



**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](http://www.watongapublicschools.com)

**2017-2018 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 \_\_\_\_\_ Home Phone \_\_\_\_\_ Employer \_\_\_\_\_  
Father's Name (from Birth Certificate)

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

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



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: \_\_\_\_\_



SCHOOL/STUDENT/PARENT  
COMPACT 2017-2018

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 assistance 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 \_\_\_\_\_



**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 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool.
  - 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).
  - 3. Scored at or below the 35<sup>th</sup> percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

**DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN**

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, 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.			

Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	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	Reading Total Composite Score(s) %

**From Above:**  
 Question 1: Reference WAVE code 1036  
 Question 2: Reference WAVE code 1037  
 Question 3: Reference WAVE code 1038

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)

<input type="checkbox"/> Federally Recognized, Including Alaska Native	<input type="checkbox"/> State Recognized	<input type="checkbox"/> Terminated	<input type="checkbox"/> Organized Indian Group Meeting #5 of the Definition Above
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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](http://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:**

Home \_\_\_\_\_  
 Family Member \_\_\_\_\_ Address \_\_\_\_\_  
 Other \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_

**DAYCARE:**

Daycare Pickup \_\_\_\_\_  
 \_\_\_\_\_ Daycare Name \_\_\_\_\_

**BUS RIDER:**

Address \_\_\_\_\_ Bus No. \_\_\_\_\_  
 Home \_\_\_\_\_  
 Family Member: \_\_\_\_\_  
 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: \_\_\_\_\_