



# Enid Public Schools Student Enrollment Form

2009 - 2010

Student Name \_\_\_\_\_

First Middle Last

Address \_\_\_\_\_

City Zip

Home Phone# \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Male  Female  Race \_\_\_\_\_

Birthplace \_\_\_\_\_ Current custodial records on file – Yes \_\_\_ No \_\_\_

Prior School \_\_\_\_\_ Special Classes or IEP \_\_\_\_\_

Address \_\_\_\_\_

City State Zip



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

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

Address \_\_\_\_\_

Address \_\_\_\_\_

Relation \_\_\_\_\_

Relation \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work or Daytime Phone # \_\_\_\_\_

Work or Daytime Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

If you work at Vance AFB are you in the military \_\_\_\_\_ or civilian \_\_\_\_\_

If you work at Vance AFB are you in the military \_\_\_\_\_ or civilian \_\_\_\_\_

Military branch if full-time active duty: \_\_\_\_\_

Military branch if full-time active duty: \_\_\_\_\_



Emergency Contact (other than parent)

Emergency Contact (other than parent)

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home phone# \_\_\_\_\_ work# \_\_\_\_\_

Home phone# \_\_\_\_\_ work# \_\_\_\_\_

cell# \_\_\_\_\_

cell# \_\_\_\_\_



Doctor \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Medical problem(s) possibly requiring treatment: (Epilepsy, allergies, etc.) \_\_\_\_\_

Comments: \_\_\_\_\_

For School Use \_\_\_\_\_ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Site \_\_\_\_\_ Teacher \_\_\_\_\_ Entry Code \_\_\_\_\_ Student ID# \_\_\_\_\_

Proof of birth: Birth Certificate \_\_\_\_\_ Hospital Record \_\_\_\_\_ Affidavit \_\_\_\_\_ Records Requested \_\_\_\_\_



500 SOUTH INDEPENDENCE  
ENID, OKLAHOMA 73701  
(580) 234-5270  
FAX # (580) 249-3565

## FIELD TRIP PERMIT

I give permission for my child \_\_\_\_\_  
(First Name) (Last Name)

to participate in off campus field trips this year (June 1, 2009 through May 31, 2010) with his/her class. My approval for such trips remains effective for the entire school year unless you have further written notice from me.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

# USER AGREEMENT TO THE TERMS AND CONDITIONS OF THE INTERNET USED IN ENID PUBLIC SCHOOLS

## **PARENTAL OR GUARDIAN RELEASE** *(Must be read and signed if student is under the age of 18)*

Student's Full Name (Please print): \_\_\_\_\_

I understand and will abide by the Internet and Other Computer Networks Acceptable Use Policy and Code of Conduct for Internet and Other Computer Network Access. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, and school disciplinary and/or appropriate legal action may be taken. My signature below is legally binding and indicates I have read and understand the referenced policies and regulations.

### **Student Use of the Internet**

As the parent or guardian of this student, I have read the Internet and Other Computer Networks Acceptable Use Policy and Code of Conduct for Internet and Other Computer Network Access. I understand that this access is designed for educational purposes and that the Enid Board of Education and the Oklahoma State Department of Education have taken available precautions to eliminate obscene material. However, I also recognize it is impossible for the Enid Board of Education and the Oklahoma State Department of Education to restrict access to all obscene materials and I will not hold either entity responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting.

During my child's enrollment in the Enid Public Schools, I hereby give my permission to grant access for my child and certify that the information contained on this form is correct. I understand that if at any time I wish to revoke this permission, I will be required to contact my child's school.

**Approve**                       **Disapprove**

### **Student Works on Enid School District's Websites**

I understand that through classroom and school activities my child may have works placed on Enid School District's websites during my child's enrollment in the Enid Public Schools.

I give my permission for my child's works to be placed on these websites. I also authorize the District, without limitation, the right to broadcast these works and expressly waive any rights or claim I may have against the Enid Board of Education and all of its employees except as outlined in this release. I further understand that by granting this permission, I relinquish all control over reproduction, exhibition, publication, and distribution of the materials placed on the District's websites.

**Approve**                       **Disapprove**

My signature below confirms my approvals and/or disapprovals regarding my child having work placed on the school district's website and having access to the Internet while using the school district's computers/equipment. My signature further indicates that I have read and do understand the Internet and Other Computer Networks Acceptable Use Policy and the Code of Conduct for Internet and Other Computer Network Access and agree to their conditions.

