

MUST HAVE ALL ITEMS BELOW FOR ENROLLMENT

(New Students Only)

Any student that will be enrolling for the first time in the Warner Public School System will need to bring the following items:

1. Birth Certificate
2. Social Security Card
3. CDIB Card- if applicable (Blue Card from Cherokee Nation Members)
4. Up-to-date shot/immunization record (students may not enroll until all immunizations are current)
5. 7th Grade students must have TDAP immunization (may not enroll until immunized)
6. Up-to-date transcript
7. Withdrawal Grades-- If students is enrolling during school year
8. Freshman must have college preparatory curriculum SB 982 or state graduation requirements form checked and signed
9. Proof of residence—utility bill or lease agreement with physical address (no post office box) to show proof of residency in district
10. Email Contact for Parent/Guardians

Request for Records from Previous School

Name of student	
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Grade	
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Former School	
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Address	
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Phone #		Fax #	
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Does your student have an IEP? Yes No

21-22 Warner Public School Student Enrollment Form- Please Print All Information

NEW AND RETURNING STUDENTS

Parents/Guardians:

Attached is your enrollment packet. Thank you for helping us keep all information current for student information, parent contacts, and Oklahoma State Department of Education Reporting.

Enrollment packet should include the following:

1. **Student Enrollment Form**
2. **Medical Information**
3. **Bus Form/ Image Release/ Corporal Punishment/ Student Internet Access Agreement**
4. **506 Form-- Indian Education Program (External form)**
5. **Title I- Parent Compact Form**
6. **Federal Questionnaire**
7. **Child Nutrition Form (External Form)**

High School Yearbooks will be available for purchase during enrollment.

JOM supplies will be distributed for all students.

All students will be presented with a Student Handbook during the first week of school. Students are encouraged to take this home with them to share with their parents/guardians.

7th - 12th Grade- Netbook cost will be \$20. All students will need a netbook or personal computer.

21-22 Warner Public School Student Enrollment Form- Please Print All Information

Student's First Name	Middle Name	Last Name	Date of Birth
ENROLLMENT DATE	SOCIAL SECURITY NUMBER	GRADE	AGE

Gender: (circle one) Male / Female Birth Place (city, county, state) _____

Basis of Admission: (circle one) R- Resident (Student Lives Within the District) ET05 Emergency Transfer Open Transfer

RACE (CIRCLE ONE OR MORE) 01 BLACK 02 AMERICAN INDIAN 04 ASIAN 05 PACIFIC ISLANDER 06 WHITE/CAUCASIAN
 If American Indian, Name of tribe: _____ Roll Number: _____
 Are you of Hispanic/Latino culture or origin? Yes No (please circle one)

How will your child get to and from school? (circle one) Car Rider Walker Bus After School Program (Elementary Only)
 Does student live on a bus route? (circle one) Yes No
 Which route does student live on? (circle one) Blue Green Red Purple

Who has legal custody of student?	<i>Please include copies of most recent documentation if not already on file</i>
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Parent/Guardian 1

Parent/Legal Guardian Name			
Relationship to Student (circle one)	1. Father, foster 2. Father, natural 3. Father, Step 4. Mother, foster 5. Mother, natural 6. Mother, step 7. Adoptive parents 8 Court Appointed Guardian 9. Other: _____		
Physical Address (911 Address)			
Home Mailing Address			
Cell Phone		Alt. Phone #	
Email			

Parent/Guardian 2

Parent/Legal Guardian Name			
Relationship to Student (circle one)	1. Father, foster 2. Father, natural 3. Father, Step 4. Mother, foster 5. Mother, natural 6. Mother, step 7. Adoptive parents 8 Court Appointed Guardian 9. Other: _____		
Physical Address (911 Address)			
Home Mailing Address			
Cell Phone		Alt. Phone #	
Email			

Emergency Contact Other Than Parent/Legal Guardian

Name	Relationship	Cell Phone #	Home Phone #	Work Phone #

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Warner Public Schools Student Medical Information (must be on file for all students)

STUDENT'S NAME: _____ Grade: _____

Please list any facts concerning the student's medical history including allergies, seizure information, heart conditions, diabetes, medications being taken and any physical impairment in which a physician should be alerted. Any student requiring medication being dispensed at school must sign a form with the school nurse. This includes all over the counter and prescription medication.

Students who are found to be infested with head lice or bed bugs will be sent home and will not be allowed to return to school until successful treatment has been completed and ALL nits have been removed.

