

# MOSELEY PUBLIC SCHOOLS ENROLLMENT INFORMATION

School Year: \_\_\_\_\_

## Student Information

Full Legal Name \_\_\_\_\_  
First Middle Last  
 Alternate First Name \_\_\_\_\_ Last \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Place of Birth \_\_\_\_\_  
City State Country  
 Email Address \_\_\_\_\_  
 Student's Cell Phone Number \_\_\_\_\_

Entry Date \_\_\_\_\_

Grade \_\_\_\_\_

SSN (Optional - For Student Information System) \_\_\_\_\_

Required Documents (office use only)  
☐ Birth Certificate  
☐ Social Security Card  
☐ Unexpired Photo Record  
☐ Certificate of Residency (if applicable)  
☐ Legal Documents (if applicable)

Gender:

- ☐ Male  
☐ Female

Race/Ethnicity:

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

Certificate Degree of Indian Blood (CDIB) Card:

- ☐ Yes  
 Tribe \_\_\_\_\_  
☐ No

Student has participated in the following program

- ☐ Special Education (IEP)  
☐ Section 504 Plan  
☐ Title I  
☐ ELL (English Language Learner)  
☐ Gifted & Talented Program  
☐ Retain/Repeat a grade  
☐ My child has not received any of the services listed.

Check all that apply:

- ☐ Student is a resident of the MOSELEY School District.  
☐ Student lives at the home of the custodial parent(s).  
☐ Student has never attended public school in the State of Oklahoma.  
☐ A transfer student from \_\_\_\_\_ School District.  
☐ Student and/or parent live with \_\_\_\_\_ Relationship to student \_\_\_\_\_  
☐ Student lives with a court appointed or legal guardian.  
☐ Student is under Suspension or Expulsion from previous school district attended.

Parent/Guardian Verification:

I verify the address given is the legal residential address of the above named student and the parent/guardian with whom they reside.

Signature of Legal Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 (Primary Contact)

Parent/Guardian #2 (Secondary Contact)

Name \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Physical (911) Address \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Physical (911) Address \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

## EMERGENCY CONTACTS (USED ONLY WHEN PRIMARY AND SECONDARY CONTACTS ARE UNAVAILABLE)

1<sup>st</sup> Contact Name (other than above) \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_  
 Phone \_\_\_\_\_

2<sup>nd</sup> Contact Name (other than above) \_\_\_\_\_  
 Relationship to Student \_\_\_\_\_  
 Phone \_\_\_\_\_

# MOSELEY PUBLIC SCHOOLS ENROLLMENT INFORMATION

|                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last School Attended _____<br>Address _____<br>City/State/Zip _____<br>School Phone _____<br>Registrar email _____<br>Date Records Requested _____ Received _____ | <b>INTERNET CONNECTIVITY INFORMATION</b><br>Do you have internet in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If NO, is internet access available? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Do you have a device in your home that can access the internet?<br>(desktop computer, laptop, tablet, smartphone, etc.)<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If NO, do you plan to purchase a device? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MEDICAL</b><br><input type="checkbox"/> Diabetic<br><input type="checkbox"/> Allergies (describe) _____<br><input type="checkbox"/> Other Issues (describe) _____ | <b>PUBLISHED MATERIALS PERMISSION</b><br><input type="checkbox"/> Student's name and/or picture is allowed to be published in school yearbook, newspapers or school website/social media.<br><input type="checkbox"/> DO NOT ALLOW student's name and/or picture to be published. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*Any changes in transportation should be made prior to student leaving for school each day. Emergency changes in transportation must be made prior to 2:30pm in order to ensure student and teacher receive the message. Never leave a message or voicemail concerning changes in transportation as they may not be retrieved until after buses have left school.*

|                                                                                                                                                                                    |                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MORNING TRANSPORTATION</b><br><input type="checkbox"/> Car Rider <input type="checkbox"/> Car Driver <input type="checkbox"/> Bus Rider<br><input type="checkbox"/> Other _____ | <b>AFTERNOON TRANSPORTATION</b><br><input type="checkbox"/> Car Rider <input type="checkbox"/> Car Driver <input type="checkbox"/> Bus Rider<br><input type="checkbox"/> After School Program <input type="checkbox"/> Other _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                    |                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PICK-UP RIGHTS ALLOWED</b><br>Name _____ Relationship _____<br>Name _____ Relationship _____<br>Name _____ Relationship _____<br>Name _____ Relationship _____<br>Name _____ Relationship _____ | <b>PICK-UP IS NOT ALLOWED</b><br>Name _____ Relationship _____<br>Name _____ Relationship _____<br>Name _____ Relationship _____<br>Name _____ Relationship _____<br>Name _____ Relationship _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**CORPORAL PUNISHMENT**

MOSLEY Public Schools has a policy, which allows corporal punishment. To prevent any misunderstanding in discipline for your child, please check the appropriate response below.

☐ Yes, my child may receive corporal punishment. ☐ No, my child may NOT receive corporal punishment.

