



2021-2022 HMS ENROLLMENT INFORMATION



Student Name _____ Grade _____ SS# _____

Physical Address _____ City _____ Zip _____

Mailing Address (if different) _____ City _____ Zip _____

Parent/Guardian Phone # _____ Student Cell # _____

Male Female RACE: White Black Hispanic Indian
Multi-Racial Asian Other _____

Date of Birth: _____ Place of Birth: City/State _____

Child lives with: Mom Dad Grandparent Other _____

Guardian _____
Last First Mailing Address

Cell Phone # Work # Email Address

Gaurdian _____
Last First Mailing Address

Cell Phone# Work # Email Address

⇒⇒⇒ **The school MUST have a contact person in case of an emergency. Please provide NAME & PHONE of someone other than the parents/guardian.**

Emergency Contact Phone# Relationship

○ Complete only IF new to HUGO SCHOOLS:

Name of previous school attended _____

City of previous school _____ State _____

Grade Level _____ (at previous school)

The following individuals have permission to pick up my child from school for ANY REASON. I understand that my child will ONLY be allowed to leave from Hugo Middle School with the individuals that I have listed below. If additional space is needed please attach another sheet of paper.

Name _____ Cell _____

Name _____ Cell _____

Name _____ Cell _____

Please answer YES or NO to the following questions.

- ⇒Is your child currently enrolled or has ever been enrolled in Special Services? YES NO
- ⇒I give permission for Hugo Schools to do periodic screenings with my child. YES NO
- ⇒I give permission for my child to be treated in the event of a medical emergency? YES NO
- ⇒I give permission for my child's name/picture to be printed in the newspaper. YES NO
- ⇒I give my permission for my child's name/picture to be used on the school Facebook page and/or the school website YES NO
- ⇒I give permission for my child to participate in school activities that are off campus. YES NO

I HAVE READ AND UNDERSTAND THE FOLLOWING HANDBOOK POLICIES:

Please initial each

- ❖ Dress Code (page #15-16) _____
- ❖ Internet Usage (page #22) _____
- ❖ Cell Phone/Electronic Devices (page #11-12) _____
- ❖ Attendance (page #8-9) _____

Thank you for this information, a completed form enables us to better serve you and your child. *Please update us when your information changes.*

Signature of Parent/Guardian



FOLLOW US ON FACEBOOK @ HUGO MIDDLE SCHOOL

Hugo Public Schools
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

HUGO 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: _____

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

- 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 Screener, 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 Screener/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K Screener/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 Test	Score on Pre-K Language Screening Test
	%

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

DATOS DEL ALUMNO

Nombre del alumno: _____ Grado: _____
 Apellido(s) Nombre Segundo nombre

Fecha de nacimiento: _____ Escuela: _____ No. de carnet estudiantil: _____ Género: M _____ F _____
 MM/DD/AAAA

¿Es el alumno de cultura u origen hispano o latino? Sí _____ No _____

Seleccione una o más de las siguientes razas:

_____ afroamericana/negra _____ amerindia o nativa de Alaska _____ asiática
 _____ hawaiana o isleña del Pacífico _____ caucásica/blanca

1. ¿Cuál es el idioma predominante que **con mayor frecuencia** habla el alumno? _____
2. ¿Cuál es el idioma que **normalmente** se habla en el hogar, independientemente del idioma que habla el alumno? _____
3. ¿Cuál fue el idioma que el alumno aprendió **por primera vez**? _____
4. ¿Requiere el padre/tutor servicios de **interpretación**? Sí _____ No _____ En su caso, ¿para qué idioma? _____
5. ¿Requiere el padre/tutor materiales **traducidos**? Sí _____ No _____ En su caso, ¿a qué idioma? _____
6. ¿En qué fecha se inscribió el alumno por primera vez en una escuela en Estados Unidos? _____
 MM/AAAA

Fecha (MM/DD/YYYY)

Firma del padre/tutor

SOLO PARA USO INTERNO

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 - 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 may 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-Screener/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-Screener/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

Hugo Public Schools

TITLE I SCHOOL-PARENT COMPACT

2021-2022 School Year

Hugo Public Schools and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA) (participating children), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve Oklahoma's academic standards.

