

Lawton Public Schools Centralized Enrollment Center District Enrollment Checklist

Student Name _____ Age _____ Grade _____ School _____

Proof of Residency
 _____ Utility bill or landlord statement (if utilities paid by owner) _____ Lease agreement
 _____ Sibling already in attendance _____ Residency Form _____ Mortgage Statement
 _____ Intradistrict Transfer _____ Out of district transfer (All transfers must have prior approval)

Permission to Enroll (if applicable) from: _____

Birth Authority **Official State issued Birth Certificates required for Pre-K, K, and 1st grade**
 _____ Birth Certificate _____ Attending Physician's Certificate _____ Custody Affidavit
 _____ Previous Student _____ Passport

<input type="checkbox"/> Immunization Record	On File	Exemption
Ungraded/Pre-K	K through 10th	11th & 12th
_____ 4 DTP/DTaP/Td	_____ 5 DTP/DTaP/Td	_____ 5 DTP/DTaP/Td
_____ 3 Polio	_____ 4 Polio	_____ 4 Polio
_____ 1 MMR	_____ 2 MMR	_____ 2 MMR
_____ 3 HEP B	_____ 2* or 3 HEP B	_____ 2* or 3 HEP B
_____ 2 HEP A	_____ 2 HEP A	_____ 2 HEP A
_____ 1 Varicella	_____ 1 Varicella	
	_____ 1 Tdap (7th Grade)	_____ Had Chicken Pox

- Student Enrollment Information Form
- Home Language Survey Form
- Title VII Eligibility Form
- Residency Questionnaire
- Initial Enrollment Prior Participation Form (First time in public school - Pre-K, K, 1st only)
- Kindergarten Questionnaire
- Media Release (Pre-K Only)
- Meal Application _____ Parent Declined
- Sports Form 7th-12th Grade Only

Medical Alerts
 _____ No alerts necessary _____ Medication taken at home
 _____ Parent/Guardian has paperwork _____ Non-prescription
 _____ Inhaler _____ EPI-PEN _____ Allergies
 _____ Asthma _____ Seizure _____ Diabetes
 _____ See Medical Info tab for additional medical information

Special Needs
 IEP _____ Yes _____ No
 504 _____ Yes _____ No _____ Gifted/Talented
 Speech Only _____ Yes _____ No

School Records
 _____ N/A _____ Record Request Attached _____ Parent/Guardian Possession

Official Withdrawal Form (required only during active school calendar)
 _____ N/A _____ Withdrawal Form _____ Fax/Phone Withdrawal Sent

Enrollment Process Status
 _____ Enrolled - Further documentation required within 10 days (Yellow form) Due by _____
 _____ Enrollment Complete (Blue form)

Enrolled by _____ Today's Date _____ Date of Enrollment _____

Lawton Public Schools Enrollment Form

School Use Only	IEP _____ 504 _____ GT _____	ID# _____	School _____
Today's Date _____	Enrollment Date _____	W/D Date _____	W/D Code _____
Transported Yes No	Bus# or Daycare _____	Lives on Federal Property Yes No	Teacher _____

Student Information

Student Must be Enrolled under their Legal Name

Last Name _____	First Name _____	Middle Name _____
Grade Level _____	Date of Birth _____	Preferred Name _____
Home/Primary Phone Number _____	Age _____	Student's SSN _____
		City and State or Country of Student's Birth _____

Ethnicity Category, Please answer both questions

1. Are you of Hispanic culture or origin? Yes No 2. What is your race? (Select one or more below)

American Indian/Alaskan Native Asian Black/African American Native Hawaiian /Other Pacific Islander White/Caucasian

Student's Physical Address

House Number _____	N NW NE S SW SE W E Direction (please circle one)	Street Name _____	Apt or Lot Number _____
City _____	State _____	Zip Code _____	County _____

Mailing Address (Only if different from Physical Address)

Mailing address _____	N NW NE S SW SE W E Direction (please circle one)	Street Name _____	Apt/Lot Number _____
City _____	State _____	Zip Code _____	County _____

Student's 1st Parent or Guardian Information

Last Name _____	First Name _____	Relationship to student _____	Contact's SSN _____
Home Phone _____	Work Phone _____	Date of Birth _____	Military Rank _____
Cell Phone _____	Employer _____	Y N Is job on Federal Property?	Employer/Work Address _____

Is 1st contact's home address the same as the student's? Y N Address if different: _____

