total number of people in your household:

- |                                 |                                 |                                   |
|---------------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> One (1)   | <input type="radio"/> Five (5)  | <input type="radio"/> Nine (9)    |
| <input type="radio"/> Two (2)   | <input type="radio"/> Six (6)   | <input type="radio"/> Ten (10)    |
| <input type="radio"/> Three (3) | <input type="radio"/> Seven (7) | <input type="radio"/> Eleven (11) |
| <input type="radio"/> Four (4)  | <input type="radio"/> Eight (8) | <input type="radio"/> Twelve (12) |

Signature: I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school.

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

For Office use only:

- Qualified                       Not Qualified