

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

Hilldale Public Schools – Student Information & Emergency Treatment Form

Teacher	Student – Last Name	First Name	Middle Name
Parent/Guardian #1 – Last Name	First Name	Place of Employment	Work Number – ext
Parent/Guardian #2 – Last Name	First Name	Place of Employment	Work Number – ext
“Other” To Notify If Parents are Unavailable	Relation to Child	Home Phone#	Work Phone #
“Other” To Notify If Parents are Unavailable	Relation to Child	Home Phone #	Work Phone #

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 _____

Acknowledgements / Permissions

Please read the statements below with your student and circle yes or no on each statement indicating your understanding and permission to participate. Then both parent and student must sign and return this page to school.

I have read, completed and returned the Internet Access Agreement and agree to abide by the guidelines set forth in the policy and realize that noncompliance with these guidelines will result in disciplinary action Internet/Computer usage is a privilege and can be revoked at the discretion of a Hilldale faculty member and/or administrator if problems arise.	YES	NO
I have read and/or had explained to me the Hilldale Internet/Computer Acceptable Use Policy. I agree to abide by the Acceptable Use Policy. (Handbook pg. 35-43).	YES	NO
We have read, understand and agree to comply with the policies, procedures, rules, regulations and expectations in the Student Handbook.	YES	NO
I agree, pursuant to the Hilldale Internet/Computer Acceptable Use Policy, to authorize my child's photo to be released for use on the authorized school website(s). This includes use in the classroom, published in the school yearbook and used on our school broadcasts.	YES	NO
I agree, pursuant to the Hilldale Internet/Computer Acceptable Use Policy, to authorize my child's work to be released for use on the authorized school website(s), in the classroom, in school publications (school newspaper, flyer, or program) and published through our broadcasts.	YES	NO

Student Signature

Date

Student's name (printed)

Grade

Parent/Guardian Signature

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.