1st Contact's Email Address _____

Student's 2nd Parent or Guardian Information

Last Name _____	First Name _____	Relationship to student _____	Contact's SSN _____
Home Phone _____	Work Phone _____	Date of Birth _____	Military Rank _____
Cell Phone _____	Employer _____	Y N Is job on Federal Property?	Employer/Work Address _____

Is 2nd contact's home address the same as the student's? Y N Address if different: _____

2nd Contact's Email Address _____

Emergency Contact other than 1st or 2nd Parent or Guardian

Last Name _____	First Name _____	Home Phone _____	Additional Phone _____
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Permission to release student to this Contact? Y N Relationship to student _____

Please Turn Over and Continue on Back

Additional Enrollment Information

Name of School last attended _____

Grade _____

Last Date of Attendance _____

Phone Number _____

Fax Number _____

Address City and State of last School _____

Students Name at Last School if Different (Adoption, Marriage, Name Change) _____

Has this student ever attended Lawton Public Schools? _____

Yes

No

If yes, which Lawton Public School? _____

What year? _____

Is this the first school year student has entered the 9th grade? Yes No N/A 1st year in 9th? _____

Home Language Survey

Is a language other than English spoken at home? Yes No

List any language other than English spoken in the home.

Does the student speak a language other than English? Yes No

Please list all Brothers and Sisters attending Lawton Public Schools

Student Name

Grade and School Attending

Allowed to pick up Sibling?

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Additional contacts not listed on the front who are authorized to pick student up from school

Name

Relationship to Student

Home Phone

Work Phone

Cell Phone

Medical Information

Does your student require ANY medication during school hours? Y N

Doctor or Clinic Information in case of Emergency

Please list any current medications, allergies or illnesses: _____

Dr's Name _____

Phone _____

Please Circle Yes or No to give the school Permission to:

Call Doctor

Treat

Call Ambulance

Yes

No

Yes

No

Yes

No

Consent for Emergency Medical Treatment

I _____ hereby give consent for emergency treatment for _____

Parent/Guardian Name

Student Name

a student _____ Please transport student to: _____

School Name

Hospital Choice

If Parent or Guardian cannot be reached please call: _____

Name

Home Phone

Work Phone

Cell Phone

Other Phone

Parent/Guardian Signature: _____



2011 – 2012 HOME LANGUAGE SURVEY FOR PreK-12 SCHOOL DISTRICTS



Six empty boxes for identification or tracking.

Name of Student: _____

Last Name

First Name

Middle Name

Student ID #: [] [] [] [] [] []

Gender: Male [] Female []

School Site: _____ Grade: _____

Date of Birth: _____ Place of Birth: _____

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 or Alaskan Native [] Asian [] Native Hawaiian or Other Pacific Islander [] Caucasian/White []

Parent's/Guardian's Name: _____

Parent's/Guardian's Address: _____

Parent's/Guardian's Telephone Number: (____) _____ Cell Phone:(____) _____

1. Is a language other than English used in your home as a form of communication? Yes [] No []

If NO, go to number 6 and 7. If YES, what is that language? _____

2. Is that language spoken: MORE OFTEN than English? [] LESS OFTEN than English? []

3. What language is spoken by adults in the home? _____

4. What was the first (1st) language your child learned to speak? _____

5. What was the date (month and year) your child first enrolled in a school in the United States? _____

6. Parent/Guardian Signature: _____ 7. Date: _____

FOR SCHOOL USE ONLY

THIS FORM MUST BE COMPLETED EVERY YEAR WITH CURRENT TEST DATA FOR STATE ACCREDITATION

If a language other than English is spoken more often (see question #2), the student qualifies as bilingual on application for accreditation.

OR

If a language is spoken less often, student qualifies as bilingual on application for accreditation if he or she meets ONE OF THE FOLLOWING:

- 1. Scores 35% or below on norm-referenced test (NRT) on the composite reading score.
2. Scores limited knowledge or unsatisfactory on Reading Oklahoma Core Curriculum Tests (OCCT).
3. Designated Limited English Proficient on an Oklahoma English language proficiency assessment: WIDA ACCESS for English language learners (ELLs) Test (including K WAPT and W-APT) or the Pre-K Language Screening Tool.

