



CROWDER PUBLIC SCHOOL

Bond & E. Street

PO Box B

Phone: (918) 334-3204 Fax: (918) 334-5540



ENROLLMENT FORM

Date: _____ SSN# _____

Name: _____
(First) (Middle) (Last)

Mailing Address: _____

Physical Address (Give Directions if a Rural Route) _____

Hispanic/Latino Yes or No Race _____ Sex _____
 1 - Black/African American F - Female
 2 - Indian M - Male
 3 - Asian
 4 - Pacific Islander
 5 - White/Caucasian

Grade: _____

Date of Birth: _____ Authority: _____
 Place of Birth: (City) _____ 1. Birth Certificate
 (State) (Country) _____ 2. Parent's statement
 3. Last year's records

Basis of Admission: _____ 1 - Resident Pupil 2 - Transferred Pupil

(Name of Home District) (Last School Attended)

Does Child or Parent have CDIB Card (Copy of card required): Yes No

Tribe: _____

Federal Status: { 1. Reside with parent on military base
 2. Reside with parent off base
 3. Parent in military but does not reside with said parent
 4. Reside with civilian parent employed on Federal property
 5. Reside on Federal property

Any special classes or services needed: Yes No Parent initials: _____

Bus Number or Driver (if student rides a bus): _____

Parent / Guardian information on back

*****OFFICE USE ONLY SPECIAL REPORT CODES*****
 Directory Release: _____ Entry Code: _____
 1 - Anyone who requests E1 - Original entry
 2 - Authorized school or public agency E2 - Move from out of state
 3 - Not to anyone G2 - Move from another school in state



CROWDER PUBLIC SCHOOL

P.O. Box B

Crowder, OK 74430

Phone (918) 334-3204

Fax (918) 334-5540



Dear Parent or Legal Guardian:

Senate Bill 1792 was passed by the Oklahoma Legislature and signed into law by Governor Henry, effective July 1, 2006. The law requires eighth grade students entering the ninth grade to complete the college preparatory/work ready curriculum as outlined in Senate Bill 1792, unless the student's parent or legal guardian approves the student to enroll in the core curriculum. The college preparatory/work ready curriculum and the core curriculum requirements are attached. Successful completion of either curriculum will result in a student receiving a standard diploma.

Choosing the courses a student takes in high school is an important decision for you and your child. A college preparatory curriculum is challenging and may help determine a student's future success in higher education and the world of work. Students who take a college preparatory curriculum designed to prepare them for both college and career have more opportunities.

According to the law, your child will automatically be enrolled in the college preparatory/work ready curriculum. You do not need to do anything. However, if you choose the core curriculum, you must complete the information below and return it to the school prior to enrollment. Please contact the high school principal or school counselor if you have questions or need additional information.

As the parent or legal guardian, I am selecting the following curriculum for my student:

Check one: Core Curriculum College preparatory/work ready curriculum

Student's Name (print): _____ Grade: _____

Name of High School: _____

Parent/Guardian's Name (print): _____ Parent Guardian's Signature _____ Date _____

Parent/Guardian's Mailing Address: _____

Daytime Telephone Number: _____

Dear Parent/Guardian:

Recognizing the challenges faced by military recruiters, the No Child Left Behind Law requires high schools to provide military recruiters, upon request, access to names, addresses and phone numbers of high school juniors and seniors. The law also requires high schools to release information to colleges and other higher education learning institutes, upon request.

If you **do not** want Crowder School District to disclose this information, you must fill out the form below and return it to the school by **Friday**. If we not receive this form back or if it is left blank, we will release student information to the military or college recruiters upon request. If your child is over 18, he or she must sign the form.

A list of guidelines on military recruiters' and colleges' access to information can be found at the following web site: <https://www2.ed.gov/policy/gen/guid/fpco/hottopics/ht-10-09-02a.html>

Sincerely,

Robert Florenzano

PARENT OPT-OUT FORM

Do not disclose my child's name, address, or telephone number to the following without my prior consent (check one or both):

_____ United States Military Recruiters (name will not be given if checked)

_____ Colleges or other Higher Education Institution Recruiters (name will not be given if checked)

Student's Name: _____

Parent's Signature: _____

Student's Signature: _____

(If student is over 18, student rather than parent must sign.)

STUDENT INTERNET ACCESS AGREEMENT

STUDENT SECTION:

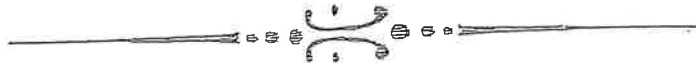
Student Name _____ Grade _____
(Last) (First) (Middle)

School _____ School System _____

Home Address _____ Home Phone No. _____

I have received a copy of the Internet Acceptable Use Policy and Student Handbook for Crowder Public Schools. I have read and agree to abide by their provisions. I understand that any violation of the use provisions may result in disciplinary action including suspension and/or revocation of network privileges.

