

10th, 11th, and 12th Grade Enrollment Packet

Please download and complete
then email to

dyates@wellstonschools.org

or return to Wellston Public
Schools HS office

Wellston Public School Enrollment Form
10th -11th -12th Grades

Student's Name _____ Sex _____ Grade _____ Age _____
(Last) (First) (MI)

Student's S.S. # _____ Date of Birth ____/____/____ Place of Birth-City _____ State _____

Address: (mailing) _____ City: _____ Zip: _____

Address: (physical) _____ directions _____

Bus # _____ Driver _____

Home Phone _____ Student's Cell Phone (if applicable) _____

Race: Black, Caucasian, Hispanic, Indian, Middle Eastern, Oriental, Multi-Racial, other _____

List tribe if student has any Indian ancestry, even if he/she is not on Indian roll. _____

Is student a transfer student? YES or NO If yes, sending district: _____

New Student? YES or NO

If yes: Previous school? _____
(School Name) (City) (State) (Zip) (Phone)

Has student ever been enrolled in Special Education? Yes or No

If yes, what sort of class? _____

(Speech Therapy, Learning Disability, Etc.)

HEALTH INFORMATION

Does Student have health insurance? Yes or No Name of Plan: _____

Medicaid# _____

DOES YOUR CHILD HAVE:

Diabetes _____ Convulsive Disorder _____ Vision normal () glasses ()
Heart Disease _____ Asthma _____ Hearing normal () loss ()
Allergies _____ Other _____

Medications: _____

Name of Family Physician: _____ Phone number: _____

Has your child had an operation, serious illness, or does he or she have a physical condition that will need special understanding? _____

Has your child received psychological testing or counseling in a guidance center or another school?

If so, please list _____

AUTHORIZATION FOR EMERGENCY CARE TO MINOR

Parent or Guardian Signature _____ Date _____

Please number below in order of desired contact Parents email: _____

____ Name of Mother _____ work # _____ cell # _____

____ Name of Father _____ work # _____ cell # _____

____ Name of legal guardian _____ Relationship _____ Phone# _____

____ Alternate emergency contact Name: _____ Phone# _____

Relationship to Student _____

_____ has my permission to attend school sponsored field trips: YES or NO

Signature of Parent/Legal Guardian: _____ Date: _____

Wellston Public Schools

PO Box 60

Wellston, Ok 74881

Phone: 405-356-2533

Fax: 405-356-2413

I understand that from time to time my child could have his/her picture taken at school or at school functions. Also, these pictures could be released to local news media outlets as well as possibly the internet. These pictures will be used to advance Wellston Public Schools and for your child to receive publicity for their accomplishments.

Yes, I will allow my child's picture to be taken and released.

No, I do not want my child's picture to be taken and released.

I understand that my child will have access to the internet at Wellston Public Schools. Every possible precaution will be taken by Wellston Public Schools to "filter" the content that is available. However, there is still a possibility that "unwanted" sites could come up accidentally as well as intentionally.

Yes, I will allow my child to use the internet at Wellston Public Schools.

No, I do not want my child to use the internet at Wellston Public Schools.

I understand that from time to time that my child will be watching films that are educationally aligned with the curriculum. These films will come from the school library and/or have been approved by the Administration.

Yes, I will allow my child to watch films that come from the school library.

No, I do not want my child watching ANY films at Wellston Public Schools.

I understand that from time to time my child will be using school owned desktop/laptop computers. I accept any financial responsibility if my child intentionally or unintentionally damages or destroys these computers or peripherals (mouse, printer, etc.)

Yes, I accept financial responsibility concerning my child and school owned computers.

No, I do not accept financial responsibility concerning my child and school owned computers. By doing this I understand that my child WILL NOT be allowed to use school computers.

Student's Name _____ Parent's signature _____

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202

TITLE IX STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title IX, Part A, Subpart I

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition from the Act may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form which contains at least the child's name, the name of the tribe, band or group, and your dated signature, your child cannot be counted by the school for funding under the Act. This form will become part of your child's school record and will not need to be completed every year. The information on this form will not be released without your written approval.

Definition: Indian means any Individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band including those Indian tribes, bands, or groups terminated since 1940, and those recognized by the State in which they reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or 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 October 19, 1994.

NAME OF CHILD _____ DATE OF BIRTH ___/___/___

School Name _____ Grade _____

NAME OF TRIBE, BAND or GROUP _____

Tribe, Band or Group is: (check one)

Federally Recognized, including Alaska Native State Recognized Terminated Organized Indian Group meeting #5 of the definition above

Name of individual with tribal membership: _____

Individual named is: (check one): Child Child's parent Child's grandparent

Proof of membership, as defined by tribe, band, or group:

A. Membership or enrollment number: _____ OR

B. Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group: _____

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice.

Public reporting burden for this collection of information is- estimated to average 15 minutes per response for parents and 30 minutes per local educational agency (LEA), including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection, of information.

Send comments regarding this burden or estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the U.S. Department of Education, Information Management and Compliance Division, Washington, D.C. 20202-4651.

(5-07)

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ANY STUDENT WHO IS INVOLVED IN DAMAGE TO A SCHOOL BUS WILL BE REQUIRED TO PAY FOR THE DAMAGE.

