

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: _____

Please list any siblings:

Name	Grade
1.	
2.	
3.	

Any false statements are subject to immediate withdraw. 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
CONSENT TO RECEIVE AUTOMATED TELEPHONE NOTICES**

Student Information - Names and grades of your children enrolled in the District:

Student's Name:	_____	Grade:	_____
Student's Name:	_____	Grade:	_____
Student's Name:	_____	Grade:	_____

Notice Regarding Autocalls

In order to provide parents with prompt notice of information related to school events and activities, the District may use automatic telephone dialing equipment to make calls and deliver texts and pre-recorded messages to your cell and/or residential phone number(s), pursuant to your authorization below. These calls will include, but not be limited to:

- Notice of school closing due to weather or other reasons
- Notice that your child was absent from school or one or more classes
- Notice of parent-teacher conferences
- Notice of upcoming school events
- Notice of an emergency situation at school
- Any other notice related to school that District officials determine should be communicated by an automated telephone message.

Authorization

- ☐ **Yes, please add the following number(s) to the district's autocall system:**

()	-	<input type="checkbox"/> cell
()	-	<input type="checkbox"/> cell
()	-	<input type="checkbox"/> residential
()	-	<input type="checkbox"/> cell
()	-	<input type="checkbox"/> cell

If this is a cell number, I certify that this is my personal cell number (consent is required for each cell phone user). I understand that standard messaging and phone usage rates may apply.

- ☐ **No, I do not wish to receive any autocalls from the district.** I understand that unless I give consent (above) I will not receive any autocalls regarding my student or district activities.

- ☐ **Remove the following numbers from the district's autocall system.**

()	-	<input type="checkbox"/> cell
()	-	<input type="checkbox"/> residential

I understand that I will not receive any autocalls regarding my student or district activities.

Date: _____
Parent/Guardian Printed Name: _____
Parent/Guardian Signature: _____

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

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 Grade	Birthdate	Current
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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:

- | | | | |
|---|--|----------------|--------------------|
| <input type="checkbox"/> HPS Enrollment Center
500 E. Smith Ferry Road
Muskogee, OK 74403 | Attn: Jennifer Bayliss | (918)686-6056 | Fax (918) 686-2195 |
| <input type="checkbox"/> Special Education
(same address) | Deborah Tennison, Asst. Supt.
Attn: Jennifer | (918) 686-6056 | Fax (918) 686-2195 |
| <input type="checkbox"/> Lower Elementary
3101 Grandview Park Blvd.
Muskogee, OK 74403 | Patti Bilyard, Prin.
Attn: Counselor's Office | (918) 683-9167 | Fax (918) 683-9204 |
| <input type="checkbox"/> Upper Elementary
315 Peak Blvd.
Muskogee, OK 74403 | Shannon Peters, Prin.
Attn: Counselor's Office | (918) 683-1101 | Fax (918) 683-0556 |
| <input type="checkbox"/> Hilldale Middle School
0766
400 E. Smith Ferry Rd.
Muskogee, OK 74403 | Darren Riddle, Prin.

Attn: Counselor's Office | (918) 683-0763 | Fax (918) 683- |
| <input type="checkbox"/> Hilldale High School
300 E. Smith Ferry Rd.
Muskogee, OK 74403 | Josh Nixon, Prin.
Attn: Counselor's Office | (918) 683-3253 | Fax (918) 683-0622 |

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.