

**2015-2016****500 Smith Ferry Rd Muskogee, OK 74403****Hilldale Schools**

Student Name: \_\_\_\_\_

 Sex \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_  
 (First) (Middle) (Last)
Citizenship: (Please Circle One) United States Other: \_\_\_\_\_Ethnicity: (Please Circle One) African American American Indian Asian Pacific Islander CaucasianCheck if Hispanic/Latino Native Language: (Please Circle One) English Other / If Other Please Specify: \_\_\_\_\_

Has Student 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: \_\_\_\_\_

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
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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 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