

# DALE PUBLIC SCHOOLS

## STUDENT INFORMATION/ENROLLMENT FORM

Student's Full Name \_\_\_\_\_ SSN \_\_\_\_\_

Race \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade (for 22/23) \_\_\_\_\_ Birth Place \_\_\_\_\_

Are you a: resident \_\_\_ transfer \_\_\_ Previous School (if other than Dale) \_\_\_\_\_

IF NO PRESENT ADDRESS, check all that apply:

\_\_\_\_\_ staying in shelter or FEMA trailer \_\_\_\_\_ Waiting for foster care placement \_\_\_\_\_ living alone as a minor student

\_\_\_\_\_ 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 a hotel due to loss of housing, economic hardship, or similar reason

PARENT CONTACT # 1-Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Primary Phone \_\_\_\_\_ Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Check all that apply:** has custody \_\_\_\_\_ access to records \_\_\_\_\_ pick-up rights \_\_\_\_\_ emergency contact \_\_\_\_\_ lives with \_\_\_\_\_

PARENT CONTACT #2-Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

**Check all that apply:** has custody \_\_\_\_\_ access to records \_\_\_\_\_ pick-up rights \_\_\_\_\_ emergency contact \_\_\_\_\_ lives with \_\_\_\_\_

EMERGENCY CONTACT-OTHER THAN PARENTS LISTED ABOVE:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Do you live or work on Federal property? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, list workplace \_\_\_\_\_

Permission to use internet at school \_\_\_\_\_ Yes \_\_\_\_\_ No Permission to publish picture \_\_\_\_\_ Yes \_\_\_\_\_ No

MEDICAL INFORMATION: Does your child take medication on a daily basis? \_\_\_\_\_ yes-what medication \_\_\_\_\_

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Does your child have any of the following health concerns? \_\_\_ Asthma \_\_\_ ADD/ADHD \_\_\_ Diabetes \_\_\_ Allergies  
\_\_\_\_\_ Seizure Activity/Epilepsy \_\_\_\_\_ Vision Impairment \_\_\_\_\_ Heart Condition \_\_\_\_\_ Other (explain)

Does your child receive special services? Yes \_\_\_\_\_ IEP \_\_\_\_\_ 504 \_\_\_\_\_ Title 1 \_\_\_\_\_ N/A \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the doctor indicated below and follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements are necessary.

Doctor's Name and Phone \_\_\_\_\_

ALERT NOW-This is a recording sent to parents/guardians in case of emergency or when school is out due to bad weather. This will need to be numbers that you can receive calls during the day AND/OR in the evenings.

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Are there any other medical/legal/ or custody concerns that the school should know? Please provide documentation.

\*\*\*\*OHLAP/Oklahoma's Promise- (grades 8-10) It is the responsibility of parent and/or student to check updates and curriculum requirements for this program. Is your student on Oklahoma's Promise? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*\*College-Bound/Work Ready Curriculum requires either 2 computer classes or 2 foreign language classes (electives). Core Curriculum DOES NOT require this, but parents must notify the school in writing that they agree to core curriculum. Sometimes, vo-tech or other elective activities make it difficult to fit in 2 foreign languages.\*\*\*\*

\*\*\*\*NCAA Clearinghouse (for college athletes) is the responsibility of the student to enroll and meet the requirements set forth by their organization.

What 4 electives do you choose: \_\_\_\_\_

Core classes will be assigned.

COURSE ENROLLMENT: (To be filled out by counselor)

1<sup>st</sup> hour \_\_\_\_\_

5<sup>th</sup> hour \_\_\_\_\_

2<sup>nd</sup> hour \_\_\_\_\_

6<sup>th</sup> hour \_\_\_\_\_

3<sup>rd</sup> hour \_\_\_\_\_

7<sup>th</sup> hour \_\_\_\_\_

4<sup>th</sup> hour \_\_\_\_\_

Parent's Signature-all information is correct, and the class schedule is approved.

Date

Driver's License # (Parent)