



WATONGA ELEMENTARY SCHOOL

900 North Leach
P.O. Box 640
Watonga, Oklahoma 73772

Main Office: (580) 623-5248
Facsimile: (580) 623-5238
Website: www.watongapublicschools.com

2016-2017 STUDENT ENROLLMENT INFORMATION

Student Legal Name (Last, First, Middle) _____

Street Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____

_____ Male Female _____
Social Security Number _____ Date of Birth _____ Age as of Sept. 1 _____ Grade _____

_____ Day Phone _____
Father's Name (from Birth Certificate) _____ Home Phone _____ Employer _____

_____ Day Phone _____
Mother's Name (from Birth Certificate) _____ Home Phone _____ Employer _____

Name of last school attended _____ Address of last school _____ Phone _____ Fax _____

Name of the person completing this form: _____

Legal Guardian of student enrolling (check one): YES NO

If no, please explain relationship to student: _____

We use an automated telephone system for emergencies, messages, and announcements. List the phone number you would like for us to use for this purpose: Phone Number: _____

Is this student hispanic/latino? Yes No

What is your race? (You may choose one or more of the following.)

- American Indian or Alaska Native Asian Black or African American
- Hawaii Native or Other Pacific Islander White

Please check the following:

YES NO Has this child been enrolled in Watonga Public Schools before? If so, what grade level? _____

YES NO Is this child currently on an IEP or receive Speech therapy?

YES NO Has this child ever participated in a Gifted/Talented program?

YES NO Are there any legal court papers regarding custody issues for this child?

****Parent Notification – By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child unless a parent has a court order that indicates otherwise. The school MUST HAVE A COPY OF THE COURT ORDER on file; otherwise, either parent may check the child out of school with proper identification.**

YES NO Does this child have any other siblings in Watonga Schools?

If yes, please list name(s) & grade(s): _____



Parent/Guardian Signature _____

Date _____



PARENT/GUARDIAN & EMERGENCY CONTACT INFORMATION

Student Name (Last, First, Middle)

Parent/Guardian Contact Information:

Student resides with: (check one) Mother/Father Mother Father Mother/Step-Father Father/Step-Mother Other

**List contacts in preference order for notification – legal guardians must be listed as first contacts. All contacts are eligible to check the child out of school and may be called in case of emergency. (Only one person per line):

Parent/Guardian #1

Last Name: First Name: Address: City: State: Zip Code: Home Phone: Cell Phone: Work Phone: Employer: Address: E-mail Address: Relationship to student:

Parent/Guardian #2

Last Name: First Name: Address: City: State: Zip Code: Home Phone: Cell Phone: Work Phone: Employer: Address: E-mail Address: Relationship to student:

Emergency Contact #1

Last Name: First Name: Contact Phone: Relationship to student:

Emergency Contact #2

Last Name: First Name: Contact Phone: Relationship to student:

Emergency Contact #3

Last Name: First Name: Contact Phone: Relationship to student:



Parent/Guardian Signature

Date



**INITIAL ENROLLMENT PRIOR PARTICIPATION FORM
Student Information
(for Pre-K, K and 1st grades only)**

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, middle, last): _____

Student Date of Birth: _____

Student Gender : Male Female

Did the student participate in any of the following programs? Please indicate by checking YES or NO for each statement.

YES NO PROGRAM

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 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



MEDICAL INFORMATION

Student Name (Last, First, Middle)

Health Information:

YES NO Does this student have any major health problems or take medication on a regular basis or have any known allergies?

If yes, please explain:

Has this student been diagnosed with any of these conditions?

Diabetes YES NO Name of medications currently taking

Asthma YES NO Name of medications currently taking

Seizures YES NO Name of medications currently taking

Does this student have any other chronic health conditions? YES NO If yes, please explain below:

List routine/continuing medications (even if only taken at home):

Medications that are prescribed to be taken during the school day must be brought to the office by the parent or legal guardian. A Medication: Administering to Students Authorization form must be on file to administer medication which is available in the main office.

My child has medically documented food allergies. YES NO If yes, please explain below.

List any medically documented allergies (include food, medication, insect venom, etc.):

Physician's Name: Physician's Phone Number:



Parent/Guardian Signature

Date



FIELD TRIPS

Field Trips: (mark one)

YES NO Are you willing to let your child take trips from school under a teacher's supervision?

- 1) I understand that by granting permission for my child to participate in any activity sponsored by or under the jurisdiction of the Watonga Schools that I have no recourse of liability to the Watonga Board of Education or its employees.
2) I also agree that in the event of an emergency, the sponsor or sponsors of the group has my permission to seek the nearest qualified medical assistance.
3) I also agree that in the event of misconduct on the part of my child, which could reflect upon the school, the sponsor shall have the right to send him or her home by bus at his or her expense.



Parent/Guardian Signature

Date

CORPORAL PUNISHMENT

The principal shall have the authority (with signed parental consent) to administer corporal punishment to any student who violates any of the rules stated in the severe clause. Corporal punishment will take place in the principal's office. Parent/guardian will be notified before corporal punishment is administered.

- 1) Refusing to obey school personnel including refusal to attend assigned detention.
2) Fighting.
3) Profanity, abusive language, obscene gestures, sexual misconduct/harassment.
4) Possession of weapons, explosives, or any other items (such as bullets, ammunition, knives, etc.) that would endanger another person.
5) Extortion: threatening or intimidating other students for the purpose of, or with the intent of, receiving money, privileges, property, or anything of value.
6) Vandalism/theft.
7) Action or behavior which endangers another person.
8) Possession of drugs/alcohol/tobacco.
9) Leaving school without checking out.
10)Threatening or disrespectful behavior toward any school employee and/or adult.

