

# HILDALE PUBLIC SCHOOLS



**500 Smith Ferry Rd Muskogee, OK 74403**

**2016-17**

MIDDLE SCHOOL/HIGH SCHOOL

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_  
(First) (Middle) (Last)

Sex \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

Citizenship: (Please Circle One) United States Other: \_\_\_\_\_

Ethnicity: (Please Circle One) African American American Indian Asian Pacific Islander Caucasian  
Check if Hispanic/Latino

Native Language: (Please Circle One) English Other / If Other Please Specify: \_\_\_\_\_

Has Student Hilldale Public Schools? \_\_\_\_\_ Last School Attended \_\_\_\_\_

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

Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PARENT INFORMATION**

Parent/Guardian #1 \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

E-mail address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext: \_\_\_\_\_

Please circle: Parent Legal Guardian Foster Parent Therapeutic Foster Parent



# Hilldale Public Schools – Student Information & Emergency Treatment Form

---

Student – Last Name	First Name	Middle Name	Grade
---------------------	------------	-------------	-------

---

Parent/Guardian	Place of Employment	Work Number – ext
-----------------	---------------------	-------------------

---

“Other” If Parents are Unavailable	Relation to Child	Home #	Work #
------------------------------------	-------------------	--------	--------

---

“Other” If Parents are Unavailable	Relation to Child	Home #	Work #
------------------------------------	-------------------	--------	--------

---

“Other” If Parents are Unavailable	Relation to Child	Home #	Work #
------------------------------------	-------------------	--------	--------

---

Specific Health Conditions (asthma, diabetes, heart, seizures, allergies etc.)

---

First Aid/Food Allergies (Calamine, Bactine, Neosporin, adhesive, latex, peanuts, shellfish etc.)

---

Student’s Regular Physician	Address	Phone Number
-----------------------------	---------	--------------

Patient and Insurance Information: D.O.B. \_\_\_\_\_  
 Medical History or Problems \_\_\_\_\_  
 Current Medication(s) \_\_\_\_\_  
 Medical Insurance Name \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Employer \_\_\_\_\_ Group Number \_\_\_\_\_

In case of serious illness or injury and all persons listed above cannot be located, Hilldale School is authorized to seek emergency medical or dental treatment and for transportation (ambulances or other emergency vehicles) for the above-named child. In case of non-emergency situation when such treatment/diagnosis is advised by a licensed physician or dentist in the best interest of the student. I understand that under state law the Board of Education, the school district or employees of the district shall not be held liable for the medical expenses or injuries incurred, or to the student or parents. I authorize and consent to all emergency medical treatment for my child.

X \_\_\_\_\_  
 Signature of Parents \_\_\_\_\_ Date \_\_\_\_\_

---

# Hilldale Public Schools

## Authority to Transfer Education Records

**PREVIOUS SCHOOL:** \_\_\_\_\_

School District/Agency

PHONE/FAX #

City

State

ZIP

In accordance with the Family Education Rights and Privacy Act (FERPA, 34 CFR 99.31) transfer of education records is requested for:

Name of Child

Birthdate

Current Grade

Is this student currently suspended or expelled?

\_\_\_ Yes

\_\_\_ No

**Request for education records includes, but is not limited to: health, grades, cumulative, any reading/math assessments and special education records.**

The student intends to enroll or is enrolled in our school district. Therefore, please send records to:

HPS Enrollment Center      Attn: Jennifer Bayliss      (918)686-6056      Fax (918) 686-2195  
500 E. Smith Ferry Road      Enrollment Coordinator  
Muskogee, OK 74403

Special Education      Deborah Tennison      (918) 686-6056      Fax (918) 686-2195  
500 E. Smith Ferry Road      Asst. Supt.  
Muskogee, OK 74403

Lower Elementary      Patti Bilyard, Prin.      (918) 683-9167      Fax (918) 683-9204  
3101 Grandview Park Blvd. Attn: Teresa Riddle  
Muskogee, OK 74403

Upper Elementary      Shannon Peters, Prin.      (918) 683-1101      Fax (918) 683-0556  
315 Peak Blvd. Attn: Erin Parker  
Muskogee, OK 74403

Hilldale Middle School      Darren Riddle, Prin.      (918) 683-0763      Fax (918) 683-0766  
400 E. Smith Ferry Rd. Attn: Michelle Stevens  
Muskogee, OK 74403

Hilldale High School      Josh Nixon, Prin.      (918) 683-3253      Fax (918) 683-0622  
300 E. Smith Ferry Rd. Attn: Angela McCoy  
Muskogee, OK 74403

Education records are maintained and released in accordance with the Family Education Rights & Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with 34 CFR 99.31.