

Hilldale Public Schools

500 Smith Ferry Rd Muskogee, OK 74403



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 Attended Hilldale Public Schools? _____ Last School Attended _____

Home Address _____ City _____ State _____ Zip Code _____

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

Parent/Guardian #1 _____ Home Phone _____ Cell Phone _____

E-mail address _____

Employer _____ Work Phone _____ Ext: _____

Please circle: Parent Legal Guardian Foster Parent Therapeutic Foster Parent

Parent/Guardian #2 _____ Home Phone _____ Cell Phone _____

E-mail address _____

Employer _____ Work Phone _____ Ext: _____

Please circle: Parent Legal Guardian Foster Parent Therapeutic Foster Parent

Either parent employed On 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? Yes or No

Has student been enrolled in gifted and talented classes? Yes or No

Does the student live in a shelter, abandoned space, motel, campground, or shared housing with multiple families because of economic hardship? YES or NO

Does the student have a fixed, regular and adequate nighttime residence? YES or NO

Is a language other than English spoken in your home? YES or NO

If YES, what language: _____

In case of an emergency, illness, or accident, the student may be taken to an emergency hospital by school staff. In the event of a school transportation emergency, student may be transferred by alternate school busses and/or approved transportation. In the absence of parents, the following may pick the student up from school and may be called in case of an emergency (List name and Relation).

Name	Phone	Relationship
1.		
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.

Parents' or Guardians' Signatures

Date

School Permission Form

My child _____ is hereby given permission to:

	School Event	Yes	No
1	Receive individual/group visual, hearing, speech, language, and/or scoliosis screening by a designee of Hilldale Public Schools.		
2	Be evaluated for appropriate instructional programs.		
3	Have pictures taken or use video for classroom display.		
4	Have pictures taken or be interviewed to appear in News Releases, Internet, and other publications sponsored by the school.		
5	Have picture taken for the School Yearbook.		
6	Ride the bus to the Event Center for special assemblies and theatrical productions.		
7	Walk on nature hikes around the school vicinity and walk to the fire station by the school.		
8	Attend Field Trips. The school will send a notice in advance of any field trip.		
9	Use of the rock climbing wall in the P.E. gym. I understand that this activity involves some risk of injury and I will stress the importance of following the class safety rules when we discuss this activity at home.		

X

Parents' or Guardians' Signatures

Date

Initial Enrollment Prior Participation Form Student Information

Student Legal Name: _____
First Name Last Name

Student Date of Birth: _____
Month Day Year

Student Gender - Please circle one: Male Female

Did the student participate in any of the following programs? Please indicate by checking YES or NO for each statement.

	Programs	Yes	No
1	Childcare program that is licensed pursuant to the tiered licensing system established by the Department of Human Services (a DHS licensed childcare program). THIS IS NOT LATCHKEY.		
2	The SOONER START program operated by the State Department of Education.		
3	The Oklahoma Parent as Teacher (OPAT) program operated by the State Department of Education.		
4	The Children First program operated by the State Department of Health.		
5	Any child abuse prevention program operated by the State Department of Health.		
6	Any federally funded Head Start program.		

Hilldale Public Schools – Student Information & Emergency Treatment Form

Teacher	Student – Last Name	First Name	Middle Name
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Parent/Guardian #1 – Last Name	First Name	Place of Employment	Work Number – ext
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Parent/Guardian #2 – Last Name	First Name	Place of Employment	Work Number – ext
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“Other” To Notify If Parents are Unavailable	Relation to Child	Home Phone#	Work Phone #
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“Other” To Notify If Parents are Unavailable	Relation to Child	Home Phone #	Work Phone #
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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
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Patient and Insurance Information: D.O.B. _____

Date of last Tetanus Shot _____

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
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Hilldale Public Schools

Authority to Transfer Education Records

TO: _____
 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, 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
 Muskogee, OK 74403
- Special Education Deborah Tennison, Asst. Supt. (918) 686-6056 Fax (918) 686-2195
 (same address) Attn: Jennifer
- Lower Elementary Patti Bilyard, Prin. (918) 683-9167 Fax (918) 683-9204
 3101 Grandview Park Blvd. Attn: Counselor's Office
 Muskogee, OK 74403
- Upper Elementary Shannon Peters, Prin. (918) 683-1101 Fax (918) 683-0556
 315 Peak Blvd. Attn: Counselor's Office
 Muskogee, OK 74403
- Hilldale Middle School Darren Riddle, Prin. (918) 683-0763 Fax (918) 683-
 0766 Attn: Counselor's Office
 400 E. Smith Ferry Rd.
 Muskogee, OK 74403
- Hilldale High School Josh Nixon, Prin. (918) 683-3253 Fax (918) 683-0622
 300 E. Smith Ferry Rd. Attn: Counselor's Office
 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.