

2022-2023

HODGEN ENROLLMENT

Grade _____ Date: _____

Name (AS ON BIRTH CERTIFICATE) _____
FIRST M LAST

Birth Date _____ () _____ Social Security No. _____ - - -
Month-Date-Year AGE Birth Place State

Race-Circle one Hispanic - Black - Asian or Pacific Islander -White or Other - Native American GENDER: M F

All siblings and grade that attend Hodgen: _____
DOES YOUR CHILD HAVE AN IEP? NO-- YES (EXPLAIN) _____

School district in which student resides _____

Mailing Address _____
Address City Zip Phone

911 Address _____
Address City Zip

Last School Attended _____
School Address City State & Zip

PARENT/GUARDIAN INFORMATION (LIVING IN THE HOME)

Circle one: Mother, Stepmother, Grandparent, Guardian Employer Work Telephone

Home Telephone Cell No. Alternate No.

Circle one: Father, Stepfather, Grandparent, Guardian Employer Work Telephone

Home Telephone Cell No. Alternate No.

PARENT'S EMAIL ADDRESS _____

EMERGENCY CONTACTS (SOMEONE WHO WILL TAKE RESPONSIBILITY FOR STUDENT) (LIVES LOCALLY)

Emergency Contact _____
Adult NOT living in your home Relationship Telephone No.

Emergency Contact _____
Adult NOT living in your home Relationship Telephone No.

Is student in Foster care? YES NO Does this student and/or family receive Indian Commodities? _____

Does this student and/or family have a SNAP (access)CARD? _____ Sooner Care? YES NO _____
Medicaid Number

Transportation from school: Bus driver _____ Parent _____ Daycare _____ phone number _____

Oklahoma Educational Indicators Program: The social security number will be used to determine student enrollment, attendance, and for the allocation of State Aid. I approve the above enrollment to be true and accurate to the best of my knowledge.

2022-2023 HODGEN STUDENT ENROLLMENT INFORMATION Date: _____

STUDENT'S NAME _____

GRADE _____

PLEASE LIST ANY PERSON(S) **NOT** ALLOWED TO PICK UP YOUR CHILD:

PLEASE NOTE: THIS WILL BE STRICTLY ENFORCED AS WELL AS ANY LEGAL COURT PAPERS UNTIL THE COURT DATE EXPIRES OR A NEW ORDER IS BROUGHT TO THE SCHOOL.

IS THERE GUARDIANSHIP OR DIVORCED CUSTODY PAPERS THAT NEED TO BE ON FILE:

YES _____

NO _____

SIGNATURE _____

DATE: _____

2022-2023 HODGEN STUDENT ENROLLMENT INFORMATION

Date: _____

STUDENT'S NAME _____ DATE OF BIRTH _____ GRADE _____

MY CHILD HAS THE FOLLOWING MEDICAL ISSUES _____

MY CHILD IS ALLERGIC TO THE FOLLOWING _____

MY CHILD HAS LIFE THREATENING ALLERGIES (DETAILS)

MY CHILD TAKES THE FOLLOWING MEDICATION DAILY _____

MY CHILD HAS HAD CHICKEN POX? YES _____ NO _____ IF YES AGE/DATE _____

PARENT/GUARDIAN SIGNATURE

DATE

HODGEN SCHOOL ----DOES NOT --- PROVIDE ANY OVER THE COUNTER MEDICATIONS

PHONE NUMBERS FOR MEDICAL AND/OR EMERGENCY CONTACTS THAT IS ALLOWED TO PICK UP YOUR CHILD.

PARENTS DAYTIME PHONE _____

NAME _____ NUMBER _____ RELATION TO CHILD _____

NAME _____ NUMBER _____ RELATION TO CHILD _____

Hodgen Student Enrollment Information
2022-2023 Authorization Form

Student Name: _____ Date: _____

Photo Release: I give my consent for Hodgen Public School to use my child's photograph for public relations and promotional purposes. This may be done through the school's website, schools facebook page, newsletters, media coverage (such as: the Heavener Ledger and /or other local papers) and other publications, including the Hodgen Yearbook.

Educational Screening Consent: I give my consent to have my child screened for hearing and vision for academic purposes, when deemed necessary, and I will be informed of the results and recommendations from the screener

Off-Campus Trip Connt: I authorize Hodgen Public School to take my child on all off-campus trips sponsored by the school, which include: picnics, field trips, and any other trips scheduled throughout the school year.