School Responsibilities

By focusing continual improvement in the strategies outlined in the District's Instructional Model, Hugo Public Schools will:

1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet Oklahoma's academic achievement standards.
2. Hold parent-teacher conferences on October 5th, October 7th, March 1st, and March 3rd, during which this compact will be discussed as it relates to the individual child's achievement.
3. Provide parents with frequent reports on their children's progress.
4. Provide parents reasonable access to staff.
5. Provide parents opportunities to volunteer and participate in their child's class and to observe classroom activities. Interested parent may contact the building principals.

Hugo Public Schools' Instructional Model: **T₂O + B₂B + DII + R³ + FA = Student Success**

- Teach to objectives.
- Engage students in meaningful learning bell-to-bell.
- Use data to inform planning and instruction.
- Challenge students with rigorous curriculum.
- Make learning relevant to students.
- Build positive productive relationships with students.
- Use the formative assessment process frequently.

Parent Responsibilities

As a parent/caregiver, I will support my child's learning in the following ways:

- Monitoring my child's attendance.
- Ensuring that my child's homework is completed.
- Monitoring the amount of time my child engages in media activities such as playing video games and watching television as well as the quality of these activities.
- Volunteering in my child's classroom.
- Participating, as appropriate, in decisions relating to my child's education.
- Promoting positive use of my child's extracurricular time.
- Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district either received by my child or through other means and responding, as appropriate.
- Serving, to the extent possible, on policy advisory groups, such as being the Title I, Part A parent representative on the school's School Improvement Team, the Title I Policy Advisory Committee.

Student Responsibilities

As a student, I will:

- Give my full attention and effort to learning activities as directed by my teachers.
- Do my homework every day and ask for help when I need it.
- Give my parents or the adult who is responsible for my welfare all notices and information received by me from my school every day.

School

Date

Parent

Date

Student

Date



Oklahoma Title I, Part C Education Program

Identification & Recruitment Family Survey

Dear Parents,

HUGO

In order to better serve your children, the _____ school district would like to identify students who may qualify to receive additional educational services.

The information provided below will be kept confidential.

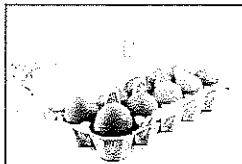
Section A

Please answer the following questions and return this survey form to your child's school.

- Yes No 1. Have you or your family moved from one residency to another residency in another city or town to do seasonal or temporary work related to agriculture in the last 3 years?
- Yes No 2. Have your child(ren) moved from one school district to another school district so you or your spouse could do seasonal or temporary work related to agriculture in the last 3 years?
- Yes No 3. Was your move due to economic necessity or financial need? For example, moving for work or because work has ended.
- Yes No 4. Has anyone in your family worked in anything related to the jobs listed below? Self-employment and working or owning your own land or business does not apply.



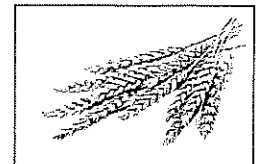
Livestock:
Cattle, pigs,
sheep, dairy, etc.



Eggs



Chickens



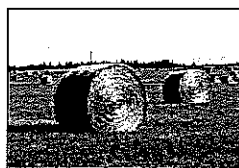
Crops:
Wheat, corn,
soybeans, etc.



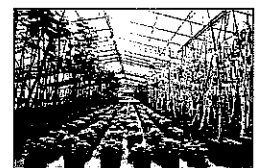
Harvest:
Vegetables,
Fruit, etc.



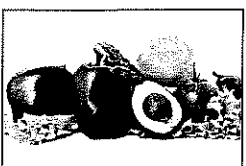
Cotton



Hay



Nursery:
Greenhouse,
sod, etc.



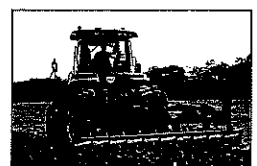
Vegetables



Processing:
Meat, fruit, trees,
vegetables, etc.



Trees:
Timber, plants,
flowers, etc.



Soil Preparation

Section B

Parents' Names _____

Address _____

City _____

State _____

ZIP Code _____

Phone _____

Best time to call? _____

Please list all children (including yourself if under 22) in the household less than 22 years old who did not graduate from High School or have not obtained a GED or equivalent:

Name	Date of Birth	Grade	School

SDE Use Only

County Name	County Number	District Name	District Number



Programa Educativo Oklahoma Título I, Parte C

Encuesta Familiar de Identificación y Reclutamiento

Queridos padres,

HUGO

Para servir mejor a sus hijos, el distrito escolar de _____ quisiera identificar estudiantes que podrían calificar para recibir servicios educativos adicionales.

