

 Dale Elementary School 

300 Smith Avenue, Dale, OK 74851

Student Enrollment Information

Enrollment- Check appropriate, Are you? In District Transfer

Grade for which you are enrolling: _____

Student's Name: _____ Date of Birth: _____ Male Female

Physical Address: _____

City: _____ State: _____ Zip Code _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code _____

Home Phone: _____ Bus #: _____

Student Lives With: _____

(It is the responsibility of guardians to provide copies of custody agreements, granting of guardianship, etc.)

Race: Asian Black/African American Native Hawaiian/Pacific Islander
 Caucasian/White Native American

Social Security #: _____ - _____ - _____ Place of Birth (City, State): _____

Parent Contact #1 Information: Relationship to Student: _____

Name: _____ Email: _____

Physical Address: _____

City: _____ State: _____ Zip Code _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code _____

Home Phone: _____ Cell: _____ Work: _____

Please check all that apply: parent/legal guardian has custody lives with
 access to records pick up rights emergency contact

Parent Contact #2 Information: Relationship to Student: _____

Name: _____ Email: _____

Physical Address: _____

City: _____ State: _____ Zip Code _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code _____

Home Phone: _____ Cell: _____ Work: _____

Please check all that apply: parent/legal guardian has custody lives with
 access to records pick up rights emergency contact

Additional Emergency Contacts: (Persons to be called for illness, injury or to pick up student)

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Do you live or work on federal property? Yes No If yes, list work place: _____

Do we have permission to publish student's picture (yearbook, newspaper, website, etc.)? Yes No

Does your child have permission to use the internet at school? Yes No

Is English the primary language spoken in the home? Yes No

Medical Information:

Does your child have a specific diagnosis from a medical provider? yes no

If yes, please explain: _____

Does your child take any medication on a regular basis? yes no

If yes, please list medications: _____

Does your child have any of the following health concerns?

Asthma ADD/ADHD Diabetes (Type 1/Type 2) Hearing Impairment

Heart Condition Seizure activity/Epilepsy Vision Impairment

Allergies- Please List: _____

Other- Please Explain _____

Does your child receive any special services (IEP, Speech, OT or PT....) ? Yes No

If yes, please list those services and/or IEP information: _____

Presently, are you/your family living in any of following? (check all that apply)

Staying in a shelter (family, youth, domestic violence,) or FEMA trailer

Waiting for foster care placement

Sharing the housing of others due to loss of housing, economic hardship, or similar reason

Living in a car, park, campground, abandoned building, or other inadequate accommodation

Temporarily living in a motel/hotel due to a loss of housing, economic hardship, or similar reason

Living alone as a minor student(s) without an adult (unaccompanied youth)

Siblings on Campus:

Does this child have any students enrolled and attending Dale Schools? If so, please list their names and grades: _____

Transportation Information

Will the child ride the bus to school? yes no Bus #: _____

Do you live: more than 1 1/2 miles from school less than 1 1/2 miles from school

Please list any schools previously attended:

Name of School _____

Name of School _____

Address: _____

Address: _____

Date of Last attendance: _____

Date of Last attendance: _____

I Do Do Not give permission to Dale Public Schools to give my student **corporal punishment**. I understand I will be called before any discipline is issued, and that if I decline, that I will be required to come to the school for a conference and to pick up my student.

Signed: _____ Date: _____

Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics

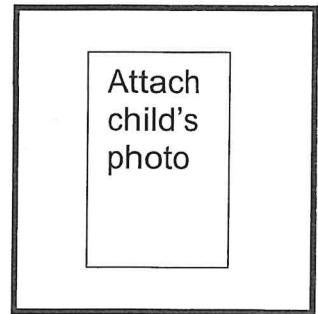
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Child's name: _____ Date of plan: _____

Date of birth: ____/____/____ Age ____ Weight: _____ kg

Child has allergy to _____



- Child has asthma. Yes No (If yes, higher chance severe reaction)
 Child has had anaphylaxis. Yes No
 Child may carry medicine. Yes No
 Child may give him/herself medicine. Yes No (If child refuses/is unable to self-treat, an adult must give medicine)

IMPORTANT REMINDER

Anaphylaxis is a potentially life-threatening, severe allergic reaction. If in doubt, give epinephrine.

For Severe Allergy and Anaphylaxis What to look for



If child has ANY of these severe symptoms after eating the food or having a sting, **give epinephrine.**

- Shortness of breath, wheezing, or coughing
- Skin color is pale or has a bluish color
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue that bother breathing
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of "doom," confusion, altered consciousness, or agitation

SPECIAL SITUATION: If this box is checked, child has an extremely severe allergy to an insect sting or the following food(s): _____. Even if child has MILD symptoms after a sting or eating these foods, **give epinephrine.**

Give epinephrine! What to do

1. Inject epinephrine right away! Note time when epinephrine was given.
2. Call 911.
 - Ask for ambulance with epinephrine.
 - Tell rescue squad when epinephrine was given.
3. Stay with child and:
 - Call parents and child's doctor.
 - Give a second dose of epinephrine, if symptoms get worse, continue, or do not get better in 5 minutes.
 - Keep child lying on back. If the child vomits or has trouble breathing, keep child lying on his or her side.
4. Give other medicine, if prescribed. Do not use other medicine in place of epinephrine.
 - Antihistamine
 - Inhaler/bronchodilator

For Mild Allergic Reaction What to look for



If child has had any mild symptoms, **monitor child.**

Symptoms may include:

- Itchy nose, sneezing, itchy mouth
- A few hives
- Mild stomach nausea or discomfort

Monitor child What to do

Stay with child and:

- Watch child closely.
- Give antihistamine (if prescribed).
- Call parents and child's doctor.
- If symptoms of severe allergy/anaphylaxis develop, use epinephrine. (See "For Severe Allergy and Anaphylaxis.")

Medicines/Doses

Epinephrine, intramuscular (list type): _____ Dose: 0.15 mg 0.30 mg (weight more than 25 kg)

Antihistamine, by mouth (type and dose): _____

Other (for example, inhaler/bronchodilator if child has asthma): _____

Parent/Guardian Authorization Signature _____

Date _____

Physician/HCP Authorization Signature _____

Date _____

Allergy and Anaphylaxis Emergency Plan

American Academy of Pediatrics
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Child's name: _____ Date of plan: _____

Additional Instructions:

Contacts

Call 911 / Rescue squad: () _____ - _____

Doctor: _____ Phone: () _____ - _____

Parent/Guardian: _____ Phone: () _____ - _____

Parent/Guardian: _____ Phone: () _____ - _____

Other Emergency Contacts

Name/Relationship: _____ Phone: () _____ - _____

Name/Relationship: _____ Phone: () _____ - _____



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