\_\_\_\_\_  
Signature of Student – Grade

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**To be filed in cumulative folders.**

## **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.

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. Illegal activities are strictly prohibited.
7. 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.
8. No charges for services, products, or information are to be incurred without appropriate permission.
9. Be aware that electronic mail is not guaranteed to be private. People who operate the system have access to all mail. Messages relating to or in support of illegal activities may be reported to the proper authorities. All users should assume that any computer use is subject to Oklahoma Open Records Law. Computer records reveal not only what is retained in storage, but also removal of certain items and the date and time such removal was effected.
10. Do not use the network in such a way that you would disrupt the use of the network by other users.
11. Respect the privacy of others. Do not read the mail or files of others without their permission. All communications and information accessible via the network should be assumed to be private property. Copyright and licensing laws will not be intentionally violated.
12. 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 which may be accessed. This includes, but is not limited to, the uploading or creation of computer viruses.
13. Report security problems to the supervising teacher or system administrator. Do not demonstrate any problems to other users.

## **INTERNET AND OTHER COMPUTER NETWORKS ACCEPTABLE USE POLICY**

The Enid Board of Education believes that the use of the Internet and other local and/or wide area networks will further education by promoting the exchange of information and ideas and by providing intra- and inter-district, statewide, national, and global opportunities for staff, students, and the community. Students will be able to access the Internet under the supervision of their teachers. Individual student and patron accounts and E-mail addresses may be provided and the user may be permitted to use the address to send and receive mail at school. The Enid Board of Education reserves the right to assign, limit and/or monitor E-mail addresses and their usage at its discretion.

Since the Internet constitutes an unregulated collection of educational resources which change constantly, it is not possible to predict or control exactly what resources users may locate. The school district makes no guarantees of the accuracy of the information or the appropriateness of materials which a student may encounter. Students will be under teacher supervision; however, it is not possible to constantly monitor individual students and what they are accessing. Students and other users will refrain from intentionally accessing and downloading any text, picture, or on-line conferencing that includes material which is considered to be obscene, libelous, indecent, vulgar, profane, or lewd; advertises any product or service to minors prohibited by law; presents a clear and present danger; or will cause the commission of unlawful acts or the violation of lawful school regulations. Users will not solicit or receive any information or service which could result in unauthorized expense to the district.

Users will be courteous and polite. Messages will be concise and not abusive in content or language. Personal information should not be revealed. Records of Internet use will be considered confidential; however, users must be aware that any message or information posted on the Internet may be accessed by others for whom it is not intended. E-mail and downloaded materials will be deleted from the system on a regularly scheduled basis.

Users of the services will respect all copyright and license agreements. Copyrighted software, pictures, or music will not be downloaded for use which violates copyright laws. Users will not download, transmit or replicate in any format restricted copyrighted materials.

Students and the community must agree to attend an orientation which will address the issues of appropriate use of the school network, Internet, copyright laws, Internet etiquette, and fees (if any) incurred during the use of the services. A User Agreement For Student Works on Enid School District's Websites (EFBCA-E) will be signed by all students and other persons, not employed by the district, wishing to use the services provided by the school district.

Violation of the Internet/Computer Network Acceptable Use Policy will result in forfeiture of all user privileges. Violators shall also be subject to appropriate disciplinary action. Pending investigation into a student/staff complaint of inappropriate use of the networks, user privileges will be suspended.

The district shall not be liable for users' inappropriate use of electronic communication resources or violations of copyright restrictions, users' mistakes or negligence, or costs incurred by users. The district shall not be responsible for ensuring the accuracy or usability of any information found on the Internet.



