

Parent/Guardian #2 Home Phone Cell Phone

Home Address City State Zip 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 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 #
“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, 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. _____		
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 _____



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

Hilldale Public Schools

Authority to Transfer Education Records

PREVIOUS SCHOOL: _____

School District/Agency

PHONE/FAX #

City

State

ZIP

Request for education records includes, but is not limited to: health, grades, cumulative, any reading/math assessments and special education records. 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

**The student intends to enroll or is enrolled in our school district.
Therefore, please send records to:**

HPS Enrollment
313 E. Peak Blvd.
Muskogee, OK 74403

Jennifer Bane
Enrollment Coordinator
jbane@hilldaleps.org

(918)686-6056

Fax (918) 686-2195

Special Education
313 E. Peak Blvd.
Muskogee, OK 74403

Deborah Tennison
Asst. Superintendent
dtennison@hilldaleps.org

(918) 686-6056

Fax (918) 686-2195

Lower Elementary
315 E. Peak Blvd.
Muskogee, OK 74403

Christina Hamm, Asst. Prin.
Attn: Teresa Riddle
triddle@hilldaleps.org

(918) 683-9167

Fax (918) 682-2069

Upper Elementary
315 E. Peak Blvd.
Muskogee, OK 74403

Donna Lorenz, Asst. Prin.
Attn: Erin Parker
eparker@hilldaleps.org

(918) 683-1101

Fax (918) 682-2069

Hilldale Middle School
400 E. Smith Ferry Rd.
Muskogee, OK 74403

Darren Riddle, Prin.
Attn: Kristina Hawk
khawk@hilldaleps.org

(918) 683-0763

Fax (918) 683-0766

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.



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