# HILLDALE PUBLIC SCHOOLS

#### 313 East Peak Blvd Muskogee, OK 74403

2019-2020

MIDDLE SCHOOL/HIGH SCHOOL

STUDENT INFORMA	TION			
Student Name:	(First)	(Middle)	(Last)	
Sex Grade	Birth Date	Birth Place _		
Citizenship: (Please Ci	ircle One) <u>United</u>	States Other:		
Ethnicity: (Please Circle Check if Hispanic/Latin		r <u>ican</u> <u>American Indian</u> <u>y</u>	Asian Pacific Islander Ca	aucasian
Native Language: (Plea	ise Circle One) <u>Eng</u> l	lish <u>Other</u> / If Other Plea	ase Specify:	
Has Student ever atten	nded Hilldale Schools	S? Last Scho	ool Attended	
Student Address		City	State	Zip Code
Mailing Address (if dif	fferent from above)	City	State	Zip Code

#### PARENT INFORMATION

Parent/Guardian	#1	Но	me Phone		Cell Phone
Home Address		City		State	Zip Code
E-mail address					
Employer		Wo	ork Phone		Ext:
Please circle:	Parent	Legal Guardian	Foster Parent	Therapeutic F	- oster Parent

Parent/Guardian #2	uardian #2 Home Phone			Cell Phone		
Home Address	ome Address City State				Code	
E-mail address						
Employer	Work	Phone		Ext:		
Please circle: Parent	Legal Guardian	Step Parent	Foster Parent			
Either parent employed	On Federal Property?		Yes	or	No	
Is student currently und	er a suspension from anot	her school?	Yes	or	No	
Has student been enrolle	ed in special education cla	asses through an IE	P? Yes	or	No	
Has student been enrolle	ed in gifted and talented c	lasses?	Yes	or	No	
	a shelter, abandoned spac multiple families because	10		or	No	
Does the student have a	ence? Yes	or	No			
Is a language other than English spoken in your home? If yes, what language:				or	No	
_ls either parent current	ly serving in the military?	YES	NO			
If yes, Parent Name:			Chec	k one	below	
A	ctive Rese	rveN	lational Guard			
Please list any siblings of	currently attending Hillda	le Public Schools:				
	Name		(	Grade	2	

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.

"Other" If Parents are Unavailable	Relation to Child	Home #	Work #		
"Other" If Parents are Unavailable	Relation to Child	Home #	Work #		
"Other" If Parents are Unavailable	Relation to Child	Home #	Work #		
"Other" If Parents are Unavailable	Relation to Child	Home #	Work #		
Specific Health Conditions (asthma, o	diabetes, heart, seizures,	allergies etc.)			
First Aid/Food Allergies (Calamine, I	Bactine, Neosporin, adhe	esive, latex, pear	uts, shellfish etc.)		
Student's Regular Physician	Address		Phone Number		
Patient and Insurance Information:					
Medical History or Problems					
Current Medication(s)		Policy Number			
Employer	Policy Number Group Number				
In case of serious illness or injury and	1 all persons listed above	e cannot be locat	ed. Hilldale School is authorized		
to seek emergency medical or dental					
for the above-named child. In case of					
licensed physician or dentist in the be					
Education, the school district or empl	oyees of the district shal	l not be held lial	ble for the medical expenses or		
injuries incurred, or to the student or	parents. I authorize and	consent to all er	nergency medical treatment for m		

## Hilldale Public Schools – Student Pick-up list & Emergency Treatment Form

<u>X</u>		
Signature of Parents	Date	

child.



# **Hilldale Public Schools**

313 E. Peak Blvd Muskogee, OK 74403 ph. 918-683-0273 fax 918-683-8725

Chad Kirkhart, Asst. Supt. ckirkhart@hilldaleps.org

Parental Authorization to Administer Medical Attention

I am the parent with legal custody or the legal guardian of \_\_\_\_\_\_ who attends Hilldale Public School. If this student requires medical attention as a result of sports participation, I hereby give medical personnel my consent and authorization to treat my child.

I understand that under state law, the Board of Education, the school district, and/or employees of the district shall not be liable to the student or student's parents or guardians for civil damages for any personal injures to the student.

Dated this \_\_\_\_\_ day of, \_\_\_\_\_ 20\_\_\_\_

Parent with Legal Custody or Guardian

Home Address

Proof of Insurance

In order for a student to participate in athletics, students must purchase accident insurance or sign this form indicating that you have adequate insurance.



Yes, we have adequate insurance and do not wish to purchase accident insurance.