Corporal punishment is one option for disciplining students at Watonga Elementary School. It will be used only as a last resort.

I am the parent/guardian of _____ in the _____ grade.

Yes, the teacher or principal may administer corporal punishment.

No, the teacher or principal may not administer corporal punishment.



Parent/Guardian signature

Date

COMPUTER AND INTERNET CONDUCT AGREEMENT

I understand and will abide by the district terms and conditions for the Internet access. I further understand that any violation of the regulation 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.



Student Signature: _____ Date: _____

Parents or Guardian: If student is under 18 of age, a parent or guardian must also read and sign this agreement. As a parent or guardian of this student, I have read the terms and conditions for Internet Access. I understand that the school district is providing this access for educational purpose only and hereby give permission to grant access for my child and will accept responsibility for supervision when my child is not in a school setting.

Parent or guardian (please print): _____



Signature: _____ Date: _____

STUDENT INFORMATION

Name of Student: _____ Student ID # _____
Last Name First Name Middle Name

Gender: Male _____ Female _____ Date of Birth: _____ School: _____

Select one or more of the following races:

_____ African American/Black _____ American Indian/Alaskan Native _____ Asian
 _____ Native Hawaiian/Pacific Islander _____ Caucasian/White _____ Other

Is the student of Hispanic or Latino culture or origin? Yes _____ No: _____

1. What is the **primary language** used in the home, regardless of the language spoken by the student? _____
2. What is the language **most often** spoken by the student? _____
3. What language did the student learn **first**? _____
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? _____

Parent/Guardian Signature _____ Date _____

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:
 - Scored 35% of below on norm-referenced test (NRT) on the composite reading score.
 - Scored limited knowledge or unsatisfactory on Reading Oklahoma Core Curriculum Test (OCCTs).
 - Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, WAPT or Oklahoma Pre-K Language Screening Tool.

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) Norm Reference Test (NRT)	Name of the NRT	Reading Total Composite Score(s) %

Date(s) of Reading OCCT	Score(s) on Reading OCCT			
	Limited Knowledge	Unsatisfactory	Satisfactory	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool

Date(s) of ACCESS for ELLs 2.0 or Alternate ACCESS Test	Score(s) on ACCESS for ELLs 2.0 or Alternate ACCESS		Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.		1.	2.
	1.	2.		1.	2.
	1.	2.		1.	2.



SCHOOL/STUDENT/PARENT COMPACT
2016-2017

Date _____

Teacher Agreement

It is important that students achieve. I will work with the student and parents to help the students work toward meeting high standards. Therefore, I shall strive to do the following:

- Provide homework assignments for students.
- Provide necessary assistant to parents so that they can help with the assignments.
- Encourage students and parents by providing information about student progress.
- Use special activities in the classroom to make learning enjoyable.

Teacher Signature _____

Student Agreement

It is important that I work to the best of my ability. Therefore, I shall strive to do the following:

- Attend school regularly.
- Come to school each day with pens, pencils, paper, and other necessary tools for learning.
- Complete and return homework assignments.
- Observe regular study hours.
- Conform to rules of student conduct.

Student signature _____

Parent/Guardian Agreement

(Any person who is interested in helping this student may sign in lieu of the parent.)

I want my child to achieve. I will work with the school to help my child work toward meeting high standards.

Therefore, I will encourage him/her by doing the following:

- See that my child is punctual and attends school regularly.
- Support the school in its efforts to maintain proper discipline.
- Establish a time for homework without television and review it regularly.
- Provide a quiet, well-lighted place for study.
- Encourage my child's efforts and be available for questions.
- Provide a library card for my child.
- Read with my child and let my child see me read.
- Communicate with the school concerning my child's achievement.



Parent/Guardian signature _____

Principal Agreement

I support this form of parent involvement. Therefore, I shall strive to do the following:

- Provide high quality curriculum and instruction in an effective learning environment to enable students to meet high standards.
- Provide an environment that allows for positive communication between the teacher, parent, and student.
- Encourage teachers to regularly provide homework assignments that will reinforce classroom instruction.

Principal signature _____

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)

Federally Recognized, State Organized Indian Group
 Including Alaska Native Recognized Terminated 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



WATONGA PUBLIC SCHOOLS

1021 North Weigle, P.O. Box 310
Watonga, Oklahoma 73772
Website: www.watongapublicschools.com

Superintendent's Office (580) 623-7364
Elementary School (580) 623-5248
Middle School (580) 623-7361
High School (580) 623-7362

AFTER SCHOOL STUDENT INFORMATION FORM

Please complete the following information regarding your student's after school transportation. This form will be kept in the main office and given to the teacher and/or bus driver to ensure correct pick up/drop off of student(s).

STUDENT INFORMATION:

Student Name	Grade	Teacher
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AFTER SCHOOL INSTRUCTIONS:

- Picked up
- Walker
- Daycare
- Bus Rider

WALK TO:

<input type="checkbox"/> Home	
<input type="checkbox"/> Family Member	Address
<input type="checkbox"/> Other	Address
	Address

DAYCARE:

<input type="checkbox"/> Daycare Pickup	
	Daycare Name

BUS RIDER:

<input type="checkbox"/> Home		Bus No.
<input type="checkbox"/> Family Member:		
<input type="checkbox"/> Other:		
Rural Route Directions:		

PARENT CONTACT INFORMATION:

Mother's/Guardian's Name	Day Phone
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Father's/Guardian's Name	Day Phone
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***Students will follow the primary after school procedure unless notified otherwise.**

***Please call the front office no later than 2:40 and send a written note with your child to modify after-school procedure.**

****Bus rider drop off must be 1.5 miles or more from school for eligibility.**

DATE RECEIVED: _____