RIDING A SCHOOL BUS IS A PRIVILEGE AND THE PRIVILEGE MAY BE REMOVED FOR NOT ABIDING BY THE BUS RIDER RULES

BUS RIDING RULES:

PREVIOUS TO LOADING, THE STUDENTS SHOULD:

- 1. BE ON TIME AT THE DESIGNATED SCHOOL BUS STOP-KEEP THE BUS ON SCHEDULE**
- 2. STAY OFF THE ROAD AT ALL TIMES WHILE WAITING FOR THE BUS**
- 3. NO MOVING TOWARD THE BUS AT THE SCHOOL LOADING ZONE UNTIL THE BUS HAS BEEN BROUGHT TO A COMPLETE STOP**
- 4. RESPECT PEOPLE AND THEIR PROPERTY WHILE WAITING FOR THE BUS**
- 5. RECEIVE PROPER SCHOOL OFFICIAL AUTHORIZATION TO BE DISCHARGED AT PLACES OTHER THAN THE REGULAR BUS STOP**

WHILE ON THE BUS STUDENTS SHOULD:

- 1. KEEP ALL PARTS OF THE BODY INSIDE THE BUS**
- 2. REFRAIN FROM EATING AND DRINKING ON THE BUS**
- 3. REFRAIN FROM THE USE OF ANY FORM OF TOBACCO, ALCOHOL, OR DRUGS**
- 4. ASSIST IN KEEPING THE BUS SAFE AND CLEAN AT ALL TIMES**
- 5. REMEMBER THAT LOUD TALKING AND LAUGHING ARE UNNECESSARY CONFUSION THAT DIVERTS THE DRIVER'S ATTENTION AND MAY RESULT IN A SERIOUS ACCIDENT**
- 6. TREAT BUS EQUIPMENT AS YOU WOULD VALUABLE FURNITURE IN YOUR OWN HOME DAMAGE TO SEATS, ETC. MUST BE PAID FOR BY THE OFFENDER**
- 7. NEVER TAMPER WITH THE BUS OR ANY OF IT'S EQUIPMENT**
- 8. MAINTAIN POSSESSION OF BOOKS, LUNCHES, OR OTHER ARTICLES AND KEEP THE AISLE CLEAR**
- 9. HELP LOOK AFTER THE SAFETY AND COMFORT OF SMALL CHILDREN**
- 10. DO NOT THROW OBJECTS IN OR OUT OF THE BUS**
- 11. REMAIN IN THEIR SEATS WHILE THE BUS IS IN MOTION**
- 12. BE COURTEOUS TO FELLOW PUPILS AND THE BUS DRIVER**
- 13. REMAIN QUIET WHEN APPROACHING A RAILROAD CROSSING STOP**
- 14. REMAIN IN THE BUS DURING ROAD EMERGENCIES EXCEPT WHEN IT MAY BE HAZARDOUS TO YOUR SAFETY**

AFTER LEAVING THE BUS, STUDENTS SHOULD:

- 1. GO AT LEAST TEN (10) FEET IN FRONT OF THE BUS STOP, CHECK TRAFFIC, WAIT FOR THE BUS DRIVER'S SIGNAL, CROSS ROAD**
- 2. GO HOME IMMEDIATELY, STAYING CLEAR OF TRAFFIC**
- 3. HELP LOOK AFTER THE SAFETY AND COMFORT OF SMALL CHILDREN**

EXTRACURRICULAR TRIP:

- 1. THE ABOVE RULES AND REGULATIONS SHOULD APPLY TO ALL TRIPS UNDER THE SCHOOL SPONSORSHIP**
- 2. SPONSORS SHOULD BE APPOINTED BY THE SCHOOL OFFICIALS**
- 3. IT IS THE SPONSOR'S RESPONSIBILITY TO SUPERVISE STUDENTS WHILE ON AN EXTRACURRICULAR TRIP**

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PLEASE COMPLETE THE FORM BELOW IN ORDER TO RIDE THE SCHOOL BUS. THIS FORM MUST BE RETURNED TO THE PRINCIPAL'S OFFICE WITHIN TWO WEEKS TO WELLSTON PUBLIC SCHOOLS.

WE HAVE READ AND DISCUSSED WITH OUR CHILDREN THE SCHOOL BUS POLICY AND RULES.

WE AGREE THAT THESE RULES SHOULD BE IN FORCE AND THAT ANY STUDENT WHO CANNOT ABIDE BY THESE SIMPLE RULES SHOULD BE DISCIPLINED AND COUNSELED WITH ACCORDING TO THE STATED POLICY.

AS PARENTS, WE ASK THAT THE SCHOOL CONTACT US BY TELEPHONE OR LETTER EACH TIME OUR CHILDREN ARE INVOLVED IN INCIDENTS SO THAT WE MIGHT FURTHER COUNSEL OUR CHILDREN ON PROPER BUS CONDUCT.

SINCERELY,

PARENT'S SIGNATURE

DATE

PHONE NUMBER

STUDENT'S NAME

GRADE

BUS NUMBER

Student Gmail Account

Students will be provided with a Gmail account to utilize for classroom activities.

The account will be in the format of first and middle initial followed by last name @wellstonschools.org.

Example: John L. Doe would be JLDoe@wellstonschools.org

Password Requirements are:

1. Eight characters minimum.
2. The use of both upper-case and lower-case letters.
3. Inclusion of one or more numerical digits.

Please provide the requested info:

Full Name: _____
First Name, Middle Name, Last Name

Requested Password: _____

Your password will only be utilized once to set up the account and will then be archived.

It is recommended to use a password that is completely unique to this account.

Student Signature: _____

Parent/Guardian Signature: _____

By signing this document you agree to abide by the terms laid forth under section EFBCA: Internet and Other Computer Networks Acceptable Use and Safety Policy of the school board policies.

Policy URL: http://www.wellstonschools.org/193463_4



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, 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 on the most recently administered state approved norm-referenced test (NRT). Qualifying score must not pre-date the start of the spring semester of the previous school year.

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs, 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