

MIDDLE SCHOOL/HIGH SCHOOL



2015-2016

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

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 |
|-----------------------------|---------|--------------|

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
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

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:

- | | | | |
|---|--|----------------|--------------------|
| <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.