Documentation of test results for students who marked less often:

NRT Test Date: _____ Name of the NRT: _____ Reading Total Composite Score: _____

Reading OCCT Test Date: _____ Score on Reading OCCT: [] Limited Knowledge [] Unsatisfactory [] Satisfactory [] Advanced

ACCESS for ELL's Test Date: _____ Score on ACCESS for ELLs: 1. _____ overall / 2. _____ literacy

ACCESS for ELL's Placement (K WAPT or W-APT) Date: _____ Score on KWAPT or W-APT: 1. _____ / 2. _____

Pre-K Language Screening Tool Date: _____ Score on Pre-K Language Screening Tool: _____

Table with 2 columns: 1. Composite Score, 2. Literacy Score

Table with 2 columns: Services for Bilingual Students, Services for English Language Learners

WHITE – Federal Programs

Pink – Cumulative File



2011/2012 STUDENT RESIDENCY QUESTIONNAIRE For PreK-12 SCHOOL DISTRICTS

Name of School:

Student ID#

Last name

First name

Middle name

Sex:

Male
Female

Birth Date (MMDDYY)

Social Security #

Grade

This questionnaire is intended to address the McKinney-Vento, Title X, Part C of the No Child Left Behind Act. The answers to this residency information help determine the services the student may be eligible to receive. Students who are protected under the Act are entitled to immediate enrollment in school.

1. Is your current address a temporary living arrangement? _____ Yes ____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? _____ Yes ____ No

If you answered YES to the above questions, please complete the remainder of this form.

If you answered NO, you may S T O P here AND sign.

Signature of Parent,Guardian:

Date:

Where is the student presently living? (Check one box)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Print name of Parent, Guardian, or Student (unaccompanied youth)

Siblings:

Name

School

Grade

Address:

Zip Code

Phone

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person liability for tuition or other costs.

Signature of Parent, Guardian, or Student (unaccompanied youth)

Date

PLEASE SEND THIS ORIGINAL FORM TO THE OFFICE OF FEDERAL PROGRAMS



2011/2012 Cuestionario de Residencia para Estudiantes

Para todas las Escuelas del Distrito(PreK-12)

Nombre de la Escuela:

Número de identificación escolar

□ □ □ □ □ □

Apellido

Nombre

Segundo Nombre

Sexo:

Masculino
Femenino

Fecha de Nacimiento (Mes/Día/Año)

Número de Seguro Social

Grado

El propósito de este cuestionario es presentar los objetivos del Acta McKinney-Vento, Título X, Parte C de la Ley de *Que Ningún Niño Se Quede Atrás*. Las respuestas a estas preguntas ayudarán determinar los servicios que el estudiante debe recibir. Estudiantes que son protegidos bajo la ley tienen el derecho de inscribirse en la escuela inmediatamente.

1. ¿Es su domicilio actual un arreglo de vivienda temporal (de poca duración)? _____ Sí ___ No
2. ¿ Es este arreglo de vivienda temporal debido a la pérdida de su casa, vivienda o Habitación, o debido a algún problema económico (*ejemplo*: desempleo)? _____ Sí ___ No

Si usted contestó SI a estas preguntas, por favor complete el resto de este formulario.

Si usted contestó NO a estas preguntas, NO SIGA y firme, por favor.

Firma del padre/tutor

Fecha

¿Dónde se encuentra viviendo el estudiante actualmente? (Marque una opción)

- En un motel
- En un albergue o lugar de refugio
- Con más de una familia en una casa o apartamento
- Moviéndose de lugar a lugar
- En un lugar generalmente no designado para dormir (*ejemplo*: carro, parque, o campamiento)

Nombre del Padre, Madre, Tutor, Estudiante (jóvenes sin tutor)

Hermanos:

Nombre

Escuela

Grado

Dirección:

Zona Postal

Teléfono

Presentar información falsa o la falsificación de documentos para uso escolar son ofensas bajo la Sección 37.10 del Código Penal, y la inscripción del estudiante usando documentos falsos traerá como consecuencia que los responsables estarán sujetos a pagar los gastos de instrucción u otros cargos..

Firma del Padre, tutor, estudiante (jóvenes sin tutor)

Fecha

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

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 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, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the 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 tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band 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 _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

_____ Federally Recognized, State _____ Organized Indian Group
_____ Including Alaska Native _____ Recognized _____ Terminated _____ 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 is:

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

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 on Reverse Side

School Name: _____

Grade: _____

**Initial Enrollment Prior Participation Form
Student Information**

The following information should be completed by the parent/legal guardian of the student. This information is collected on any Pre-Kindergarten, Kindergarten, or 1st Grade student upon their initial enrollment into a public school district. Please print legibly.

Student Legal Name: _____
Last Name First Name

Student Date of Birth: _____
Month Day Year

Student Gender: _____ 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 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 Education		
Any federally funded Head Start program		

Parent/Legal Guardian Signature

Date