

DEWAR PUBLIC SCHOOLS
STUDENT ENROLLMENT FORM
 School Year 2021-2022
 www.dewar.k12.ok.us

*To be completed by
 parent or guardian. All
 Information Required!!!*

Date: _____ Grade Entering: _____ NEW UPDATE

STUDENT INFORMATION

Student has previously attended Dewar Public Schools: Yes No

Previous School Attended: _____
School Name / City / State / Telephone

Social Security Number: _____ Transported over 1.5 miles to school: Yes No

Does your child reside in Dewar School District? If no, what district? _____

Legal Name: _____ / _____
First Middle Last Nickname

Ethnicity (check only one): Hispanic/Latino Not Hispanic/Latino

Race (check all that apply): Black American Indian Asian Pacific Islander White/Caucasian

If American Indian: Tribe: _____ Roll #: _____ Student Citizenship #: _____

Male Female Date of Birth: _____ Place of Birth: _____
Month / Day / Year City / State / Country

If your child was born in other country, what date did he/she first enter the country? _____ First USA Enrollment Date: _____

Physical Address: _____
Street City State Zip

Mailing Address: _____
(if different) Street / PO Box City State Zip

Home Phone: (_____) _____ Student Cell Phone: (_____) _____
(land line) (optional)

Is either parent/guardian in the military or a civilian working on government property? Yes No

Do you use a language other than English in your home (this includes Native American Indian Languages? If yes, what _____

Student Permission to use Internet Yes No Student Picture Publish on web page Yes No Student Work Publish on web page Yes No

FAMILY #1 (Primary Residence)

Parent/Guardian 1: _____ Relationship: _____
First Middle Last

Email Address: _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Employer: _____

Parent/Guardian 2: _____ Relationship: _____
First Middle Last

Email Address: _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Employer: _____

Is the custody of this child decreed by courts? If yes who has primary custody? _____ Relationship: _____
Court documents
 Need to be in
 Child's file.

FAMILY #2

Parent/Guardian 2: _____ Relationship: _____
First Middle Last

Email Address: _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Employer: _____

Parent/Guardian 2: _____ Relationship: _____
First Middle Last

Email Address: _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Employer: _____

EMERGENCY CONTACTS

Contact 1: _____ Relationship: _____
First Middle Last

Email Address: _____ Cell Phone: (____) _____

Work Phone: (____) _____ Employer: _____

Contact 2: _____ Relationship: _____
First Middle Last

Email Address: _____ Cell Phone: (____) _____

Work Phone: (____) _____ Employer: _____

MEDICAL

Does student have any illness or disability that requires medication? Yes No

List any illness, disability and/or medication: _____

Doctor's Name: _____ Medicaid/Soonercare #: _____

Doctor's Phone: (____) _____ Hospital of Choice: _____

As the parent/guardian of the above named student, in case I am unable to be reached during any emergency, I hereby authorize a representative of the school to act as an agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

Yes No

OTHER CHILDREN

List any other children in the family:

<i>First Middle Last Name</i>	<i>Date of Birth</i>	<i>Relationship</i>	<i>Gender</i>	<i>Lives at Home</i>	<i>School Attending/Grade</i>
				<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	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Authorized to Pick Up

Please list all parties authorized to pick up your child:

<i>First Middle Last Name</i>	<i>Relationship</i>

I/We have reviewed this document and to the best of my/our knowledge the information contained herein is true and complete. The undersigned declare under penalty of perjury that they are the parents or legal guardians of the above named student and grant the above authorizations.

Parent/Guardian Name (please print)

Parent/Guardian Name (please print)

Parent/Guardian Signature

Parent/Guardian Signature



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

What is the dominant language most often spoken by the student?

What is the language routinely spoken in the home, regardless of the language spoken by the student?

What language was first learned by the student?

Does the parent/guardian need interpretation services? Yes No If so, what language?

Does the parent/guardian need translated materials? Yes No If so, what language?

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.

More than one 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.

One 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.
2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).
3. Scored at or below the 35th percentile (or equivalent) composite reading score from some of the previous school year on a state approved norm-referenced test (NRT).

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Table with 4 columns: Test Name, Score(s) on Kindergarten ACCESS, Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL, and Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL. Includes sub-columns for Composite Score and Literacy Score.

Table for Reading OSTP scores with columns for Unsatisfactory, Limited Knowledge, Satisfactory, and Advanced.

Table for Oklahoma Pre-K Language Screening Tool with columns for Date of the Oklahoma Pre-K Language Screening Tool and Score on Pre-K Language Screening Tool.

Table for Norm Reference Test (NRT) with columns for Name of the NRT and Reading Total Composite Score(s) %.

From Above: Question 1: Reference WAVE code 1036, Question 2: Reference WAVE code 1037, Question 3: Reference WAVE code 1038

Dewar Public School
School Year 2021 - 2022
Economically Disadvantaged Form

This application should be completed even if your student attends a Community Eligibility Provision or Provision School.

School: _____ Grade: _____ Student Number: _____

Student Name: _____

Please select the income range that represents the total annual gross income:

- | | | |
|---|---|---|
| <input type="radio"/> Less than \$23,828 | <input type="radio"/> Between \$49,025 and \$57,424 | <input type="radio"/> Between \$82,621 and \$91,020 |
| <input type="radio"/> Between \$23,828 and \$32,227 | <input type="radio"/> Between \$57,424 and \$65,823 | <input type="radio"/> Between \$91,020 and \$99,419 |
| <input type="radio"/> Between \$32,227 and \$40,626 | <input type="radio"/> Between \$65,823 and \$74,222 | <input type="radio"/> Between \$99,419 and \$107,818 |
| <input type="radio"/> Between \$40,626 and \$49,025 | <input type="radio"/> Between \$74,222 and \$82,621 | <input type="radio"/> Between \$107,818 and \$116,217 |

Please select the total number of people in your household:

- | | | |
|---------------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> One (1) | <input type="radio"/> Five (5) | <input type="radio"/> Nine (9) |
| <input type="radio"/> Two (2) | <input type="radio"/> Six (6) | <input type="radio"/> Ten (10) |
| <input type="radio"/> Three (3) | <input type="radio"/> Seven (7) | <input type="radio"/> Eleven (11) |
| <input type="radio"/> Four (4) | <input type="radio"/> Eight (8) | <input type="radio"/> Twelve (12) |

Signature: I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school.

Sign Here: _____ Date: _____

Print Name: _____

For Office use only:

- Qualified Not Qualified

DEWAR' Public Schools Student Enrollment Questionnaire

Student Name:	Today's Date:	
Date of Birth:	Grade:	School:

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

Where are you and your family currently living? Please check one of the boxes below.

SECTION A

Rent/own my own home or apartment

STOP: If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your own home or apartment, please continue to the next section.

SECTION B

Temporarily with another family member or friend until we can locate affordable housing

In an emergency or transitional shelter

In a vehicle, park, campground, or on the streets

In a house, building, or trailer WITHOUT running water or electricity

In a hotel or motel

With an adult that is not a parent or legal guardian

Alone or in different locations, without an adult serving as a caregiver

Wherever I can find a place to stay at night

Other Please Explain: _____

If you checked a box in section B, in the space below please list all children currently living with you who attend "name" Public Schools.

FIRST & LAST NAME OF STUDENT	DATE OF BIRTH	GRADE	SCHOOL NAME

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child? Yes No

The undersigned certifies that the information provided is correct and accurate.

Print Name of Parent/Guardian or Adult Caring for the Student: _____
 Relationship to Student: _____ Signature: _____

Home Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Email Address: _____

