# HILLDALE PUBLIC SCHOOLS



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

2016-17

MIDDLE SCHOOL/HIGH SCHOOL

STUDENT INFORMAT	ION			
Student Name:	(First)	(Middle)	(Last)	
Sex Grade	Birth Date	Birth Plac	e	
Citizenship: (Please Cir	cle One) <u>United States</u>	s Other:		
Ethnicity: (Please Circle Check if Hispanic/Latino		<u>American Indian</u>	Asian Pacific Islander	<u>Caucasian</u>
Native Language: (Pleas	e Circle One) <u>English</u>	<u>Other</u> / If Other F	Please Specify:	
Has Student ever attend	ed Hilldale Schools?	Last Sc	hool Attended	
Student Address		City	State	Zip Code
Mailing Address (if diffe	erent from above) Cit	у	State	Zip Code

#### PARENT INFORMATION

Parent/Guardian	#1	Но	me Phone		Cell Phone
Home Address		City		State	Zip Code
E-mail address					
Employer Work Phone		ork Phone		Ext:	
Please circle:	Parent	Legal Guardian Foster Parent Therapeutic F			oster Parent

Parent/Guardian #	Guardian #2Home Phone				(	Cell P	hone	
Home Address		City State					Zip Code	
E-mail address								
Employer	nployer Work Phone							
Please circle:	Parent	Legal Guardian	Step Parent	Foster	Parent			
Either parent em	ployed Or	Federal Property?			Yes	or	No	
Is student currently under a suspension from another school?					Yes	or	No	
Has student been enrolled in special education classes through an IEP?				P?	Yes	or	No	
Has student been enrolled in gifted and talented classes?				Yes	or	No		
		helter, abandoned space ltiple families because	10		Yes	or	No	
Does the student	have a fix	ed, regular and adequate	ate nighttime resider	nce?	Yes	or	No	
Is a language other than English spoken in your home? If yes, what language:					Yes	or	No	
Would you like to	receive au	tomated calls from Hilld	ale Public Schools?					
Yes <u>( ) -</u> ( ) -			l do not want to recei ale about my child. F - -	•			ing;	
Please list any si	blings cur	rently attending Hillda	le Public Schools:					
		Name			Gr	ade		

2. 3.

Any false statements are subject to immediate withdrawal. My signature certifies that I am the legal guardian and that all information provided is correct and the facts stated are true. My signature also certifies that the address given on this enrollment form is correct and that the student is a legal resident and/or transfer student in the Hilldale School District.

1.

### 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 Una	vailable	Relation to Chil	d Home #	Work #
"Other" If Parents are Una	vailable	Relation to Chil	d Home #	Work #
"Other" If Parents are Una	vailable	Relation to Chil	d Home #	Work #
Specific Health Conditions				anuts, shellfish etc.)
Student's Regular Physicia		Addr		Phone Number
Patient and Insurance Infor	ns			
Current Medication(s)				

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.

<u>X</u>	 
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 Fam education records is request	ily Education Rights and Priv red for:	acy Act (FERPA, 34 C	FR 99.31) transfer of
Name of Child	Birthdate	Current G	rade
Is this student currently sus	pended or expelled?	Yes	_No
	ecords includes, but is no sments and special educat		, grades, cumulativ
The student intends to enrol	ll or is enrolled in our school d	listrict. Therefore, plea	ase send records to:
<ul> <li>HPS Enrollment Center</li> <li>500 E. Smith Ferry Road</li> <li>Muskogee, OK 74403</li> </ul>	Attn: Jennifer Bayliss Enrollment Coordinator	(918)686-6056 jbayliss@hilldalep	Fax (918) 686-219 s.org
<ul> <li>Special Education</li> <li>500 E. Smith Ferry Road</li> <li>Muskogee, OK 74403</li> </ul>	Deborah Tennison Asst. Supt.	(918) 686-6056	Fax (918) 686-219
<ul> <li>Lower Elementary</li> <li>3101 Grandview Park Blvd.</li> <li>Muskogee, OK 74403</li> </ul>	Patti Bilyard, Prin. Attn: Teresa Riddle	(918) 683-9167	Fax (918) 683-920
<ul> <li>Upper Elementary</li> <li>315 Peak Blvd. Attn: Erin P</li> <li>Muskogee, OK 74403</li> </ul>	Shannon Peters, Prin. Parker	(918) 683-1101	Fax (918) 683-055
<ul> <li>Hilldale Middle School</li> <li>400 E. Smith Ferry Rd. Atta</li> <li>Muskogee, OK 74403</li> </ul>	Darren Riddle, Prin. n: Michelle Stevens	(918) 683-0763	Fax (918) 683-076
□ Hilldale High School 300 E. Smith Ferry Rd. Attr Muskogee, OK 74403	Josh Nixon, Prin. n: Angela McCoy	(918) 683-3253	Fax (918) 683-062

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.