**HILLDALE PUBLIC SCHOOLS**

313 East Peak Blvd Muskogee, OK 74403

MIDDLE SCHOOL/HIGH SCHOOL

### STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>___________________________</th>
<th>(First)</th>
<th>(Middle)</th>
<th>(Last)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>_____</td>
<td>Grade</td>
<td>_____</td>
<td>Birth Date</td>
</tr>
<tr>
<td>Citizenship:</td>
<td>(Please Circle One) United States</td>
<td>Other:</td>
<td>_____________________________</td>
<td></td>
</tr>
<tr>
<td>Ethnicity:</td>
<td>(Please Circle One) African American</td>
<td>American Indian</td>
<td>Asian</td>
<td>Pacific Islander</td>
</tr>
<tr>
<td>Native Language:</td>
<td>(Please Circle One) English</td>
<td>Other / If Other Please Specify:</td>
<td>____________________________</td>
<td></td>
</tr>
<tr>
<td>Has Student ever attended Hilldale Schools?</td>
<td>_________</td>
<td>Last School Attended</td>
<td>____________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________________</td>
<td>______________</td>
<td>_________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (if different from above)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________________</td>
<td>______________</td>
<td>_________________________</td>
<td></td>
</tr>
</tbody>
</table>

### PARENT INFORMATION

<table>
<thead>
<tr>
<th>Parent/Guardian #1</th>
<th>Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________</td>
<td>_________</td>
<td>_________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________________</td>
<td>______________</td>
<td>_________________________</td>
<td></td>
</tr>
</tbody>
</table>

| E-mail address | |
|----------------||

<table>
<thead>
<tr>
<th>Employer</th>
<th>Work Phone</th>
<th>Ext:</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________</td>
<td>__________</td>
<td>Ext:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please circle:</th>
<th>Parent</th>
<th>Court Appointed Guardian</th>
<th>Foster Parent</th>
</tr>
</thead>
</table>
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>“Other” If Parents are Unavailable</th>
<th>Relation to Child</th>
<th>Home #</th>
<th>Work #</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Other” If Parents are Unavailable</td>
<td>Relation to Child</td>
<td>Home #</td>
<td>Work #</td>
</tr>
<tr>
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<td>Work #</td>
</tr>
</tbody>
</table>

### 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.

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<table>
<thead>
<tr>
<th>X</th>
<th>Signature of Parents</th>
<th>Date</th>
</tr>
</thead>
</table>

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: _____________________________________________________________

________________________________________________________________________________

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: ________________________

Last Name: ____________________________

First Name: ____________________________

Middle Name: __________________________

Grade: ______________

Date of Birth: _________________________

School: _____________________________

Student ID #: _________________________

Gender: Male_______  Female________

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? _________________________

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### DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

- **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):
  - 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).
  - Scored Basic or Below Basic in ELA on the Oklahoma State Testing Program (OSTP).
  - 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).

#### SCHOOL USE ONLY

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

<table>
<thead>
<tr>
<th>Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test</th>
<th>Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS</th>
<th>Date of WIDA Screener or K-WAPT/WAPT or WIDA MODEL</th>
<th>Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Composite / Overall Score</td>
<td>Composite / Overall Score</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>1.</td>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>Date(s) of ELA OSTP</td>
<td>Score(s) on ELA OSTP</td>
<td>Date of the Oklahoma Pre-K Language Screening Tool</td>
<td>Score on Pre-K Language Screening Tool</td>
</tr>
<tr>
<td>Below Basic</td>
<td>Basic</td>
<td>Proficient</td>
<td>Advanced</td>
</tr>
<tr>
<td>Below Basic</td>
<td>Basic</td>
<td>Proficient</td>
<td>Advanced</td>
</tr>
</tbody>
</table>

**Question 1:** Reference WAVE code 1036

**Question 2:** Reference WAVE code 1037

**Question 3:** Reference WAVE code 1038

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**Note:**

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

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**Date (MM/DD/YYYY) | Parent / Guardian Signature**