As parent/guardian of the above student, I hereby give my written permission to receive automated calls/texts/emails to the numbers and emails I have provided on page 1.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

The following over the counter medications can be administered to my child:

- ☐ Tylenol
 ☐ Ibuprofen
 ☐ Antacids

Signature of Parent/Guardian \_\_\_\_\_

## ED 506 Form

## Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

## Student Information

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_  
 Name of School \_\_\_\_\_ School District \_\_\_\_\_

## Tribal Membership

The individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

## Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**For Parent/Guardians:**

**Definitions:**

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**Student Information:** Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

**Tribal Membership:** Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

**Attestation Statement:** Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

**Paperwork Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335



# MOSELEY PUBLIC SCHOOL

## Device Replacement & Payment Procedures

Moseley Public School is proud to provide digital devices to grades PK – 8<sup>th</sup> to enhance our students' learning experiences and meet their unique needs. Computers are used on campus to complete school work and take test. All students have the opportunity to be issued a computer for on-campus use. Students are responsible for the proper use and care of digital devices that are used at school.

Moseley Public School provides Damage and Loss Protection Coverage for a fee (listed below). This program protects families in situations where the student's device is damaged, lost or stolen.

Students using Moseley Public School district-owned devices may choose to decline the "Damage and Loss Protection Program". However, this is not recommended because the family is assuming full responsibility for any costs due to damage, loss or theft. These costs could exceed \$450 or more per incident, depending on the current prices from vendors of the computer the student has damaged. The enrollment period for Damage Loss Protection Program coverage is no later than 10 days after the student begins school.

Moseley Public School recognizes unintentional accidents happen. Device Protection Coverage offers a small cost in place of the entire replacement cost in the event of a lost, stolen, or broken device. Coverage includes accidental damage, broken screens, charging failures, fire and flood damage, water damage, electrical failure, loss, theft, and vandalism.

Parents/Students may be held responsible for any loss or damage caused by intentional or negligent acts, cosmetic alterations such as stickers, markings, graffiti, etc. or hacking caused by illegal access to any system not covered in an attempt to remove system protections of a digital device in the student's care. The protection plan does not cover such acts of damage and will incur a replacement fee. All such acts of damage must be reported to the school administration.

Device Protection Coverage costs are a non-refundable annual fee (during current school year) for grade level bands are as follows:

Grades 3-8

• \$40

Grades K-2

• \$20

If a parent or guardian chooses not to opt-in to Device Protection Coverage the following costs for replacements will be the responsibility of the parents or guardians. Costs charged for damages are determined by the cost of replacement provided by an outside vendor.

Samsung Chromebook 3

Lenovo Chromebook 100e 32

Lenovo Chromebook 300e Yoga Gen 4

Lenovo Chromebook 300e Gen 2 AST

Lenovo ThinkPad C13

HP Chromebook 14A

HP Chromebook 11 G5

replacement cost: \$275

replacement cost: \$250

replacement cost: \$450

replacement cost: \$300

replacement cost: \$350

replacement cost: \$250

replacement cost: \$250

Moseley Public School is not liable for any loss or damages including, but not limited to accidental, consequential, or punitive damages caused directly or indirectly by the equipment.

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

PRINT Parent/Guardian Name: \_\_\_\_\_

I/We have read the above information and understand. I/We have chosen to:

\_\_\_\_ Pay the Device Protection Coverage/Technology Fee stated above.

\_\_\_\_ I decline the Device Protection Coverage fee/Technology fee and assume FULL RESPONSIBILITY for theft, damage and repair.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian

Moseley Public School understands how busy life can get. So we have taken the initiative to try a better approach at getting the Student Handbook to you so it will always be at your fingertips. By scanning the Quick Reference Code below (QR Code) it will take you directly to the Moseley Public School website where you will find the tab for the student handbook along with other important information about our school.

By signing below you acknowledge you will read the handbook with your child. It is important that you and your child/children know and understand the contents of the handbook. A hard copy is available upon request.

Childs Name \_\_\_\_\_

Childs Grade \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_



MOSELEY Public Schools  
Transportation Department

Bus Riding Safety Rules

Riding a school bus is a privilege and that privilege may be withdrawn for not following the bus rider rules.

Before Loading:

1. Be on time at the designated school bus stops in order to keep the bus on schedule.
2. Stay off the road at all times while waiting on the bus.
3. Wait until the bus comes to a complete stop before attempting to enter.
4. Approach the bus with caution.
5. Respect others and their property while waiting at the bus stop.
6. Receive proper authorization to be discharged at places other than the regular stop.

While on the Bus:

1. Keep all parts of the body inside the bus.
2. Refrain from eating or drinking on the bus.
3. Refrain from the use of any form of tobacco, alcohol, or drugs on the bus.
4. Assist in maintaining a clean bus at all times.
5. Keep in mind that loud talking, laughing, or unnecessary confusion diverts the driver's attention and could result in a serious accident.
6. Treat the bus equipment as you would if it was your own. Damage to seats or other equipment will be paid for by the offender.
7. Never tamper with the bus or any of the bus equipment.
8. Help in the observation of safety and the comfort of the small children.
9. Maintain possession of books, backpacks, and other school items to keep the aisle clear.
10. Remain seated at all times while the bus is in motion.
11. Refrain from horseplay and fighting while on the bus.
12. Do not throw objects in or out of the bus.
13. Be courteous to fellow students and the bus driver at all times. Remember the bus driver has the ultimate authority on the bus.
14. Remain quiet when approaching the railroad-crossing stop.
15. Remain on the bus during road emergencies unless the driver instructs you to exit or when it may be hazardous to your safety.

