

STERLING PUBLIC SCHOOLS ENROLLMENT FORM

Student Must be Enrolled under their Legal Name

Last Name

First Name

Middle Name

Preferred Name

Grade Level

Date of Birth

_____-_____-_____
Social Sec. Number

M _____ F _____
As marked on birth certificate

Physical Address: _____ Primary Phone: _____

Mailing Address
(if different from above): _____ Student Cell Phone: _____

Ethnicity Please answer Both Questions

1. Is this Student of Hispanic culture or origin? Yes No 2. What is the Student's race? Please circle one or more of the following:

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

Place of Birth: _____
City State Country

Parent/Guardian Information

1st Parent/Guardian:

Last Name

First Name

Relationship to Student

Home Phone

Cell Phone

Work Phone

Employer

Job on Federal Property : Y N Uniformed Armed Service : Y N Residency on Federal Property: Y N

Email address: _____

2nd Parent/Guardian:

Last Name

First Name

Relationship to Student

Home Phone

Cell Phone

Work Phone

Employer

Job on Federal Property : Y N Uniformed Armed Service : Y N Residency on Federal Property: Y N

Is 2nd contact's address same as student's? Y N Address if different:

Email address: _____

Please list all other parties emergency contact and authorized to pick up student from school:

Name

Relationship to Student

Home Phone

Cell Phone

MEDICAL INFORMATION

Does this student require ANY medication during school hours? Y N List:

List any current medications, allergies, or illnesses:

All medication MUST be kept in the office.

I give permission for the school to administer this medication and acetaminophen/ ibuprofen as deemed necessary.

Y N

Parent signature

Additional Enrollment Information

Is the custody of this student decreed by the Courts? Y N

If yes, who has primary custody? Relationship

(Court documents declaring custody need to be in student's school file.)

Does the student reside in the Sterling school district? Y N If no, what district?

Did the student attend Sterling Public School last year? Y N If no, list name, address, and phone number of last school attended:

Please circle ALL that apply: Speech Therapy 504 Accommodation Plan
Currently on an IEP (special education program) Identified as Gifted & Talented
Physical Therapy Free/Reduced Lunches
Occupational Therapy

How does your child usually get home from school? (Circle one) Walk Car Bus Daycare

Is a language other than English spoken at home? Yes No List any language than English spoken in the home:

Does the student speak a language other than English? Yes No

Y N I give permission for my child to have access to the Sterling Public Schools network and Internet.

Y N I give permission for my child's picture to be used in school publications (websites, newspaper, etc.).

Y N I give permission for my child to participate in class field trips. (Information will be sent home prior to each trip.)

Y N I consent to receiving non-emergency robo-calls from Sterling Public Schools at the telephone number I have provided to the District.

Y N I give permission for my child to receive vision, hearing, and any other screening tests.

Y N Do you have any degree of American Indian ancestry or have a CIDB card? Tribal affiliation

Y N I have read and discussed the school bus policy and rules and agree that any student who cannot abide by these simple rules should be disciplined according to the school policy which may lead to losing school bus riding privileges.

In the event that school is dismissed unexpectedly, I want my child to: (check one)

Ride the bus or walk home as usual

Call at this phone number to pick him/her up

Write specific instructions

PARENTAL CONSENT FOR EMERGENCY MEDICAL TREATMENT

Date _____ School _____ Grade _____

Students Name _____ Birth Date _____

Address _____ City _____ Zip _____ Home Phone _____

To Parent or Guardian: To serve your child in case of ACCIDENT OR SUDDEN ILLNESS, it is necessary that you furnish the following information for emergency calls. Students will not be allowed to travel to any function without this form completed by parents. Name Business Address Business Telephone

Mother _____

Father _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name _____ Name _____

Address _____ Tel _____ Address _____ Tel _____

Health Information: List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic condition, etc.

Explanation _____

INSURANCE INFORMATION:

Insurance Company: _____

Phone: _____ Insurance I.D.# _____

Group#: _____ General information _____

Doctor: 1st choice _____ 2nd choice _____

Telephone # _____ Telephone # _____

Hospital Choice: Address _____ Telephone # _____

I, the undersigned, do hereby authorize officials of the Sterling School District to contact directly the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physician, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Students Name Last _____ First _____ Initial _____

Signature of Parent or Guardian _____

STUDENT DISCIPLINE FORM

As a parent, I know that discipline is an important factor in the education of my child. I **approve** ___ **disapprove** ___ of my child receiving **swats** as deemed necessary according to discipline policy and will make every effort as a parent to work with the teachers to control my child's discipline. I will not bring any type of damages against the teachers or administration if I grant swats to be given. If I disapprove, I realize that after-school detentions and possible out-of-school suspensions will be the discipline given to my child. All this shall be done with parent notification.

Parent Signature

Child's Name

Date

Principal's Signature

Date

Sterling Schools

Internet Acceptable Use Policy

User Agreement

The following is a legally binding document. Please read carefully before signing.

Introduction

The internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. The board of education believes that the use of the internet will further the education at Sterling Public Schools by promoting the exchange of information and ideas. For that reason the school district has made internet available to staff and students.

Acceptable Use

Since the internet constitutes an unregulated collection of educational resources which change constantly, it is not possible to predict or control exactly what resources users may locate. The school district makes no guarantees of accuracy of the information or the appropriateness of materials which a user may encounter. Students and other users will refrain from intentionally accessing and downloading any text, picture, or on-line conferencing that includes material which is considered to be obscene, libelous, indecent, vulgar, profane, or lewd; advertises and product or service to minors prohibited by law; presents clear and present danger; or will cause the commission of unlawful acts or violation of lawful school regulations.

Privileges

The use of the Internet is a PRIVILEGE, not a right! Violation of the Internet Acceptable Use Policy will result in forfeiture of all Internet user privileges. Violators of the Internet Acceptance Policy will result in forfeiture of all Internet user privileges. Violators shall also be subject to appropriate disciplinary action.

INTERNET ACCESS CONDUCT AGREEMENT

Every student, regardless of age, must read and sign below:

I have read, understand and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the school district's computer network and the internet. I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me.

User's Name (print clearly) _____ Home Phone: _____

User's Signature: _____ Date: _____

Address: _____

Status: Student ___ Staff ___ Patron ___ I am 18 or older ___ I am under 18 ___

If I am signing this policy when I am under 18, I understand that when I turn 18, this policy will continue to be in full force and effect and agree to abide by this policy.

Parent or Guardian: (If applicant is under 18 years of age, a parent or guardian must also read and sign this agreement.) As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the school district's Acceptable Use and Internet Safety Policy for the student's access to the school district's computer network and the Internet. I understand that access is being provided to the student's for educational purposes only. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the policy. I am, therefore, signing this policy and agree to indemnify and hold harmless the school, the school district, and the Data Acquisition Site that provides the opportunity to the school district for computer network and Internet access against all claims, damages, losses and costs, of whatever kind that may result from my child's or ward's use of his or her access to such networks or his or her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in the school setting. I hereby give permission for my child or ward to use the building-approved account to access the school district's computer network and the Internet.

Parent or Guardian (please print): _____ Home Phone: _____

Signature: _____ Date: _____

Address: _____

This agreement is valid for the _____ school year only.

STUDENT INFORMATION

Name of Student: _____ 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 _____

Select one or more of the following races:

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

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 so, what language? _____
5. Does the parent/guardian need **translated** materials? Yes _____ No _____ If so, 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 / Guardian Signature

SCHOOL USE ONLY

Please have test score documentation available for the Regional Accreditation Officer to review.

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

Date(s) 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

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