Student's Signature _____ Date _____



SPONSORING PARENT OR GUARDIAN SECTION (Required):

I have read the Internet Acceptable Use Policy and Student Handbook for Crowder Public Schools. I understand that the School District has taken reasonable precautions to ensure that access to controversial material is limited to the extent possible. I realize, however, that it is not possible to completely prevent access to inappropriate material. I will monitor my child's use of the network and his/her access to the Internet, and will accept full responsibility for supervision in that regard if and when my child's use is not in a school setting. I hereby release the School District from liability in the event that my child acquires inappropriate material through use of the District's computing resources or the Internet. I hereby request that the District issue an account for my child and certify that the information contained on this form is correct.

Parent's Signature _____ Date _____

Home Address _____ Home Phone No. _____

Student Access Agreement must be renewed each academic year.



CROWDER HIGH SCHOOL

P.O. BOX B
CROWDER, OKLAHOMA 74430
PHONE (918) 334-3204 FAX (918) 334-5540



I, _____, have read and understand the Crowder Public School student handbook. I have received a personal copy to share with my parent(s) or guardian(s). As a responsible citizen, I agree to abide by the rules and guidelines put forth in the student handbook for this school term. I realize that I have input in creating changes for the next year's handbook.

Student Signature

Date

Parent Signature

Date



CROWDER HIGH SCHOOL

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CROWDER, OKLAHOMA 74430
PHONE (918) 334-3204 FAX (918) 334-5540



To: Parents and/or Guardian
From: High School Principal
Subject: School Lockers

The school policy as to use of lockers by students in the school system shall be granted to the student on the following terms and condition.

- a. All students desiring lockers shall make written request for locker space on forms prescribed by the administration.
- b. That all school lockers shall be used by students for storage of school materials, food, personal clothing items or other materials used in connection with school activities only.
- c. That the school officials have the right to inspect lockers, any time, without notice to the students, to determine if any use is made of said lockers in violation of subparagraph b above, and if any prohibited substances or materials are stored in said lockers.

I _____, apply for locker space at Crowder Public Schools for the school year _____ to _____, and agree to abide by the school policies.

I have seen and read this locker policy.

Student Signature

Corporal Punishment Parental Permission Form
Crowder Public School

P. O. Box B

Crowder, OK 74430

High School Office: (918) 334-3204 • Elementary Office: (918) 334-3205

Please Sign Only One Form Below

1. I understand, if other forms of punishment have failed, the principal and/or teacher may use corporal punishment (spanking) in accordance with the Crowder Board of Education policy and Oklahoma State School Law.

wish to be notified beforehand

Phone number(s) where you can be reached: _____

do not wish to be notified beforehand

(Discipline Notice will be mailed.)

Student's Name (Please Print)

Name of Parent or Guardian (Please Print)

Date

Signature of Parent or Guardian

2. When my child's behavior requires correction, and other forms of discipline have not been effective, I do not wish for corporal punishment to be used. Therefore, I understand that in lieu of corporal punishment, my child will be suspended from school until an acceptable correction to the problem is made. I understand that I will be required to come to the school for a conference. This conference will be required to get my child reinstated.

Student's Name (Please Print)

Name of Parent or Guardian (Please Print)

Date

Signature of Parent or Guardian

This form will be valid for the duration of this child's enrollment in Crowder School unless written notification of changes is received.

VEHICLE REGISTRATION FORM

Student's Name: _____
Vehicle Registered To: _____
License Tag Number: _____

STUDENT TRANSPORT PARENTAL PERMISSION FORM

_____ has my permission to transport the following students to
Student's Name _____
and from school with him/her.

Parent's Signature

Date

TRANSPORTATION FORM

_____ has my permission to ride to and from school with the
following students: _____

I understand that Crowder School will not be responsible for any accidents.

Parent's Signature

Date



CROWDER PUBLIC SCHOOL

Robert Florenzano, Superintendent
High School Principal

Anna Killebrew, Elementary Principal
P.O. Box B

Crowder, Oklahoma 74430

Phone (918) 334-3205 Fax (918) 334-3374

Health History Update/Medication Permission Form 2020-21 School Year

Student's Name: _____ Grade: _____

Address: _____ Teacher: _____

*HEALTH HISTORY UPDATE:

Chronic medical assessment: Does this student have any of the following?

ALLERGIES: Yes No if yes _____

Anaphylactic reaction: Yes No **Carries EpiPen:** Yes No

Asthma: Mild Moderate Severe Exercise Induced **Inhalers need to be with the student at all times**

Carries Inhaler: Yes or No / **Medications for Asthma:** _____

Diabetes: Yes No **Type 1 or Type 2** **Seizure Disorder:** Yes No

ADHD or ADD: Yes No

Other medical conditions _____

Does your child require daily medication? Yes No

Name of medication: _____ In school: Yes No

DOES YOUR CHILD HAVE HEALTH INSURANCE: YES NO If Sooner Care ID# _____

Health information will be shared with pertinent staff and transportation/bus drivers.