La información proporcionada abajo se mantendrá confidencial.

Sección A

Por favor responda las siguientes preguntas y devuelva el formulario de encuesta a la escuela de su niño.

- Sí No 1. Usted o su familia se ha movido de una residencia a otra residencia en otro pueblo o ciudad para hacer trabajo temporal o estacional relacionado con la agricultura en los últimos 3 años.
- Sí No 2. Sus niños se han movido de un distrito escolar a otro distrito escolar para que usted o su cónyuge pueda hacer trabajo temporal o estacional relacionado con la agricultura en los últimos 3 años.
- Sí No 3. ¿Fue su mudanza debido a necesidad económica o necesidad financiera? Por ejemplo, moviéndose por trabajo o porque el trabajo terminó.
- Sí No 4. Alguien en su familia ha trabajado en algo relacionado a los trabajos listados abajo? trabajo por cuenta propia y trabajando o siendo dueño de su propia tierra o negocio no califica.



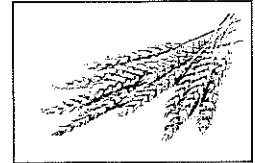
Ganadería:
vacas, cerdos,
ovejas, lecherías, etc.



**Granja de
huevos**



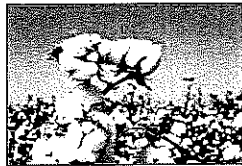
**Granja de
pollos**



Cultivos:
Trigo, maíz,
frijol, etc.



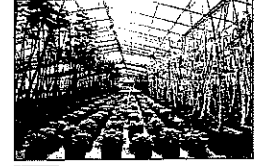
Cosechas:
vegetales,
frutas, etc.



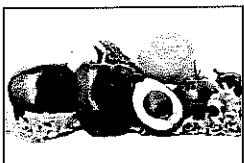
Algodón



Heno



Vivero:
invernadero,
césped, etc.



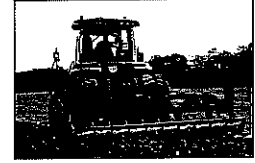
Vegetales



Procesamiento:
carnes, frutas,
arboles, vegetales,
etc.



Arboles:
madera, plantas,
flores, etc.



**Preparación del
suelo**

Sección B

Nombre de los Padres

Dirección

Ciudad Estado Código Postal

Teléfono Mejor tiempo para llamarle

Por favor anote todos los hijos menores de 22 años de su casa (incluyéndose usted si es menor de 22) que no se graduaron de la escuela secundaria o que no obtuvieron un GED o equivalente a la secundaria:

Nombre	Fecha de Nacimiento	Grado	Escuela

SDE Use Only

County Name	County Number	District Name	District Number

HUGO PUBLIC SCHOOLS CODE OF CONDUCT FOR INTERNET AND OTHER COMPUTER NETWORK ACCESS

The purpose of providing Internet and other computer network access in this district is to promote the exchange of information and ideas with the global community. The following represents a guide to the acceptable use of the technology provided by this district. All network use must be consistent with the policies and goals of this school district. Inappropriate use of district technology will result in the loss of technology use, disciplinary action, and/or referral to legal authorities. The district may monitor use of district technology at any time. All Internet and computer network users are hereby informed that there shall be no expectations of privacy in that school officials may monitor users at any time.

All Internet and other computer network users will be expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:

1. Be polite. Messages should not be abusive to others.
2. Take pride in communications. Check spelling and grammar.
3. Use appropriate language. Do not swear or use vulgarities or any other inappropriate language, symbols, or pictures.
4. Protect password confidentiality. Passwords are not to be shared with others. Using another user's account or password or allowing such access by another may be permitted only with the approval of the supervising teacher or system administrator.
5. Do not reveal your personal address or telephone number or those of other persons. No student information protected by FERPA should be electronically transmitted or otherwise disseminated through the network.
6. Do not disguise the point of origin or transmission of electronic mail.
7. Do not send messages that contain false, malicious, or misleading information that may be injurious to a person or a person's property.
8. Illegal activities are strictly prohibited: transferring offensive or harassing messages; offering for sale or use any substance the possession or use of which is prohibited by the school district's staff and student policies; viewing, transmitting, or downloading pornographic materials or materials that encourage others to violate the law; intruding into the networks or computers of others; and downloading or transmitting confidential, trade secret information, or copyrighted materials.
9. The district technology is not to be used for playing multi-user or other network intensive games, commercial ventures, Internet relay chat lines, or downloading excessively large files.
10. No charges for services, products, or information are to be incurred without appropriate permission.
11. Do not use the network in such a way that you would disrupt the use of the network by other users.
12. Users shall respect the privacy of others and not read the mail or files of others without their permission. Copyright and licensing laws will not be intentionally violated.
13. Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy hardware, data of another user, Internet, or any other agencies or other networks that may be accessed. This includes, but is not limited to, the uploading or creation of computer viruses.
14. Report security problems to the supervising teacher or system administrator.
15. Violators of this policy shall hold the district, including its employees and agents, harmless against any and all causes of action, damages, or other liability resulting from the willful or negligent violation of this policy.