Medical Concerns:

Insurance Company		Phone #	
Policy Holder		ID #	
Employer		Plan #	
Family Doctor		Phone #	

CONSENT FOR TREATMENT OF A MINOR

I, _____ parent/legal guardian of _____ (student) give my consent for emergency medical and surgical treatment of this minor in the event that such treatment becomes necessary. I grant my permission for treatment in a licensed hospital and/or clinic by a licensed physician, physician's assistant or designee, including such hospital personnel as the physician may deem necessary. I understand that hospital personnel will make reasonable attempts to contact me before initiating treatment. The minor named in this consent form may receive all treatment provided according to generally accepted standards of medical practice.
This consent will remain effective while student is in attendance at Warner Public Schools.

Parent/Guardian Signature : **»»** _____ Date: _____

REFUSAL TO CONSENT

I/We do not give consent for emergency medical treatment of _____ (student) in the event of illness or injury requiring emergency treatment. I/We wish the school authorities to take no action.

Parent/Guardian Signature: **»»** _____ Date: _____

Student's Name: _____ Grade: _____

21-22 Warner Public School Student Enrollment Form- Please Print All Information

AUTHORIZATION FOR CORPORAL PUNISHMENT

In disciplinary cases involving punishment, the student shall have written permission on file. Corporal punishment will be administered in such case with witnesses after permission has been established.


PLEASE INDICATE YOUR PREFERENCE AND SIGN BELOW.

_____ I DO give Warner Public Schools permission to administer Corporal Punishment to my child as needed.

_____ I DO give Warner Public Schools permission to administer Corporal Punishment. Please call before administering the punishment. (You must have a personal contact number)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

_____ I DO NOT give Warner Public Schools permission to administer Corporal Punishment to my child under any circumstances.

Parent/Guardian Signature:  _____ Date: _____

STUDENT INTERNET ACCESS AGREEMENT

Do you have the internet in your home? Yes / No (Circle one)

What device do you have? _____ (ex. Computer, tablet, etc.)

I understand that the internet can connect me to much useful information stored on computers around the world.

While I have access to the Internet:

- I will use it only for educational purposes.
- I will be courteous and use appropriate language.
- I will not look for anything that is illegal, dangerous or offensive.
- If I accidentally come across something that is illegal, dangerous or offensive, I will immediately turn off my computer monitor and quietly inform my teacher.
- I will not download software, music, games or any other extraneous files without the prior approval of my teacher.
- I will not reveal home addresses or phone numbers-mine or anyone else's
- I will not use the Internet to annoy or offend anyone else.
- I will not access or attempt to access chat rooms or any other public forums.
- I will not download material that is copyright protected.
- I will not access any private email account or establish a private email account through the usage of school property.
- I will respect the privacy of others.
- I will not claim the work of others as my own.
- I will not attempt to connect a laptop or any other personal equipment to school property.
- I will respect the expensive equipment provided for my use by not vandalizing, disrupting or harming equipment.

I understand that if the school decides I have broken these rules, appropriate action will be taken. This may include loss of my Internet access and/or contacting my parents/guardian.

Student Signature: _____

Parent/Guardian Signature:  _____ Date: _____

SCHOOL BUS POLICY

Every parent must sign. Students ride buses back and forth from campus to campus, field trips or on bus routes.

RIDING THE BUS IS A PRIVILEGE, NOT A RIGHT! PLEASE REVIEW BUS RULES WITH YOUR CHILD.

Stand back from the street while waiting for the bus.
 Check the bus number (color) to make sure that you get on the right bus.
 Do not push or shove other students while waiting for the bus.
 If you drop something around the bus, leave it along and tell the bus driver. Stay away from the bus wheels, as they are very dangerous.
 Obey the bus driver.
 Do not fight, push or trip other students.
 Talk quietly (unless the bus driver says no talking at all).
 Do not be rude, discourteous or annoying to others

Always stay seated. Do not stand.
 Do not use profane language or obscene gestures.
 Do not hang out of the windows.
 Enter and leave the bus properly.
 No nuisance items.
 Do not destroy property.
 Do not tamper with bus equipment.
 Do not spit, litter, eat or drink on the bus.
 Behave in a safe, respectful way with consideration for the well-being of others – on the bus and at the bus stop

CONSEQUENCES FOR NOT FOLLOWING BUS RULES:

1st Bus Conduct Report- Warning
 2nd Bus Conduct Report- Off for 3 days
 3rd Bus Conduct Report- Off for 10 days
 4th Bus Conduct Report- Off for the rest of the school year
 Fighting can/will result in being off the bus immediately.
 Steps in discipline plan may be skipped, depending on the severity of the student's actions.