Upon Leaving the Bus:

1. If you must cross traffic, go at least ten (10) feet in front of the bus, stop, check traffic, and wait for the driver's signal before leaving the bus stop.
2. Go home immediately, staying clear of the traffic.
3. Help look after the safety and comfort of the small children.
4. If you drop anything near the bus, do not try to pick it up until the bus has left the stop and traffic has cleared.

We agree to follow Bus Riding Safety Rules \_\_\_\_\_

Parent/Legal Guardian Signature

**MOSELEY PUBLIC SCHOOL**  
**TRANSPORTATION DEPARTMENT**

**This form must be completed in order to ride the School Bus**

Please return this form to your teacher within the first two weeks of school.

To Moseley Public School:

We have read and discussed the school bus policies and rules on page 2 for riding the bus 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 according to the student discipline policy listed in the student handbook.

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

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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone Number)

Physical address where student(s) will be picked up before school: \_\_\_\_\_

Physical address where student(s) will be dropped off after school: \_\_\_\_\_

Please provide the name(s) and grade of each student 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: \_\_\_\_\_

**For Transportation Department Use Only**

Stop Pick-up time: \_\_\_\_\_

Stop Drop-off time: \_\_\_\_\_



## DATOS DEL ALUMNO

Nombre del alumno: \_\_\_\_\_  
 Apellido(s) \_\_\_\_\_ Nombre \_\_\_\_\_ Segundo nombre \_\_\_\_\_ Grado: \_\_\_\_\_  
 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

- ☐ 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 Below or Below Basic in ELA on the Oklahoma State Testing Program (OSTP).
  - ☐ 3. Scored at or below the 35<sup>th</sup> 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) from Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS | Date(s) of WIDA Screener or K-WAPT/W-APT or WIDA MODEL | Score(s) from WIDA Screener or K-WAPT/W-APT or WIDA MODEL |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|
|                                                                                | Composite / Overall Score                                                   |                                                        | Composite / Overall Score                                 |
|                                                                                | 1.                                                                          |                                                        | 1.                                                        |
|                                                                                | 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(s) of the Oklahoma Pre-K Language Screening Tool | Score(s) on Pre-K Language Screening Tool |
|-------------------------------------------------------|-------------------------------------------|
|                                                       | %                                         |

| Date(s) of 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

# "Name" 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 "name" 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: \_\_\_\_\_

**Moseley Public Schools Student Release Form**

STUDENT RELEASE TIME, AS ENACTED BY THE MOSELEY BOARD OF EDUCATION IN 2008, IS HEREBY REVISED IN CONFORMANCE WITH STATE STANDARDS AND PRACTICES.

STUDENT RELEASE TIME POLICY PERMITS PARENT/GUARDIAN RELEASE OF THEIR CHILD BY:

1. COMPLETION OF THE CHILD'S NAME
2. INDICATION OF THE ACTIVITY RELEASED FOR
3. SIGNATURE OF THE PARENT/GUARDIAN
4. RETURN TO THE CHILD'S BUILDING PRICIPAL

BY THE COMPLETION OF THE FORM AND EXECUTION BY PARENT/GUARDIAN SIGNATUE BELOW, THE PARENT/GUARDIAN DOES HEREBY RELEASE AND HOLD HARMLESS MOSELEY PLUBLIC SCHOOLS, ITS SCHOOL BOARD, ADMINISTRATORS, FACULTY AND SUPPORT PERSONNEL FROM ALL LIABILITY WHILE YOUR CHAILD PARTICIPATES IN THE AUTHORIZED ACTIVITY OFF CAMPUS.

PARENTS/GUARDIANS UNDERSTAND, ACCEPT AND AGREE THAT LIABILITY, IN THE EVENT OF EMERGENCY WHILE THEIR CHILD IS PARTICIPATING OFF CAMPUS, IS SOLELY THEIR OWN.

STUDENT NAME: \_\_\_\_\_ ACTIVITY: CHAPEL

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*THIS RELEASE IS VALID FOR SAID ACTIVITY DURING SCHOOL TENURE. THIS RELEASE MAY BE REVOKED ONLY BY PARENTAL CONSENT VIA LETTER.

**Initial Enrollment Prior Participation Form  
Student Information**

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's Legal Name: \_\_\_\_\_  
First Middle Last

Student's Date of Birth: \_\_\_\_\_  
Month Day Year

Student's Gender – Please check one: Male Female

Did the student participate in any of the following programs? Please indicate by checking YES of 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) | <input type="checkbox"/> | <input type="checkbox"/> |
| The Sooner Start program operated by the State Department of Education                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| The Oklahoma Parents as Teachers (OPAT) program operated by the State Department of Education                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| The Children First program operated by the State Department of Health                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Any child abuse prevention program operated by the State Department of Health                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Any federally funded Head Start Program                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |