



## Chickasha Public Schools Enrollment Form

### Student Information

Student's Full Legal Name: \_\_\_\_\_  
(First) (Middle) (Last)

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Gender: ☐ M ☐ F  
(Month/Day/Year) (City/State)

Social Security Number: \_\_\_\_\_ Grade: ☐ 02 ☐ 03 ☐ 04

Physical Address: \_\_\_\_\_  
(Address) (City/State) (Zip)

**Mailing Address SAME as Physical Address?** ☐ Yes ☐ No (If **not**, please complete mailing address information)

Mailing Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
(Address) (City/State) (Zip)

Last School Attended: \_\_\_\_\_ Is your child on an IEP? ☐ Yes ☐ No  
(Name of School and City/State) Is your child on a 504? ☐ Yes ☐ No

**Ethnicity:** (choose only one) Is the student Hispanic/Latino? ☐ Yes ☐ No

**Race:** (choose **all** that apply) What is the student's race? ☐ American Indian or Alaskan Native ☐ Asian  
☐ Black or African American ☐ Pacific Islander or Native Hawaiian ☐ White

**Transportation:** How will your child get home daily? ☐ Bus Rider ☐ Car Rider ☐ Walk ☐ Daycare

**Field Trips:** My child can go on school sponsored field trips: ☐ Yes ☐ No

### Parent/Legal Guardian Information

Mother/Guardian: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

Step Parent's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Number: (\_\_\_\_\_) \_\_\_\_\_

**Please indicate with whom the student lives:** ☐ Parents ☐ Single Mother ☐ Single Father ☐ Grandparents  
☐ Mother & Step Father ☐ Father & Step Mother ☐ Foster Parents ☐ Other \_\_\_\_\_

**Military:** Parent(s) is/was a member of: ☐ Armed Forces: ☐ Reserve ☐ National Guard

**Emergency Contacts (Do not include persons listed as Parent/Guardian)** In case of an emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or close friend that we may contact. These contacts are also able to pick student up from school.

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_



**Siblings-** Please list **all** siblings that are currently enrolled in Chickasha Schools. Please do not include child for whom this form is completed.

Name of sibling(s)	Grade	Site
		<input type="checkbox"/> BWECC <input type="checkbox"/> Grand <input type="checkbox"/> Lincoln <input type="checkbox"/> CMS <input type="checkbox"/> CHS
		<input type="checkbox"/> BWECC <input type="checkbox"/> Grand <input type="checkbox"/> Lincoln <input type="checkbox"/> CMS <input type="checkbox"/> CHS
		<input type="checkbox"/> BWECC <input type="checkbox"/> Grand <input type="checkbox"/> Lincoln <input type="checkbox"/> CMS <input type="checkbox"/> CHS
		<input type="checkbox"/> BWECC <input type="checkbox"/> Grand <input type="checkbox"/> Lincoln <input type="checkbox"/> CMS <input type="checkbox"/> CHS
		<input type="checkbox"/> BWECC <input type="checkbox"/> Grand <input type="checkbox"/> Lincoln <input type="checkbox"/> CMS <input type="checkbox"/> CHS
		<input type="checkbox"/> BWECC <input type="checkbox"/> Grand <input type="checkbox"/> Lincoln <input type="checkbox"/> CMS <input type="checkbox"/> CHS

**Health Information**

Does the student have any major health problems or take medication on a regular basis? ☐ **Yes** ☐ **No**

If so, please explain:\_\_\_\_\_

**Doctor's Name:**\_\_\_\_\_ **Phone Number:**\_\_\_\_\_ **Hospital:**\_\_\_\_\_

\*\*\*\*\*

*I, the undersigned, do hereby authorize officials of the Chickasha Public Schools to contact the persons named on the enrollment information and do authorize physicians to render such treatment as may be deemed necessary in an emergency, for the health of the above named child. In the event that persons named on this form or parents cannot be contracted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of said child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.*

**Parent/Legal Guardian Signature** **Date**

\*\*\*\*\*

**For office use only:**

- NEW STUDENTS:**    **\*Returning student info**
- ☐ Official Birth Certificate
  - ☐ Immunization Record
  - ☐ Social Security Number/Card
  - ☐ Proof of Residency copy (utility bill-electric, gas, water or rental/lease/mortgage agreement)
  - ☐ \*Authorization for Release of Health Information
  - ☐ \*Economically Disadvantaged Form
  - ☐ \*Guardian Attestation
  - ☐ Home Language Survey
  - ☐ \*McKinney-Vento Survey
  - ☐ \*Release Agreements (Annual Permissions)
  - ☐ \*Title I Compact
  - ☐ Title VI ED 506 Indian Student Eligibility Form



Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

## Educational Pathway Options for 2020-2021

CPS will be implementing Blended and Virtual Learning options for the 2020-2021 school year. Please choose one option for your child.

- ☐ Traditional Five Day School Week (Brick and Mortar)
- ☐ Blended Learning- The student would receive all academic instruction online, but would come to CMS or CHS for athletics, band, vocal, Ag, etc. for one hour per day. **Grades 7-12**
- ☐ Virtual/Remote/Distance Learning- No time on physical campus, but a virtual teacher is assigned, with a semester long commitment **Grades PK-12**

Is your child currently on an IEP? ☐ Yes ☐ No

Is your child currently on a 504? ☐ Yes ☐ No

## Transportation Options for 2020-2021

CPS cannot ensure social distancing on district provided transportation.

☐ My child will NOT ride a bus

How will your child get to and from school each day? (Please check one) ☐ Bus ☐ Car ☐ Walk

School: ☐ BWECC ☐ Grand ☐ Lincoln ☐ CMS ☐ CHS

Grade: ☐ PK ☐ KG ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12

Student's Name: \_\_\_\_\_

Physical Address for Bus Pick Up: \_\_\_\_\_

Physical Address for Bus Drop Off: \_\_\_\_\_

The student will ride the bus in the: ☐ A.M. only ☐ P.M. only ☐ (A.M. & P.M.)

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

**For office use only:** Bus# \_\_\_\_\_ ☐ A.M. ☐ P.M. ☐ Both A.M. & P.M.

Start Date: \_\_\_\_\_ Bus Stop Intersection or Address: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



**Economically Disadvantaged Form/Forma Económicamente Desfavoreada**

This application should be completed even if your student attends a Community Eligibility Provision or Provision School. *Esta solicitud debe completarse incluso si su estudiante asiste a una Disposición de Elegibilidad Comunitaria o a Provision School.*

Student Name/Nombre del estudiante: \_\_\_\_\_ Grade/Grado: ☐ PK ☐ KG ☐ 01  
☐ 02 ☐ 03 ☐ 04

School/¿A qué escuela asiste su hijo?: ☐ BWECC ☐ GRAND ☐ LINCOLN ☐ CMS ☐ CHS ☐ 05 ☐ 06 ☐ 07

Does student currently receive SNAP, TANF, or FDIPIR benefits? ☐ YES/Si ☐ NO ☐ 08 ☐ 09 ☐ 10  
*L'étudiant reçoit-il actuellement des prestations snap, tanf ou FDIPIR ?* ☐ 11 ☐ 12

**Please select the income range that represents the total annual gross income. *Seleccione el rango de ingresos que representa el ingreso bruto anual total.***

<input type="checkbox"/> Less than \$23,606; <i>Menos de \$23,606</i>	<input type="checkbox"/> Between \$48,470 and \$56,758 <i>Entre \$48,470 y \$56,758</i>	<input type="checkbox"/> Between \$81,622 and \$89,910 <i>Entre \$81,622 y \$89,910</i>
<input type="checkbox"/> Between \$23,606 and \$31,894 <i>Entre \$23,606 y \$31,894</i>	<input type="checkbox"/> Between \$56,758 and \$65,046 <i>Entre \$56,758 y \$65,046</i>	<input type="checkbox"/> Between \$89,910 and \$98,198 <i>Entre \$89,910 y \$98,198</i>
<input type="checkbox"/> Between \$31,894 and \$40,182 <i>Entre \$31,894 y \$40,182</i>	<input type="checkbox"/> Between \$65,046 and \$73,334 <i>Entre \$65,046 y \$73,334</i>	<input type="checkbox"/> Between \$98,198 and \$106,486 <i>Entre \$98,198 y \$106,486</i>
<input type="checkbox"/> Between \$40,182 and \$48,470 <i>Entre \$40,182 y \$48,470</i>	<input type="checkbox"/> Between \$73,334 and \$81,622 <i>Entre \$73,334 y \$81,622</i>	<input type="checkbox"/> Between \$106,486 and \$114,774 <i>Entre \$106,486 y \$114,774</i>

**Please select the TOTAL number of people in your household. *Seleccione el número TOTAL de personas en su hogar.***

<input type="checkbox"/> One (1); <i>Uno (1)</i>	<input type="checkbox"/> Five (5); <i>Cinco (5)</i>	<input type="checkbox"/> Nine (9); <i>Nueve (9)</i>
<input type="checkbox"/> Two (2); <i>Dos (2)</i>	<input type="checkbox"/> Six (6); <i>Seis (6)</i>	<input type="checkbox"/> Ten (10); <i>Diez (10)</i>
<input type="checkbox"/> Three (3); <i>Tres (3)</i>	<input type="checkbox"/> Seven (7); <i>Siete (7)</i>	<input type="checkbox"/> Eleven (11); <i>Once (11)</i>
<input type="checkbox"/> Four (4); <i>Cuatro (4)</i>	<input type="checkbox"/> Eight (8); <i>Ocho (8)</i>	<input type="checkbox"/> Twelve (12); <i>Doce (12)</i>

I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported.  
 I understand that this information will impact federal and state funding to the school. *Certifico que toda la información proporcionada en este formulario es fiel a mi mejor conocimiento y que todos los ingresos del hogar son reportados. Entiendo que esta información afectará los fondos federales y estatales para la escuela.*

(Type)Parent/Guardian Name: \_\_\_\_\_ Date/La Fecha: \_\_\_\_\_  
 (Escriba)Parent/Tuteur Nombre

Signature/Firma: \_\_\_\_\_

For Office use only: ☐ Qualified ☐ Free ☐ Reduced ☐ Direct Cert. ☐ SNAP ☐ TANF ☐ FDIPIR  
☐ Does Not Qualify Entered by: \_\_\_\_\_ Date: \_\_\_\_\_



## HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS

20\_\_\_\_ - 20\_\_\_\_

ENCUESTA DEL IDIOMA HABLADO EN EL HOGAR-DISTRITOS ESCOLARES CON GRADOS PRE - K-12



## STUDENT INFORMATION INFORMACIÓN DEL ESTUDIANTE

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Nombre del Alumno Last Name / Apellido(s) First Name / Primer Nombre Middle Name / Segundo Nombre Grado

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Student ID # \_\_\_\_\_ Gender: Male ☐ Female ☐  
 Fecha de Nacimiento MM/DD/AAAA Escuela N° de carnet estudiantil Género Masculino Femenino

Is the student of Hispanic or Latino culture or origin? Yes ☐ No: ☐  
 ¿Es el alumno de cultura u origen hispano o latino? Sí

Select one or more of the following races: Seleccione una o más de las siguientes razas:

☐ African American/Black (Afroamericano/Negra) ☐ Caucasian/White (Blanca) ☐ Asian (Asiática)  
☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native  
 (Nativo de Hawái u otra Isla del Pacífico) (Indio Americano/Nativo de Alaska)

1. What is the language routinely spoken in the home, regardless of the language spoken by the student? \_\_\_\_\_  
 ¿Cuál es el idioma que normalmente se habla en el hogar, independientemente del idioma que habla el alumno?

2. What is the dominant language most often spoken by the student? \_\_\_\_\_  
 ¿Cuál es el idioma predominante que con mayor frecuencia habla el alumno?

3. What language was first learned by the student? \_\_\_\_\_  
 ¿Qué idioma aprendió primero el estudiante?

4. Does the parent/guardian need interpretation services? Yes ☐ No ☐ If so, what language? \_\_\_\_\_  
 ¿Requiere el padre/guardián servicios de interpretación? Sí En su caso, ¿para qué idioma?

5. Does the parent/guardian need translated materials? Yes ☐ No ☐ If so, what language? \_\_\_\_\_  
 ¿Requiere el padre/guardián materiales traducidos? Sí En su caso, ¿a qué idioma?

6. What was the date the student first enrolled in a school in the United States? (MM/YYYY) \_\_\_\_\_  
 ¿En qué fecha se inscribió el alumno por primera vez en una escuela en Estados Unidos? MM/AAAA

Date (MM/DD/YYYY) Fecha (MM/DD/AAAA)

Parent/Guardian Signature Firma de los padres/guardián

## SCHOOL USE ONLY/Usó de la escuela solamente

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 (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 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 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				Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	Below Basic	Basic	Proficient	Advanced		
	Below Basic	Basic	Proficient	Advanced		
	Below Basic	Basic	Proficient	Advanced		%

  

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



**Chickasha Public Schools**  
Enrollment Questionnaire / Cuestionario de Inscripción

Student Name: <i>Nombre del estudiante</i>		Today's Date: <i>La Fecha de hoy</i>	
Date of Birth: <i>¿Cuál es la fecha de nacimiento de su hijo?</i>	Grade: <i>Grado</i>	School: <input type="checkbox"/> BWECC <input type="checkbox"/> Grand <input type="checkbox"/> Lincoln <i>¿A qué escuela asiste su hijo?</i> <input type="checkbox"/> CMS <input type="checkbox"/> CHS	

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire. *Votre enfant peut être admissible à d'autres services éducatifs par l'entremise de la Loi sur l'aide mckinney-vento du titre X, partie C. L'admissibilité peut être déterminée en remplissant ce questionnaire.*

**Where are you and your family currently living? ¿Dónde vive actualmente usted y su familia?**

**Please check one of the boxes below. Veuillez cocher l'une des cases ci-dessous.**

<b>Section A</b> <input type="checkbox"/> Rent/own my own home or apartment/ <i>Alquilar/Poseer mi propia casa o apartamento</i> <b>STOP:</b> If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your own home or apartment, please continue to the next section. <b>STOP:</b> Si marcó la casilla que alquila/posee su propia casa o apartamento, vaya a la parte inferior de la página, firme el formulario y, a continuación, envíelo al personal de la escuela. Si no alquila/posee su propia casa o apartamento, continúe con la siguiente sección.
<b>Section B</b> <input type="checkbox"/> Temporarily with another family member or friend until we can locate affordable housing/ <i>Temporalmente con otro familiar o amigo hasta que podamos localizar viviendas asequibles</i> <input type="checkbox"/> In an emergency or transitional shelter/ <i>En un refugio de emergencia o transición.</i> <input type="checkbox"/> In a vehicle, park, campground, or on the streets/ <i>En un vehículo, parque, campamento o en las calles.</i> <input type="checkbox"/> In a house, building, or trailer WITHOUT running water or electricity/ <i>En una casa, edificio, o casa móvil SIN agua potable o electricidad.</i> <input type="checkbox"/> In a hotel or motel/ <i>En un hotel o motel o hasta que podamos encontrar una vivienda económica</i> <input type="checkbox"/> With an adult that is not a parent or legal guardian/ <i>Avec un adulte qui n'est pas un parent ou un tuteur légal</i> <input type="checkbox"/> Alone or in different locations, without an adult serving as a caregiver/ <i>Solo o en diferentes lugares, sin un adulto que sirve como cuidador (jóvenes no acompañados)</i> <input type="checkbox"/> Wherever I can find a place to stay at night/ <i>Dondequiera que pueda encontrar un lugar para alojarse por la noche</i> <input type="checkbox"/> Other Please Explain/ <i>Otros, por favor explique:</i> _____

**If you checked a box in section B, in the space below please list all children currently living with you. Si marcó una casilla en la Sección B, en el siguiente espacio, enumere TODOS los niños que viven actualmente con usted.**

First and Last Name of Student / <i>Prénom et nom de famille de l'étudiant</i>	Gender/ <i>El género</i>	Date of Birth/ <i>Fecha de nacimiento</i>	Age/ <i>Edad</i>	Grade/ <i>Grado</i>
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child? *Aimeriez-vous être contacté par un employé de l'école pour discuter des services éducatifs supplémentaires qui pourraient être offerts à votre enfant?* ☐ YES/SÍ ☐ NO

*The undersigned certifies that the information provided is correct and accurate. Le soussigné certifie que les renseignements fournis sont exacts et exacts.*

(Type) Parent/Guardian or Adult Caring for the Student: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
*Escriba) Parent/Tuteur ou Adulte s'occupant de l'élève* *¿Cuál es su relación con el niño?*

Street Address/La dirección \_\_\_\_\_ City/La ciudad \_\_\_\_\_ State/ El estado \_\_\_\_\_ Phone Number/¿Cuál es su número de teléfono? \_\_\_\_\_  
 Signature/Firma: \_\_\_\_\_ Date/ La Fecha de hoy: \_\_\_\_\_  
 Email Address/¿Cuál es tu email?: \_\_\_\_\_



## Release Agreements (Annual Permissions)

## CHICKASHA PUBLIC SCHOOLS

Contrato de exoneración de responsabilidad (permisos anuales)

<p align="center"><b>Parent and student understand responsibility for these areas:</b> <b>Los padres y estudiantes entienden la responsabilidad de estas áreas:</b></p>	
<p><b>Expectations and Student Code of Conduct</b> - Student and parent understand the student will be held accountable for behavior and subject to disciplinary consequences outlined in the expectations and student code of conduct. <b>Expectativas y Código de Conducta del Estudiante:</b> El estudiante y los padres entienden que el estudiante será responsable de su comportamiento y estará sujeto a las medidas disciplinarias que se señalan en las expectativas y en el código de conducta del estudiante.</p>	
<p><b>Student Parent Handbook</b> - I acknowledge that CPS does not provide a printed version of the Student Parent Handbook, but that it can be accessed online at <a href="http://www.chickasha.k12.ok.us">www.chickasha.k12.ok.us</a>. I also acknowledge that it is my responsibility to familiarize myself with the information provided in the Student Parent Handbook. <b>El Manual de Estudiantes y Padres:</b> Reconozco que CPS no ofrece el Manual de Estudiantes y Padres en forma impresa, pero que se puede acceder en línea en <a href="http://www.chickasha.k12.ok.us">www.chickasha.k12.ok.us</a>. También reconozco que es mi responsabilidad familiarizarme con la información contenida en el Manual de Padres de Estudiantes.</p>	
<p><b>CPS Acceptable Use Policy (EFBCA)</b> - Student and parent understand violating the CPS acceptable use policy (EFBCA) may result in loss of internet/computer privileges and/or other district disciplinary measures. Student is given parent permission to access, produce, video conference, and communicate information on the district network resources for the current school year for class assignments under the supervision of teacher. <b>Política de Uso Aceptable (Acceptable Use Policy, EFBCA) de CPS:</b> El estudiante y los padres entienden que violar la política de uso aceptable (EFBCA) de CPS traerá como consecuencia que pierdan el privilegio del uso de Internet y de computadoras y que se les aplique otras medidas disciplinarias del distrito. Los estudiantes tienen el permiso de los padres para acceder, producir, realizar videoconferencias y comunicar información a través de los recursos de la red del distrito para el actual año escolar para realizar tareas de clase con la supervisión del maestro.</p>	
<p><b>District Resources Responsibility</b> - Parent will be responsible for any district resources (such as digital devices, library and textbooks, etc.) issued to student listed below for his/her use while he/she is enrolled in CPS. <b>Responsabilidad de Libros de Texto:</b> Los padres serán responsables por cualquier libro de texto que se otorgue al estudiante que se indica a continuación para su uso mientras esté inscrito en CPS.</p>	
<p align="center"><b>Unless 'No' is checked below, parent and student agree to the following:</b> <b>Salvo que se haya elegido 'No,' los padres o el estudiante aceptan lo siguiente:</b></p>	
<input type="checkbox"/> NO	<p><b>Student Directory Information</b> - Parent gives permission for release of student information which may include: name, address, telephone number, parent names, date and place of birth, major field of study, class designation (grade), extracurricular participation, achievements or honors, photograph or video, dates of attendance, and most recent educational institution student attended prior to enrolling in the CPS district. If student is a member of an athletic team, student height and weight may be provided to third parties upon request. Directory information will be provided, without parental notification or written authorization, to third parties who requests the information. <b>Información del Directorio del Estudiante</b> - El Padre da permiso para la divulgación de la información del estudiante que puede incluir: nombre, dirección, teléfono número, nombres de los padres, fecha y lugar de nacimiento, campo de estudio importante, designación de clase (grado), participación extracurricular, logros o honores, fotografía o video, fechas de asistencia, y más recientes estudiantes de la institución educativa asistieron antes de inscribirse en el CPS distrito. Si el estudiante es miembro de un equipo atlético, la altura y el peso del estudiante se pueden proporcionar a terceros a petición. La información del directorio se proporcionará, sin notificación parental o autorización por escrito, a terceros que soliciten la información.</p>
<input type="checkbox"/> NO	<p><b>Photo/Media Release Permission</b> - Under the supervision of the principal or district administrator for district activities, student and parent agree to the usage and/or publishing of photographs, video, or interview on the district website, social or news media websites, and yearbook. <b>Autorización de Uso de Grabaciones y Fotografías</b> - Con la supervisión del director o del administrador del distrito en las actividades del mismo, los estudiantes y los padres aceptan que se utilicen o publiquen fotografías, videos o entrevista en la página web del distrito, en las redes sociales o en medios informativos y el Anuario.</p>