Hodgen School will be monitoring student attendance very closely this year and students who are in violation of state statute and school district policy will be subject to prosecution in District Court in accordance with Oklahoma State 21 Chapter 31A, Sec. 858.1. Oklahoma Statute 70-10-105 defines trancy as "Four (4) absences, without valid excuse, in 30 days, or ten (10) absences, without valid excuse, in a semester. The local school board is charged with defining what is acceptable as a "valid excuse." As a parent, it is extremely important that you know and follow the policy as stated in your schools' student handbook. Patrons and parents who fail to adhere to district policy put themselves at certain risk of prosecution before the District Judge of LeFlore County. Patrons or parents appearing before the Judge will be charged under Oklahoma Statute 21 chapter 31A "Causing a child to be deprived or in need of supervision" or "contributing to the delinquency of a minor," punishable by fines of not more that \$1,000.00 or imprisonment in the county jail for one year, or both. Sign below if you understand the truancy program in which Hodgen School is participating.

Checking In/Out students during the school day will be conducted in the Superintendent's office with Mrs. Cox. In order to provide and insure student security, the school doors will be locked and access will be coordinated by the Superintendent's office. Please enter and exit through the brown doors located in front of Mrs. Cox's office. It is very important to make sure that your child is checked in through the office. It ensures that his/her attendance is accurate.

My signature indicates that I agree to support and abide with the aforementioned consents, releases, and procedures.

Parent Signature: _____

Conflicting issues that require an exception to the above consents, releases, or procedures:

Issue: _____

Requested action to resolve the issue: _____

2022-2023 SCHOOL YEAR

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 Legal Name: _____
First Last

Student Date of Birth: _____
Month Day Year

Student Gender - Please check one: Male Female

Did the student participate in any of the following 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		

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.

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 Hodgen School District Hodgen

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 _____



CHOCTAW NATION OF OKLAHOMA
Johnson O'Malley Program

2022-2023 SCHOOL YEAR

******FILL OUT ONLY IF YOUR FAMILY HAS A CDIB CARD******

SCHOOL DISTRICT: Heavener Public Schools County: LeFlore

Head of Household Name: _____

1. Tribe, Band or Group is: (check one)

State Recognized? Yes No

Federally Recognized? Yes No

2. Who is the CDIB card holder, if NOT the child(ren):

Name on Card:(Print) _____

CDIB card holder: Child's Parent Child's Grandparent

	Name of Student	CDIB holder? Y / N	Date of Birth	Gender	Grade	Tribe
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

School Year 2022 - 2023 Economically Disadvantaged Form

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

School: Hodgen Grade: _____ Student Number: _____

Student Name: _____

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

- | | | |
|---|---|---|
| <input type="radio"/> Less than \$25,142 | <input type="radio"/> Between \$51,338 and \$60,070 | <input type="radio"/> Between \$86,266 and \$94,998 |
| <input type="radio"/> Between \$25,142 and \$33,874 | <input type="radio"/> Between \$60,070 and \$68,802 | <input type="radio"/> Between \$94,998 and \$103,730 |
| <input type="radio"/> Between \$33,874 and \$42,606 | <input type="radio"/> Between \$68,802 and \$77,534 | <input type="radio"/> Between \$103,730 and \$112,462 |
| <input type="radio"/> Between \$42,606 and \$51,338 | <input type="radio"/> Between \$77,534 and \$86,266 | <input type="radio"/> Between \$112,462 and \$121,194 |

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

Hodgen Parent-School Compact
2022-2023 School Year

Student: _____ Grade Entered: _____

It is important that families and schools work together to help students achieve high academic standards. Through a process that included teachers, families, students, and community representatives, the following are agreed upon roles and responsibilities that we as partners will carry out and to support student success in school and life.

As a STAFF MEMBER, I will provide your child with every opportunity to learn and grow by

- Maintaining a quiet and organized workplace;
- Having a high expectation of myself and my students;
- Giving instruction and assignments appropriate for the skill and development required by state and district standards;
- Monitoring student work on a daily basis to ensure success and progress; and
- Reporting regularly to parents with returned work, written notices, and conferences.

As a STUDENT, I will keep my focus on what is important in meeting my goal of learning by

- Being in class on time, every day, with my homework in hand and prepared to work;
- Allowing the teacher to teach and everyone in class to learn;
- Completing my work on time and accurately;
- Keeping my hands, feet, objects, and comments to myself; and
- Respecting others and their property.

As a PARENT/GUARDIAN, I will support Hodgen Elementary programs and activities that give my child the optimum opportunity for learning by

- Expecting my child to complete daily homework assignments independently and discuss his/her results for improved learning, and check for a timely return to school;
- Accentuating the positive events at school and help my child resolve issues of concern and conflict;
- Supporting the discipline policy and reinforcing the highest expectations of the school staff;
- Reading and listening to my child read daily as a way of building a lifelong interest and joy of reading;
- Seeing that my child gets adequate rest and arrives to school on time with a positive outlook;
- Attending conferences to discuss my child's progress and attending events which showcase my child's work and learning experiences; and
- Providing and maintaining accurate information on my child's records for contact.

Parent/Guardian _____ Student _____

Principal _____ Teacher _____

Returned and filed at school this _____ day of _____, 2023.

2022-2023 SCHOOL YEAR

Survey Number: _____
[For School Use Only]

E-Rate Household Survey Spring/Fall 2022¹

Please complete and return to the school office within two weeks.



Your Address: _____ City _____ ST _____ Zip _____

Circle your household size below, then answer the following questions:

Household Size (Circle One)	Est. Annual Income (As Reported to IRS)	Monthly Income	If Paid Two times per mo.	If Paid Every Two Weeks	Weekly Income
1	\$ 23,828	\$1,986	\$ 992	\$ 917	\$ 459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Each add'l family member add:	8,399	700	350	324	162

- Is your income equal to or less than any of the amounts listed next to the number you circled? Yes No
- Are your children eligible for free or reduced lunches, breakfasts, snacks or milk at their school(s)? Yes No
- Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP) – food stamps? Yes No
- Does your family qualify for medical assistance under Medicaid? Yes No
- Is your family receiving Supplementary Security Income (SSI)? Yes No
- Does your family receive housing assistance (section 8)? Yes No
- Does your family receive home energy assistance (LIHEAP)? Yes No

2. Please list all students in your household that attend school. (Enter the grade they will be entering in this fall. Write on back to list more than 5 students)

Name	Grade	School Attending in Fall 2021

3. Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Signed: _____ Date: _____

¹Income Eligibility Guidelines for Reduced Priced Meals. Effective from July 1, 2021 to June 30, 2022 (Federal Register/ Vol.86, No. 41/ Thursday, March 4, 2021/ Notices, pg. 12594)

HODGEN PUBLIC SCHOOL
2022-2023 SCHOOL YEAR

First Semester

August 8	Professional Day #1
August 9	Professional Day #2
August 9	Welcome Back Night 5:30 PM - 7:00 PM
August 10	Professional Day #3
August 11	First Day of Class
September 5	Labor Day No School
September 7	Progress Reports
September 8	Parent /Teacher Conf. 3:00 - 6:00 PM
October 7	End of the First Nine Weeks
October 12	Report Cards
October 13, 14 & 17	Fall Break No School
November 16	Progress Reports
November 17	Parent /Teacher Conf. 3:00 - 6:00 PM
November 18	No School
November 21-25	Thanksgiving Break No School
December 16	End of the First Semester
Dec. 19 - Jan. 2	Christmas Break No School

Second Semester

January 3	First Day of Second Semester
January 4	Report Cards
January 16	Professional Day #4 No School
February 1	Progress Reports
February 2	Parent / Teacher Conf. 3:00 - 6:00 PM
February 10	No School
February 20	President's Day No School
March 3	End of the Third Nine Weeks
March 8	Report Cards
March 13-17	Spring Break No School
March 24	Snow Day #1 No School
March 31	Snow Day #2 No School
Mandated State Testing Grades 3 thru 8 Month of April	
April 5	Progress Reports
April 6	Parent / Teacher Conf. 3:00 - 6:00 PM
April 7	Snow Day #3 No School
April 14	No School
April 21	No School
April 28	No School
May 5	No School
May 8	Kindergarten & 8th Graduation
May 11	Last Day of School
May 12	Professional Day #5



2022-2023
HODGEN SCHOOL
SUPPLY LIST

PK3

Pencil box
Plastic folder
Backpack
Nap mat
Baby wipes
Kleenex
Optional-small blanket and/or pillow for rest time

Pre-Kindergarten

Pencil box
Pkg. pencils
(3) 24 count box of crayons
2 glue sticks
1 package baby wipes
Small blanket
Backpack
Sleep mat
Pocket folder
1-inch binder
Baby wipes & Kleenex

Kindergarten

Pencil box
(1) 24 count box of crayons
1 package washable markers
1 package pencils
1 package glue sticks
2 large erasers
3-inch binder
1 plastic pocket folder
Backpack
Sleep mat
Baby wipes

1st grade

Pencil box
(2) 24 count box of crayons
2 packages pencil (wood, no plastic covering)
1 package of markers
2 large erasers
8 glue sticks
Blunt tip scissors
Backpack, Kleenex, Clorox wipes

2nd grade

Pencil box
2 packages No. 2 plain pencils
(2) 24 count box of crayons
Washable markers
2 Large erasers
Scissors
4 Glue sticks
2 pocket folders
1 wide ruled notebook
2 boxes of Kleenex

3rd grade

2 packages plain pencils
2 large erasers
(2) 24 count box of crayons
2 packs of colored pencils
2 glue sticks
1 pocket folder
Washable markers
2 yellow highlighters
2-inch, 3 ring binder

4th grade

Pencil box
Wide ruled notebooks
No. 2 plain pencils
Package of erasers
2 pocket folders
1 package of colored pencils

5th-8th grades

No. 2 pencils
Notebooks
Erasers