

DALE PUBLIC SCHOOLS



EST 1899

STUDENT INFORMATION-ENROLLMENT FORM

Student's Full Name _____

Grade (for upcoming year) _____

Race _____ Gender: F M Date of Birth ___/___/___ Place of Birth _____

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 in a hotel due to loss of housing, economic hardship, or a 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 (or Emergency) CONTACT #2

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

Does your child receive SPECIAL SERVICES: ___ YES ___ NO ___ IEP ___ 504 ___ Title 1

COURSE ENROLLMENT (4 CORE REQUIREMENTS):

Electives:

ENGLISH _____

MATH _____

HISTORY _____

SCIENCE _____

Do you live or work on FEDERAL PROPERTY YES NO, If YES, 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 NO

LIST MEDICATIONS:

Does your child have any of the following HEALTH CONCERNS:

Asthma ADD/ADHD Diabetes Allergies Seizure Activity/Epilepsy Vision Impairment Heart Condition Other, Explain _____

In case of an 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 _____ PHONE _____ - _____ - _____

ALERT NOW – This is a recording sent to parents/guardians in case of an emergency or when school is out due to bad weather. ***THIS WILL NEED TO BE A NUMBER THAT YOU CAN RECEIVE CALLS WITH 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 about? PLEASE PROVIDE DOCUMENTATION.

****OHLAP/OKLAHOMA'S PROMISE – (Grades 8-11). It is the responsibility of parents and/or students to check updates and curriculum requirements for this program. Is your student on Oklahoma's Promise: YES NO

****COLLEGE-BOUND/WORK READ CURRICULUM requires either 2 COMPUTER CLASSES or 2 FOREIGN LANGUAGE CLASSES (ELECTIVES).

CORE CURRICULUM **DOES NOT** require this, but parents **MUST** agree to the core curriculum. Please understand that this DOES NOT prepare them for college entrance requirements. Sometimes, vo-tech or other elective activities make it difficult to fit in 2 foreign languages. ****

_____ check here if you DO NOT wish for your child to follow the college bound/work ready curriculum.

*****JUNIORS AND SENIORS ONLY-

_____ I agree for personal contact information to be released to military and other such organizations.

_____ I DO NOT agree for personal contact information to be released to military and other organizations.

****ALL INFORMATION IS CORRECT, AND THE CLASS SCHEDULE IS APPROVED.**

Parent/Guardian's Signature

Date