## 2009 – 2010 HOME LANGUAGE SURVEY FOR PREK-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: \_\_\_\_\_

Race: Black  Alaskan or American Indian  Asian or Pacific Islander  Hispanic  White or Other

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 number 9 and 10. 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 (1<sup>st</sup>) language your child learned to speak? \_\_\_\_\_
5. Was your child born in a country other than the United States (U.S.)? Yes  No
6. If NO, go to number 9 and 10. If YES, when did your child FIRST enter the U.S.? Month and Year: \_\_\_\_\_
7. If your child was born in another country, how many years did your child attend school OUTSIDE the U.S.? \_\_\_\_\_
8. If your child was born in another country, what was the date your child first enrolled in U.S. schools? \_\_\_\_\_
9. Parent/Guardian Signature: \_\_\_\_\_
10. Date: \_\_\_\_\_

### FOR SCHOOL USE ONLY

#### THIS FORM MUST BE COMPLETED EVERY YEAR WITH CURRENT TEST DATA

- If a language other than English is spoken more often (see question #2), the student qualifies as bilingual on application for accreditation.
- If a language is spoken less often, student qualifies as bilingual on application for accreditation if he or she meets one of the following:
- > scores 35% or below on norm-referenced test (NRT) on the composite reading score.
  - > Scores limited knowledge or unsatisfactory on Reading Oklahoma Core Curriculum Tests (OCCT).
  - > Designated Limited English Proficient on the ACCESS for English language learners.

#### 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

ACCESS for ELLs Test Date: \_\_\_\_\_ Score on ACCESS for ELLs: \_\_\_\_\_

ACCESS for ELLs Placement Test Date: \_\_\_\_\_ Score on ACCESS for ELLs Placement Test: \_\_\_\_\_

Pre-K Language Screening Tool Date: \_\_\_\_\_ Score on Pre-K Language Screening Tool: \_\_\_\_\_

# 2009-2010

## ENID PUBLIC SCHOOLS

### 4-Year-Old Program Transfer Request

Transfer application from one Enid School to another Enid School.

Date \_\_\_\_\_

Parents or Guardians \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (work) \_\_\_\_\_

- 1) All transfers must be applied for on an annual basis. They are not continuing from one year to the next.
- 2) Transfer request may not be approved.
- 3) Student living in the home district and enrolling according to enrollment day guidelines will have first priority over transfer requests.
- 4) Transfer requests that are approved must provide their own transportation.
- 5) Transfers may be revoked if transportation or other problems deem necessary.

Student's Name(s) \_\_\_\_\_ Grade in **2009-2010** \_\_\_\_\_ Student's Home District \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for transfer request:

Program at home school is filled

Other: \_\_\_\_\_

I am willing to have my child participate at any school that has room available.

Or I would like to have my child attend (check only one of the following):

- |                                      |                                     |                                   |                                   |                                 |
|--------------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Adams       | <input type="checkbox"/> Eisenhower | <input type="checkbox"/> Glenwood | <input type="checkbox"/> Hoover   | <input type="checkbox"/> Monroe |
| <input type="checkbox"/> Coolidge    | <input type="checkbox"/> Garfield   | <input type="checkbox"/> Hayes    | <input type="checkbox"/> McKinley | <input type="checkbox"/> Taft   |
| <input type="checkbox"/> The Commons | <input type="checkbox"/> YWCA       |                                   |                                   |                                 |