Student's physician: _____ Phone # _____

*MEDICATION PERMISSION UPDATE:

I give permission for the school to administer the following medications to my child provided by the school:

TYLENOL: Yes No **IBUPROFEN:** Yes No **TUMS:** Yes No (Grades PK-12th)

Parent/Guardian

Signature: _____ Date: _____

State policies allow school staff to administer medications to any school age child pursuant to written authorization of a parent/guardian and standing orders from the school district. The Crowder Public School will allow the above medications to be administered during school hours and school sponsored field trips, provided this form is completed. Please contact your child's school official with any questions. If your child requires any prescription or other over the counter medication, please see the office for appropriate form.

Crowder Public Schools
918-334-3203
400 Bond St., PO Box B
Crowder, Ok. 74430

School Year 2021-2022
Economically Disadvantaged Form (Lunch 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 \$23,107 | <input type="radio"/> Between \$47,638 and \$55,518 | <input type="radio"/> Between \$80,346 and \$88,523 |
| <input type="radio"/> Between \$23,107 and \$31,284 | <input type="radio"/> Between \$55,518 and \$63,992 | <input type="radio"/> Between \$88,523 and \$96,700 |
| <input type="radio"/> Between \$31,284 and \$39,461 | <input type="radio"/> Between \$63,992 and \$72,169 | <input type="radio"/> Between \$96,700 and \$104,877 |
| <input type="radio"/> Between \$39,461 and \$47,638 | <input type="radio"/> Between \$72,169 and \$80,346 | <input type="radio"/> Between \$104,877 and \$113,054 |

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

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

**U.S. Department of Education
Office of Indian Education
Washington, DC 20202
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file 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 _____
(As shown on school enrollment records)
Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____
City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____



CROWDER PUBLIC SCHOOL

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PARENTAL CONSENT

My son/daughter _____ attends school at Crowder Public Schools.

____ (Initial) Custodial Issues / Other Concerns*

Please provide the most recent legal documentation of custody / visitation restrictions. If this changes in the future, you must provide us with the current information. * The program will enforce these guidelines until further notification in writing by parent/guardian.

Are there court orders affecting custody of this student? Yes() No() If yes, please indicate who has custody. Father's Name _____
Mothers Name _____ Other _____

Are there any restraining orders? _____ With Whom _____
Relationship _____

____ (Initial) Waiver of Liability

We, the undersigned parents/guardians of the above-named minor child do hereby fully release and discharge Crowder Public Schools, including but not limited to program staff, volunteers and any persons associated with this organization from all liability of any kind upon any claim, demand or cause of action, which might be asserted on behalf of said minor.

____ (Initial) Photo Release

____ (Student) has my permission to be photographed or recorded by Crowder Public Schools staff, and/or news media (TV, newspaper, radio, and magazines) in conjunction with programs in the Crowder School District for any lawful purpose without further notice to me.

I also agree to hold harmless the Crowder School District and its representatives from any claims or cause of action directly or indirectly related to the photographing, videotaping or audio taping of my child for any lawful purpose; and to waive all monetary claims that might arise as a result of any lawful use of these materials. I certify that I am the parent or legal guardian of the above-mentioned individual and am authorized to give permission and consent.

____ (Initial) Directory Release

Upon request, the school district will disclose education records without consent to officials of another school district in which a student seeks or intends to enroll. (NOTE: FERPA requires a school district to state in its annual notification that it intends to forward records on request.) School districts may disclose, without consent, "directory" information; however, school districts must inform parents and eligible students about directory information, allowing them a reasonable amount of time to request that the school not disclose directory information about that child.

I read and understand the guidelines and sections listed as they pertain to the student listed above.

Parent / Guardian signature _____ Date _____

Phone Information Form

The Primary Contact Number will be used to call you every time we send a SchoolReach call, regardless of the urgency of the message.

The Secondary Contact Number will be called at the same time as the Primary Number on calls where the message we are sending is of a more urgent or time sensitive nature to ensure that we get the call to you as soon as possible.

Please consider these numbers carefully and make an effort to keep us informed as soon as possible if either number changes for any reason. We also would like to have your email address to be able to send you messages, handouts and other information via email.

Child 1: Last Name: _____ First Name: _____

Primary Contact Number: (____) ____ - ____

Secondary Cont Number: (____) ____ - ____

Child 2: Last Name: _____ First Name: _____

Primary Contact Number: (____) ____ - ____

Secondary Cont Number: (____) ____ - ____

Child 3: Last Name: _____ First Name: _____

Primary Contact Number: (____) ____ - ____

Secondary Cont Number: (____) ____ - ____

Child 4: Last Name: _____ First Name: _____

Primary Contact Number: (____) ____ - ____

Secondary Cont Number: (____) ____ - ____

Email address: _____

Thank you for your assistance and please be sure to return this form as soon as possible.