Student's Name

Parent's Name

Date

Parent/Guardian Signature

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20\_\_\_\_

HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS



STUDENT INFORMATION					
Name of Student: Last Name	First Name	e Midd	le Name	Grade:	
Date of Birth:	School: YY	Student ID #	Gender	: Male Female	
is the student of Hispanic of La	atino culture or origin? Yes	INO			
Select one or more of the follow		an Indian (Alashan Natio			
African American/Black		an Indian/Alaskan Nativ sian/White	eAsian		
1. What is the dominant lang	uage <b>most often</b> spoken by the s	tudent?			
2. What is the language rout	tinely spoken in the home, regard	less of the language spo	ken by the student?		
3. What language was first l	earned by the student?				
4. Does the parent/guardian	need interpretation services? Ye	s No If s	so, what language?		
5. Does the parent/guardian	need translated materials? Yes _	No If so,	what language?		
	ident first enrolled in a school in th		MM/YYYY		
Date (MM/	(DD/YYYY)		Parei	nt / Guardian Signature	
	S				
Please have	e test score documentation av		al Accreditation Office	er to review.	
	dicated TWO OR MORE times on questi	ions 1 – 3 above. The student	t is classified as "more often" and	d automatically qualifies as bilingual on	
	dicated ONLY ONCE on questions 1 – 3			fies as bilingual on the accreditation	
	one of the following (any selection below		,		
	Learner on one of the Oklahoma English la MODEL, K-WAPT, W-APT or Oklahoma P			mate ACCESS for ELLs,	
	ow Basic in ELA on the Oklahoma State Te he 35 <sup>th</sup> percentile (or equivalent) composite		the previous school year on a st	ate approved norm-referenced test (NRT)	
	DOCUMENTATION OF A TES	•			
Date(s) of Kindergarten ACCES			Date of WIDA Screener or	Score(s) on WIDA Screener or	
ACCESS for ELLs 2.0, or Alternate ACCESS Test	ACCESS for Alternate A	ELLs 2.0,or	K-WAPT/WAPT or WIDA MODEL	K-WAPT/WAPT or WIDA MODEL	
Alternate ACCESS Test	Composite / O		WIDA MODEL	Composite / Overall Score	
	1. 1.			1.	
	1.				
Date(s) of ELA OSTP	Score(s) on EL/ Below Basic Basic	A OSTP Proficient	A alu ann a a al	e Oklahoma Pre-K Score on Pre-K Language	
	Below Basic Basic	Proficient	Advanced	e Screening Tool Screening Tool	
	Below Basic Basic	Proficient	Advanced	%	
Date(s) Norm Reference Test (NRT)	Name of the NRT	Composite / Perce	entile Score(s)		
				estion 1: Reference WAVE code 1036 estion 2: Reference WAVE code 1037	
				estion 3: Reference WAVE code 1037	

## **Hilldale Public Schools**

## Authority to Transfer Education Records

PREVIOUS SCHOOL:	School District/Agency		
PHONE/FAX #	City	State	ZIP
In accordance with the Famil education records is requeste	y Education Rights and Privac d for:	y Act (FERPA, 34 (	CFR 99.31) transfer of
Name of Child	Birthdate	Current G	brade
Is this student currently susp	ended or expelled?	Yes	No
<b>A</b>	cords includes, but is not l ments and special educatio		, grades, cumulative
The student intends to enroll	or is enrolled in our school dist	rict. Therefore, ple	ase send records to:
□ HPS Enrollment 313 E Peak Blvd. Muskogee, OK 74403	Jennifer Bane Enrollment Coordinator jbane@hilldaleps.org	(918)686-6056	Fax (918) 686-219
□ Special Education 313 E Peak Blvd. Muskogee, OK 74403	Deborah Tennison Asst. Superintendent dtennison@hilldaleps.org	(918) 686-6056	Fax (918) 686-219
□ Lower Elementary 3101 Grandview Park Blvd. Muskogee, OK 74403	Christina Hamm, Asst. Prin. Attn: Teresa Riddle triddle@hilldaleps.org	(918) 683-9167	Fax (918) 683-920
□ Upper Elementary 315 Peak Blvd. Muskogee, OK 74403	Donna Lorenz, Asst. Prin. Attn: Erin Parker eparker@hilldaleps.org	(918) 683-1101	Fax (918) 683-055
□ Hilldale Middle School 400 E. Smith Ferry Rd. Muskogee, OK 74403	Darren Riddle, Prin. Attn: Michelle Stephens mstephens@hilldaleps.org	(918) 683-0763	Fax (918) 683-076
□ Hilldale High School 300 E. Smith Ferry Rd. Muskogee, OK 74403	Josh Nixon, Prin. Attn: Angela McCoy amccoy@hilldaleps.org	(918) 683-3253	Fax (918) 683-062

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.