



# Maud Public Schools

## 2016 – 2017 Enrollment Packet

**Items needed for new registration: Immunization Record, Social Security Card, Birth Certificate, Proof of Residency.**

### STUDENT INFORMATION

First name: \_\_\_\_\_  
 Middle name: \_\_\_\_\_  
 Last name: \_\_\_\_\_  
 Nick Name(Called by): \_\_\_\_\_  
 Social Security #: \_\_\_\_\_  
 Language spoken at home: \_\_\_\_\_

**Check one for each category:**

Sex: (check one)  M  F Birthdate: \_\_\_\_\_

Are you of Hispanic/Latino culture or origin?  YES  NO

Ethnic Code:  Asian  Black  Native Hawaiian or other Pacific Islander  Am. Indian  White (you may choose more than one)

Present Grade:  PK  KG  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  
 6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Was this student suspended or expelled from previous school?  
 YES  NO

Previous School District/City, State: \_\_\_\_\_

Special Education Services?  Yes  No  
 Speech Needed?  Yes  No GT?  Yes  No

### Address Information (where student lives)

**GIVING FALSE RESIDENTIAL ADDRESS FOR PURPOSES OF SCHOOL ENROLLMENT IS A MISDEMEANOR AND SUBJECT UP TO A \$500.00 FINE.**

01 – Father, foster  05 – Mother, natural, adoptive  
 02 – Father, natural, adoptive  06 – Mother, step  
 03 – Father, step  07 – Adoptive parents  
 04 – Mother, foster

Guardian Code: (check one)  
 1 – Both Parents  2 – Father  3 – Mother  4 – Guardian

### Address Info For STUDENT RESIDENCE:

Apt. # \_\_\_\_\_ Complex Name: \_\_\_\_\_  
 House or Street #: \_\_\_\_\_ Post Office Box: \_\_\_\_\_  
 Street Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Student Travel Information: \_\_\_\_\_ miles from school

Car  Bus  Walker  Daycare  
 Other \_\_\_\_\_

### Demographic Information:

City & State of Birth: \_\_\_\_\_  
 Country of Birth: \_\_\_\_\_

### Parent/Guardian Information

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Step-Parent (if applies): \_\_\_\_\_

Guardian's Name (if other than parent): \_\_\_\_\_

Student Enrolled by: \_\_\_\_\_  
 (person completing form)

Relation: \_\_\_\_\_

Dad's Work Place: \_\_\_\_\_ WK# \_\_\_\_\_

Cell# \_\_\_\_\_ email address: \_\_\_\_\_

Mom's Work Place: \_\_\_\_\_ WK# \_\_\_\_\_

Cell # \_\_\_\_\_ email address: \_\_\_\_\_

Step-Parent Work Place: \_\_\_\_\_ WK# \_\_\_\_\_

Cell # \_\_\_\_\_ email address: \_\_\_\_\_

Guardian's Work Place: \_\_\_\_\_ WK# \_\_\_\_\_

Cell # \_\_\_\_\_ email address: \_\_\_\_\_

**WOULD YOU PREFER TO BE NOTIFIED OF SCHOOL EVENTS OR ACTIVITIES BY EMAIL  YES  NO**

### Medical Information (REQUIRED FIELDS\*\*)

**\*\*Emergency Contact:** \_\_\_\_\_

Phone: \_\_\_\_\_ Cell# \_\_\_\_\_

Physician: \_\_\_\_\_ Ph \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

### **\*\*OTHER EMERGENCY CONTACTS:**

Name \_\_\_\_\_ Ph \_\_\_\_\_

Name \_\_\_\_\_ Ph \_\_\_\_\_

### Other children/siblings attending this school as listed above:

\_\_\_\_\_ Grade \_\_\_\_\_  
 \_\_\_\_\_ Grade \_\_\_\_\_  
 \_\_\_\_\_ Grade \_\_\_\_\_  
 \_\_\_\_\_ Grade \_\_\_\_\_

### **\*PERSONS ALLOWED TO PICK UP MY CHILD:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**\*Do you have LEGAL documentation preventing a natural parent from visiting/picking up a child?  Yes (read the following statement)**