HUGO PUBLIC SCHOOLS INTERNET ACCESS CONDUCT AGREEMENT

Every student, regardless of age, must read (or have it read to him or her) and sign below:

I have read, understand, and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the school district's computer network and the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me. I understand I have no expectation of privacy with regard to my use of the school district's technology.

User's Name (print clearly) _____ Phone: _____

User's Signature: _____ Date: _____

Address: _____

Status: Student _____ Staff _____ Patron _____ I am 18 or older _____ I am under 18 _____

If I am signing this policy when I am under 18, I understand that when I turn 18, I will have to sign another policy.

Parent or Guardian: (If applicant is under 18 years of age, a parent or guardian must also read and sign this agreement.)
As the parent or legal guardian of the above student, I have read, understand, and agree that my child or ward shall comply with the terms of the school district's Acceptable Use and Internet Safety Policy for the student's access to the school district's computer network and the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the policy. I am, therefore, signing this policy and agree to indemnify and hold harmless the school, the school district, and the Data Acquisition Site that provides the opportunity to the school district for computer network and Internet access against all claims, damages, losses, and costs, of whatever kind that may result from my child's or ward's use of his or her access to such networks and/or his or her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child's or ward's use of his or her access account if and when such access is not in the school setting. I hereby give permission for my child or ward to use the building-approved account to access the school district's computer network and the Internet.

Parent or Guardian (please print): _____ Phone: _____

Signature: _____ Date: _____

Address: _____

This agreement is valid for the 2020-2021 school year only.

Signed forms must be kept on file at each school site.

Hugo Public Schools

Student Health and Emergency Medical Treatment

Please return this form to the school your child attends. This form is to be on file at the school the student attends and a copy must be on file with our School Nurse. A student with a medical condition such as diabetes or who is subject to seizures must have a medical plan on file at the school he/she attends and with our School Nurse.

Student's Name: _____ Grade: _____ Date of Birth: _____

Parent/Guardian: _____ Cell Phone: _____

Allergies: _____ Epi-Pen Required: Yes _____ No _____

Has your child been diagnosed with any of the following:

Diabetes: _____ Date of Diagnosis: _____ Treatment: _____

Asthma: _____ Date of Diagnosis: _____ Treatment: _____

Seizures: _____ Date of Diagnosis: _____ Treatment: _____

Please list any other medical diagnoses and treatment: _____

Medications: _____

Will your child take medication at school? Yes _____ No _____

Written authorization of the parent/guardian is required for medication to be administered to a student at school. The medication must be supplied by the parent/guardian and proper doctor's orders may be required by our School Nurse. This includes over-the-counter medications. The school will not supply any medications for students.

In the event of an emergency at school or a school sponsored activity, school officials have my permission to transport my child to the nearest healthcare facility. I understand that under Oklahoma State Law, Statute 70-1-116.2, a school employee shall not be liable to the student or the student's parent/guardian for damages for resulting from the administration of medications or the transporting of a student for emergency medical treatment.

Parent/Guardian's Signature

Date

OSIIS - Authorization to Use or Share Protected Health Information to School or Day Care

Student Name: _____

Demographic/Client ID #: _____
(For School/Day Care receiving PHI to fill out)

Date of Birth: _____

I hereby authorize the Oklahoma Immunization Service to release my immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to: HUGO MIDDLE SCHOOL
(Name of Person/Organization receiving PHI)

The information may be disclosed for the following purpose(s):

to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310: 535-1-3.

Other: _____

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be **one year** from the date of my signature or upon the occurrence of the following event [e.g., child no longer enrolled in school/day care center] _____

Signature of Student or Legal Representative

Date

Description of Legal Representative's Authority