\_\_\_\_\_  
Signature of Parent or Guardian

~~~~~  
RECORD OF ACTION:

Date \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Comments \_\_\_\_\_

School informed \_\_\_\_\_ Parents informed \_\_\_\_\_

This survey to be filled out for students who are entering a public school for the very first time.



## Initial Enrollment Prior Participation Form Student Information

**The following information should be completed by the parent or guardian of the student. This information is collected on a student's initial enrollment into a school district. Please print legibly.**

Student Legal Name: \_\_\_\_\_  
First Last

Student Date of Birth: \_\_\_\_\_  
Month Day Year

Student Gender - Please check one:    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 system established by the Department of Human Services (a DHS licensed childcare program) |     |    |
| The Sooner <sup>✓</sup> 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 Health                                                                                   |     |    |
| Any federally funded Head Start program                                                                                                                         |     |    |

# OKLAHOMA IMMUNIZATION REQUIREMENTS

**2009 – 2010**

| PRE-SCHOOL/PRE-KG | KDG thru 11th                                         | 12th               |
|-------------------|-------------------------------------------------------|--------------------|
| 4 DTaP            | 5 DTP/DTaP/Td/Tdap                                    | 5 DTP/DTaP/Td/Tdap |
| 3 Polio           | 4 Polio                                               | 4 Polio            |
| 1 MMR             | 2 MMR                                                 | 2 MMR              |
| 3 Hep B           | 3 Hep B (for ages 4–10)<br>2 Hep B (for ages 11-15)** | 2-3 Hep B          |
| 2 Hep A           | 2 Hep A                                               | 2 Hep A            |
| 1 Varicella       | 1 Varicella                                           |                    |

\*\*Hepatitis B may be administered in a two (2) dose series to children 11 through 15 years of age. All other age groups will receive the three (3) dose Hepatitis B series.

This table lists the vaccines that are required for children to attend school. Not all recommended vaccines are required.

Oklahoma law states that no minor child shall be admitted to any public, private or parochial school operating in Oklahoma unless the parent or guardian can present to school authorities certification from a licensed physician or the public health authorities certification that such child has received the immunizations that are required by the Oklahoma State Department of Health.

Immunizations may be obtained from local physicians or the Garfield County Health Department. Be sure to take your child's immunization record with you to your health care provider. If the child's record has been lost, parents should contact the Health Department.

Vaccine doses administered 4 days or less before the minimum intervals or ages will be counted as valid doses. Doses more than 4 days before the minimum interval or age will be counted as invalid doses. All measles, mumps and rubella (MMR), varicella, and hepatitis A vaccine doses must be administered on or after the child's first birthday or within 4 days before the birthday to be counted as valid doses. If a parent reports that their child had chickenpox disease the child is not required to receive varicella vaccine. Children who do not complete the DTaP series by their 7<sup>th</sup> birthday must complete the series with Td or Tdap whichever is appropriate for a total of 4 doses; 3 doses in the primary series and a booster. The booster dose may be due 5 to 10 years following the primary series so some adolescents may graduate before the booster dose is due.

Children may be allowed to attend school if they have received the first dose in the series of any multi-dose vaccine but must complete the series on schedule. These children are "in the process" of receiving immunizations.

It is not necessary to restart any vaccine series due to extended time between doses.

Exemptions must be approved by the Oklahoma State Department of Health, Immunization Division. Please contact Health Services at Harrison for an exemption form or contact a school nurse.

If your child needs immunizations or has received an invalid dose, you will be notified by a school nurse. It is imperative that you get your child's required immunizations as soon as possible in order for your child to remain in school.

**Garfield County Health Department**  
2501 Mercer Drive  
Enid, OK 73701  
580-233-0650

**Immunization Clinic**  
Monday – Thursday  
8:00 to 11:00 am  
1:00 to 4:00 pm

No appointment necessary



500 SOUTH INDEPENDENCE  
ENID, OKLAHOMA 73701  
(580) 234-5270  
FAX # (580) 249-3565

## ENID PUBLIC SCHOOLS TITLE VII INDIAN EDUCATION

Dear Parent or Guardian:

The Enid Public Schools Title VII, Native American Education Program provides many services to any Native American student enrolled as Native American descent and having an Eligibility Certification (506 Form) on file.

The Native American Education Program services include tutoring for language arts, reading and math during the regular school day and during the summer school programs.

**Students must be pre-enrolled as Native American descent to qualify for the Title VII student services. Parents must be able to name the Tribe, Band, or Group of descent and name the individual with tribal membership (i.e. mother, father, grandmother).**

**The student does not have to hold a tribal enrollment number.**

Should you have any questions regarding enrolling as a Native American, tutorial services or any aspect of the Native American program, please feel free to contact Vivian Bunch at 234-5270.



**A Reminder From The  
CHILD NUTRITION OFFICE  
Enid Public Schools**

**TO: ALL PARENTS/GUARDIANS**

**SUBJECT: Breakfast & Lunch Program  
For Grades Pre-K through 12<sup>th</sup>**

**Application for Free & Reduced-Price Meals**

**When: Beginning – July 15, 2009**

**Where: Central Kitchen @ 519 S. Washington**  
7:30 A.M. to 2:45 P.M. – Monday through Friday

Remember, if your student(s) is presently participating or if you would like to participate in the National Breakfast and/or Lunch Programs, you must apply at the beginning of each school year.

We would like to encourage you to mark your calendars to pick up an application beginning August 3, 2009 at the Central Kitchen. By doing so, participation will begin the first day of school for your student(s).

Questions? Call the Child Nutrition Office @ 580-233-2450.

Applications will be available July 15, 2009 at the Central Kitchen, 519 S. Washington.

*Excellence.  
Pride. Success.*