\*NOTE: No one is allowed to pick up your child from school unless the office has written permission or you have listed this person on the current pick up list. IF YOU HAVE LEGAL DOCUMENTATION PREVENTING A NATURAL PARENT FROM VISITING/PICKING UP A CHILD, PROVIDE THE OFFICE A COPY OF THIS DOCUMENT

**MAUD PUBLIC SCHOOLS**  
**MEDICATION, EMERGENCY PERMISSION, SCREENINGS, AWARDS/RECOGNITION AND INTERNET/COMPUTER USAGE FORM**

**Medication**

Is child taking medication on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, name of medication and it's purpose \_\_\_\_\_

ONLY MEDICATION PROVIDED BY THE PARENT WILL BE ADMINISTERED. ALL MEDICATION MUST BE LABELED WITH STUDENT NAME, GRADE AND DOSAGE. ALL MEDICATION MUST BE TRUNED IN TO THE OFFICE UNLESS SPECIAL PERMISSION IS GIVEN BY A SCHOOL ADMINISTRATOR.

I hereby authorize a designated school employee to administer prescription/non-prescription medication to my child.

**AUTHORIZATION FOR EMERGENCY CARE FOR MINOR**

The undersigned parent and/or guardian has legal custody of the child and does hereby authorize the person named below into whose care the child has been entrusted, to consent to any x-ray exam, anesthetic, medical or surgical diagnosis or treatment and hospital care for the child, under the general or special supervision and upon the advice of any physician and surgeon licensed under the laws of the State of Oklahoma, and to consent to any x-ray exam, anesthetic, dental or surgical diagnosis or treatment and hospital care for the child by a dentist licensed under the laws of the State of Oklahoma. This consent is given in advance of the occurrence of any specific event and is intended to encourage the persons with temporary custody of the child to obtain medical and/or dental treatment for the child in the event of injury and unavailability of parent and/or guardian. This consent shall be effective until it is withdrawn in writing.

Name of Custodian(s): Maud Public Schools

Special Medical Information Regarding Child: \_\_\_\_\_

**SCREENINGS**

I give my consent for Maud Public Schools and/or Prevent Blindness to screen my child for vision, hearing and speech.

**AWARDS AND RECOGNITION**

I give my consent for my child's name and/or likeness to be put into newspapers and/or Maud School websites for purposes of recognition of awards or excellence and/or for events and activities.

**INTERNET & COMPUTER USAGE**

1. All users of the network must be in support of education and consistent with the purposes of Maud Schools
2. Any violation of the use of the internet will be reported to the teacher and/or administration in charge.
3. Personal information must never be shared over the internet.
4. The use of the internet to access or process inappropriate materials or to download files dangerous to the integrity of the network is prohibited.
5. Transmission of materials, information or software in violation of any District policy rules, or Federal or State or local law is prohibited.
6. Maud Public Schools will utilize a blocking program to keep obscene or inappropriate material from being accessed over the internet. However, no blocking software is completely effective. Parents and students must realize it the user's responsibility to use the technology in a n appropriate manner. Materials found which do not meet Maud School dress and/or language expectations should be reported to teacher in charge immediately.
7. Vandalism of school property is strictly prohibited.
8. Users violating any of the above regulations may be denied further access to school owned computers and the internet.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Maud Public School**  
**306 W. Main St. – POB 130**  
**Maud, Oklahoma 74854-0130**

**Darrell Reid**  
Secondary Principal  
Tele: 405-374-2425  
Fax: 405-374-2895

**Jerry McCormick**  
Superintendent  
Tele: 405-374-2416  
Fax: 405-374-2628

**Shannon Davis**  
Elementary Principal  
Tele: 405-374-2421  
Fax: 405-374-1109

## **MEDICAL RELEASE FORM**

I, \_\_\_\_\_, (Parent or Guardian), will permit my child,  
\_\_\_\_\_, (Student's Name), to travel with Maud Public Schools to  
and from any field trip, and will release the Maud Public School District and/or the teachers and sponsors,  
from any responsibility connected with such transportation. I hereby give Maud Schools and/or  
teachers and sponsors permission to obtain medical attention if it is deemed necessary. The parent/guardian  
will be notified as soon as possible, in the event that this should become necessary. I hereby grant  
permission to hospital staff members to administer immediate treatment of my child should he/she  
become injured or sick.

