

DEWAR PUBLIC SCHOOLS
PRE - K
ENROLLMENT FORM

LAST NAME _____
FIRST NAME _____
MIDDLE NAME _____

BIRTH DATE _____ SSN # _____

PLACE OF BIRTH _____

DOES YOUR CHILD HAVE A CDIB CARD? Y N

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

PHONE # _____

PERSON TO CONTACT IN CASE OF EMERGENCY:
_____ PHONE # _____

PARENTS OCCUPATION:

FATHER: _____
WORK # _____

MOTHER: _____
WORK # _____

BUS ROUTE : TOWN OR COUNTRY

PARENT PICK-UP: YES OR NO

ALL DAY SESSION. (8:30-3:30)

Initial Enrollment Prior Participation Form

Student Information

The following information should be completed by the parent or guardian of the student. This information is collected on a student's initial enrollment into a school district. Please print legibly.

Student Legal Name: _____
First Middle Last

Student Date of Birth: _____
Month Day Year

Student Gender - Please check one: Male Female

Did the student participate in any of the following programs? Please indicate by checking YES or NO for each statement.

PROGRAM	YES	NO
A childcare program that is licensed pursuant to the tiered licensing system established by the Department of Human Services (a DHS licensed childcare program)		
The Sooner Start program operated by the State Department of Education		
The Oklahoma Parents as Teachers (OPAT) program operated by the State Department of Education		
The Children First program operated by the State Department of Health		
Any child abuse prevention program operated by the State Department of Health		
Any federally funded Head Start program		

CHECK-LIST TO ENROLL YOUR CHILD IN PRE-K OR KINDERGARTEN OR IF NEW TO THIS DISTRICT:

If you **DO NOT** live in **DEWAR SCHOOL** District, you **MUST** get a transfer Approved **BEFORE** you enroll your child.

We will also require a utility bill in the parent/guardian's name of said child, as proof of a permanent residence.

ITEMS THE SCHOOL MUST HAVE IN ORDER FOR YOUR CHILD TO ATTEND SCHOOL:

COPY OF BIRTH CERTIFICATE _____
(Required by Law)

COPY OF SOCIAL SECURITY CARD _____
(Required by Law)

COPY OF CDIB (Indian) CARD _____
(If applicable)

COPY OF AN UPDATED SHOT RECORD _____
(Required by Law)

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

20____ - 20____

HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS



STUDENT INFORMATION

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

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.
 - 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 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(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	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	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

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): child child's parent child's grandparent

If the individual with Tribal membership is not the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

TRANSPORTATION/EMERGENCY INFORMATION

Child's Full Name _____

Parents' Names _____

Street Address _____

Mailing Address _____

Family Phone Number _____

Parents' Cell Phones: Mom _____ Dad _____

TO SCHOOL

My child gets to school:

_____ by bus

_____ is a car rider

_____ is a walker

FROM SCHOOL

_____ by bus

_____ is a car rider, picked up by _____

_____ is a walker

_____ goes to Day Care at _____ Phone # _____

IN CASE OF AN EARLY RELEASE DAY DUE TO BAD WEATHER MY CHILD IS TO GO HOME:

_____ The same way as listed above

_____ A different way (please specify) _____

WORK PHONE NUMBERS: MOM _____ DAD _____

PHONE NUMBERS AND NAMES OF CLOSEST RELATIVE OR EMERGENCY CONTACT

1. _____

2. _____

PARENT SIGNATURE _____

DATE _____

PLEASE NOTIFY OFFICE OF ANY CHANGES IN THE EMERGENCY INFORMATION LISTED ABOVE.

THANK YOU

FOOD ALLERGY INFORMATION

My child _____ DOES DOES NOT have food allergies.

If your child does have food allergies please list: _____

SIGNED: _____

DATE: _____

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	MALE OR FEMALE	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) Parent/Guardian or Adult Caring for the Student: _____

Relationship to Student: _____ Signature: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number: _____ Email Address: _____