I have gone over the letter regarding bus rules and consequences with my child.

Child Name



Parent's Signature

CONSENT FOR RELEASE OF PHOTOGRAPH

Student photographs are taken for use in newspapers, yearbooks, websites, and other publications to recognize accomplishments, awards, participation, etc.

Please check one: _____ Consent for use of photography of your student
 _____ Refuse consent for use of photography of your student. Refuse permission.

Child Name



Parent's Signature/Date

WARNER PARENT-SCHOOL COMPACT

Section 1118 (d) (1) (2) (A) (B) (C)

Any school receiving Title I funds must have a School-Parent compact. Section 1118 (d) A compact is a voluntary agreement between groups of people and is a component of the school-level parent involvement policy. It outlines how parents, school staff, and students will share the responsibility for improved student academic achievement.

The school's responsibility is to provide high-quality curriculum and instruction in a supportive and effective learning environment that enables students to meet Oklahoma's student academic standards. The parent's responsibility is to support their child's learning, such as monitoring attendance, completion of homework, and monitoring television, and other outside activities. Parents should also be encouraged to volunteer in their child's classroom and assist in making decisions relating to the education of their children. *Section 1118 (d) (1)*

School responsibilities: *Section 1118 (d) (1)*

- Provide high-quality curriculum and instruction;
- Provide a supportive and effective learning environment; and
- Enable children to meet with state's standards.

Parent's responsibilities: *Section 1118 (d) (1)*

- Monitor attendance, homework completion, television watching, and other outside activities;
- Assist with decisions relating to the education of their children.

The law also stresses that the compact should address the importance of communication between teachers and parents on an ongoing basis. *Section 1118 (d) (1)*

Communication: *Section (d) (2) (A) (B) (C)*

- Conduct parent-teacher conferences in elementary schools, at least annually, during which the compact should be discussed as the compact relates to the child's achievement;
- Provide frequent progress reports to parents on their children's progress; and
- Provide reasonable access to staff, and opportunities to volunteer and observe in the classroom.

School Representative Signature: _____

Student's Name: _____ Grade: _____

Parent Signature:  _____ Date: _____

21-22 Warner Public School Student Enrollment Form- Please Print All Information

FEDERAL QUESTIONNAIRE

Students Name: _____ Grade: _____

In order to better serve your children, Warner Public School would like to identify students who may qualify to receive additional educational services. The information provided below will be kept confidential.

FEDERAL MCKINNEY-VENTO ASSISTANCE ACT

1. Where are you and your family currently living? Check one.

Section A

_____ Rent/Own my own home.

Section B

_____ Temporarily with another family until we can locate affordable housing.

_____ With an adult that is not a parent or legal guardian.

_____ Alone and/or in different places without an adult serving as a caregiver.

_____ In a vehicle of any kind, house, trailer, park, building, or campground WITHOUT running water/electricity.

_____ In an emergency/transitional shelter.

_____ Other, please explain. _____

If you checked a box in Section B, answer the following question.

Would you like to be contacted by an employee of the school to discuss additional assistance which may be available to you and your child? _____ YES _____ NO

IMPACT AID

1. Is parent/guardian on active military duty? Yes or No

2. Does student live on Indian Land or Federal Property? (Indian Housing, HUD, etc.) Yes or No

3. Does parent work at any of the following?

a. Federal Government? Which one? _____

b. Indian Property? Which one? _____

MIGRANT EDUCATION PROGRAM (If student qualifies, have them complete official form.)

1. Has your family moved in the last three years? Yes or No

2. Was your move due to economic necessity? Yes or No

3. Has anyone in your family worked in anything related to the jobs listed below? Yes or No If yes, circle
Livestock/Cattle Eggs Chickens Crops Vegetables Trees Meat Processing Harvest Cotton Hay Nursery Soil Prep

HOME LANGUAGE SURVEY FOR PRE-K-12

If a language other than English is listed below, school official needs to complete official form.

Is student of Hispanic or Latino culture or origin? Yes _____ No _____

Select one or more of the following races:

_____ African American/Black _____ Native Hawaiian/Pacific Islander _____ American Indian/Alaskan Native

_____ Caucasian/White _____ Asian

What is the 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

➔ Parent Signature _____

Date _____

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