Parent/Guardian's Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature



2016 - 2017 HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS

Name of Student: \_\_\_\_\_  
Last Name First Name Middle Name

Student ID #: \_\_\_\_\_ Gender:  Male  Female

School Site: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City/State/Country): \_\_\_\_\_

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 or Other Pacific Islander  Caucasian/White

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian's Address: \_\_\_\_\_  
Street City Zip Code

Parent's/Guardian's Telephone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. Is a language **other than English** used in your home?  Yes  No  
 If NO, go to numbers 6 and 7. If YES, what is that language? \_\_\_\_\_

2. Is that language spoken in the home  MORE OFTEN than English?  LESS OFTEN than English?

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

4. What was the first (1<sup>st</sup>) 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 automatically 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 (OCCTs).
3. Designated Limited English Proficient on an Oklahoma English language proficiency assessment: WIDA ACCESS for English language learners (ELLs) Test, WIDA Placement Test (including K W-APT, W-APT, and Kindergarten MODEL), or the Oklahoma Pre-K Language Screening Tool.

Documentation of a test result for students who marked **LESS OFTEN**:

1. NRT Test Date: \_\_\_\_\_ Name of the NRT: \_\_\_\_\_ Reading Total Composite Score: \_\_\_\_\_

2. Reading OCCT Date: \_\_\_\_\_ Score on Reading OCCT:  Limited Knowledge  Unsatisfactory  Satisfactory  Advanced

3. ACCESS for ELLs Test Date: \_\_\_\_\_ Score on ACCESS for ELLs: 1 \_\_\_\_\_ 2 \_\_\_\_\_  
 WIDA Placement Test (K W-APT, W-APT, or Kindergarten MODEL) Date: \_\_\_\_\_ Score on K W-APT, W-APT, or MODEL: 1 \_\_\_\_\_ 2 \_\_\_\_\_  
 Oklahoma Pre-K Language Screening Tool Date: \_\_\_\_\_ Score on Pre-K Language Screening Tool: \_\_\_\_\_

Note: Have test score documentation available for regional accreditation officer review. 1 Composite Score 2 Literacy Score

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)

<input type="checkbox"/> Federally Recognized, Including Alaska Native	<input type="checkbox"/> State Recognized	<input type="checkbox"/> Terminated	<input type="checkbox"/> 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 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



**Maud Public School**  
**306 W. Main St. – POB 130**  
**Maud, Oklahoma 74854-0130**

**Darrell Reid**  
**Secondary Principal**  
**Tele: 405-374-2425**  
**Fax: 405-374-2895**

**Jerry McCormick**  
**Superintendent**  
**Tele: 405-374-2416**  
**Fax: 405-374-2628**

**Shannon Davis**  
**Elementary Principal**  
**Tele: 405-374-2421**  
**Fax: 405-374-1109**

**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.**

<p><b>Section A</b></p> <p><input type="checkbox"/> Rent/own my own home or apartment</p> <p><b>STOP:</b> <i>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.</i></p> <p><b>Section B</b></p> <p><input type="checkbox"/> Temporarily with another family member or friend until we can locate affordable housing</p> <p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> In a vehicle, park, campground, or on the streets</p> <p><input type="checkbox"/> In a house, building, or trailer WITHOUT running water or electricity</p> <p><input type="checkbox"/> In a hotel or motel</p> <p><input type="checkbox"/> With an adult that is not a parent or legal guardian</p> <p><input type="checkbox"/> Alone or in different locations, without an adult serving as a caregiver</p> <p><input type="checkbox"/> Wherever I can find a place to stay at night</p> <p><input type="checkbox"/> Other Please Explain:</p>
---

**If you checked a box in section B, in the space below please list all children currently living with you who attend Maud Public Schools.**

First and 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 the Student: \_\_\_\_\_ Signature: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_