
Parent/Guardian #2	Home Phone	Cell Phone
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Home Address	City	State	Zip Code
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E-mail address

Employer	Work Phone	Ext:
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Please circle: **Parent** **Legal Guardian** **Step Parent** **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: _____

Is either parent currently serving in the military? ____ YES ____ NO

If yes, Parent Name: _____ Check one below:
 ____ Active ____ Reserve ____ National Guard

Please list any siblings currently attending Hilldale Public Schools:

Name	Grade
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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 Pick-up list & Emergency Treatment Form

“Other” If Parents are Unavailable	Relation to Child	Home #	Work #
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“Other” If Parents are Unavailable	Relation to Child	Home #	Work #
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“Other” If Parents are Unavailable	Relation to Child	Home #	Work #
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“Other” If Parents are Unavailable	Relation to Child	Home #	Work #
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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. _____

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 _____ Date _____

Signature of Parents

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.	<input type="checkbox"/>	<input type="checkbox"/>
2	The SOONER START program operated by the State Department of Education.	<input type="checkbox"/>	<input type="checkbox"/>
3	The Oklahoma Parent as Teacher (OPAT) program operated by the State Department of Education.	<input type="checkbox"/>	<input type="checkbox"/>
4	The Children First program operated by the State Department of Health.	<input type="checkbox"/>	<input type="checkbox"/>
5	Any child abuse prevention program operated by the State Department of Health.	<input type="checkbox"/>	<input type="checkbox"/>
6	Any federally funded Head Start program.	<input type="checkbox"/>	<input type="checkbox"/>



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 injuries 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



**Muskogee County Head Start/Early Head Start
Family Information, Income & Contacts**

Agency Use Only:
Applicant Name: _____
DOB: _____

Family Information

Living Address	Zip	City	State	County
Mailing Address (if different)	Zip	City	State	County
Phone Numbers with Names	Type (check one)		Note (for example-extension or best time to call)	
	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other
	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other
	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other

Parental Status (Check one)	Homeless	Primary Language in Home	
<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number in Household _____	Number in Family _____

Family Income

TANF	Supplemental Security Income (SSI)	WIC	Receiving SNAP
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Per _____	Verification (tax forms, pay stubs, etc.)		Income Notes
\$ _____			
\$ _____			
\$ _____			

Special Needs

Does your child have any special needs or disability?
 Yes No Describe: _____ By: Physician Health Department Other _____

Please circle any of the following that have happened to your family in the last year and provide documentation:

Death in Immediate family	Incarcerated Parent
Homeless	No Medical Insurance/Home
Recent loss of employment	Natural Disaster
Living with someone other than parent	Divorce/Separation

Alternate Contacts (not living in your home)

Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

Additional Information

Referred for services by Child Welfare Yes No Does your child need transportation? Yes No
 Address your child will be picked up and dropped off daily _____
 Parent or Guardian a member of the US military Yes No

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in the application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent or Guardian Signature _____ Date _____



STUDENT INFORMATION

Name of Student: _____ Grade: _____
 Last Name First Name Middle Name

Date of Birth: _____ School: _____ Student ID # _____ Gender: Male _____ Female _____
 MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? Yes _____ No _____

Select one or more of the following races:

_____ African American/Black _____ American Indian/Alaskan Native _____ Asian
 _____ Native Hawaiian/Pacific Islander _____ Caucasian/White

1. What is the dominant language **most often** spoken by the student? _____
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student? _____
3. What language was **first** learned by the student? _____
4. Does the parent/guardian need **interpretation** services? Yes _____ No _____ If so, what language? _____
5. Does the parent/guardian need **translated** materials? Yes _____ No _____ If so, what language? _____
6. What was the date the student first enrolled in a school in the United States? _____
 MM/YYYY

Date (MM/DD/YYYY)

Parent / Guardian Signature

SCHOOL USE ONLY

Please have test score documentation available for the Regional Accreditation Officer to review.

- Other language than English indicated TWO OR MORE times on questions 1 – 3 above.** The student is classified as “more often” and automatically qualifies as **bilingual** on the accreditation report.
- Other language than English indicated ONLY ONCE on questions 1 – 3 above.** The student is classified as “less often” and only qualifies as **bilingual** on the accreditation report **if he or she meets one of the following** (any selection below REQUIRES appropriate documentation):
 - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool (PKST).
 - 2. Scored Basic or Below Basic in ELA on the Oklahoma State Testing Program (OSTP).
 - 3. Scored at or below the 35th percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS	Date of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL
	Composite / Overall Score		Composite / Overall Score
	1.		1.
	1.		
	1.		

Date(s) of ELA OSTP	Score(s) on ELA OSTP			
	Below Basic	Basic	Proficient	Advanced
	Below Basic	Basic	Proficient	Advanced
	Below Basic	Basic	Proficient	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Composite / Percentile Score(s)

Question 1: Reference WAVE code 1036
 Question 2: Reference WAVE code 1037
 Question 3: Reference WAVE code 1038

Hilldale Public Schools

Authority to Transfer Education Records

PREVIOUS SCHOOL: _____

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, any reading/math assessments 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
313 E Peak Blvd.
Muskogee, OK 74403 | Jennifer Bane
Enrollment Coordinator
jbane@hilldaleps.org | (918)686-6056 | Fax (918) 686-2195 |
| <input type="checkbox"/> Special Education
313 E Peak Blvd.
Muskogee, OK 74403 | Deborah Tennison
Asst. Superintendent
dtennison@hilldaleps.org | (918) 686-6056 | Fax (918) 686-2195 |
| <input type="checkbox"/> Lower Elementary
3101 Grandview Park Blvd.
Muskogee, OK 74403 | Christina Hamm, Asst. Prin.
Attn: Teresa Riddle
triddle@hilldaleps.org | (918) 683-9167 | Fax (918) 683-9204 |
| <input type="checkbox"/> Upper Elementary
315 Peak Blvd.
Muskogee, OK 74403 | Donna Lorenz, Asst. Prin.
Attn: Erin Parker
eparker@hilldaleps.org | (918) 683-1101 | Fax (918) 683-0556 |
| <input type="checkbox"/> 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) 683-0766 |
| <input type="checkbox"/> 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) 683-0622 |

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.