<input type="checkbox"/> NO	<p><b>Medical Treatment</b> - When a principal or teacher is unable to reach you in the event that your child is injured in an accident or becomes seriously ill, emergency services may be called and the cost directed to you. Emergency services will only be called in medical emergencies and/or if you cannot be contacted. You must provide your school with current phone numbers and additional emergency contacts to be reached should your child become seriously ill or injured during school hours, thus requiring emergency medical treatment.</p> <p><b>Tratamiento Médico:</b> Si el director o un maestro no puede contactarlo en caso de que su hijo sufra una lesión en un accidente o se enferme gravemente, se llamará a la ambulancia el servicio de emergencia y usted cubrirá los costos. Solo se llamará a la el servicio de emergencia en caso de emergencia médica o si no podemos contactarlo. Debe proporcionar su número telefónico actual y contactos adicionales de emergencia para llamarlos en caso de que su hijo se enferme de gravedad o que sufra una lesión durante las horas escolares y requiera atención médica de emergencia.</p>
<input type="checkbox"/> NO	<p><b>Immunization Information-</b> Parent grants permission for CPS (OSIIS ID#460) to access student's immunization records on the Oklahoma State Information System (OSIIS) in accordance with HIPAA regulations to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. §1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310:535-1-3.</p> <p><b>Información de Inmunización-</b> Los padres conceden permiso para que CPS (OSIIS ID-460) acceda a los registros de inmunización del estudiante en el Oklahoma State Information System (OSIIS) de acuerdo con las regulaciones de la HIPAA para asegurarse de que el estudiante cumple con los requisitos de elegibilidad de Oklahoma para las escuelas/ guarderías, como se describe en el Título 70 O.S. 1210.191 y el Código Administrativo de Oklahoma ("OAC") 310:535-1-2 y OAC 310:535-1-3.</p>
<input type="checkbox"/> NO	<p><b>Tutors and Mentors-</b> CPS is committed to offering opportunities for the community to be involved in our schools. Through this commitment, your child may be provided with a tutor, mentor, and/or other volunteers who Will support educational achievement.</p> <p><b>Tutores y Mentores:</b> CPS está comprometido a ofrecer oportunidades a la comunidad para que se involucre con nuestras escuelas. A través de este compromiso, se le puede asignar a su hijo un tutor académico, mentor u otro voluntario que lo apoyará para lograr sus metas educativas.</p>
<input type="checkbox"/> NO	<p><b>Military Recruiters-</b> Parent grants permission for the CPS district to release directory information regarding the student listed below to military recruiters.</p> <p><b>Reclutadores militares-</b> Los padres conceden permiso para que el distrito de CPS publique información del directorio con respecto al estudiante que se enumeran a continuación a los reclutadores militares.</p>
<input type="checkbox"/> NO	<p><b>Corporal Punishment (FOB)-</b> Parent gives permission for the CPS district to administer corporal punishment only as a last resort after other reasonable corrective measures have been used without success.</p> <p><b>Castigo Corporal (FOB)-</b> El Padre da permiso para que el distrito de CPS administre el castigo corporal sólo como último recurso después de que otras medidas correctivas razonables se hayan utilizado sin éxito.</p>

<b>Print Student Name</b> Nombre del estudiante en letra imprenta	<b>Student Signature</b> Firma del estudiante	<b>Date</b> Fecha
<b>Print Parent/Guardian Name</b> Nombre del padre/guardián en letra imprenta	<b>Parent/Guardian Signature</b> Firma del padre o del guardián	<b>Date</b> Fecha



**CHICKASHA PUBLIC SCHOOLS-AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION**  
**AUTORISATION DE DIFFUSION D'INFORMATIONS SUR LA SANTÉ**

Pursuant to Oklahoma law, 63O.S.1-502.2, communicable and venereal disease information is confidential and disclosure must not be required by any school or state agency. Should you wish to disclose this information, written consent is required for each individual to which such information is to be disclosed. *Conformément à la loi de l'Oklahoma, 63O. S.1-502.2, les renseignements sur les maladies transmissibles et vénériennes sont confidentiels et la divulgation ne doit être exigée par aucune école ou organisme d'État. Si vous souhaitez divulguer ces renseignements, un consentement écrit est requis pour chaque personne à laquelle ces renseignements doivent être divulgués.*

**Student Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Nombre del estudiant La fecha de nacimiento*

**Grade/Grado:** \_\_\_\_\_ **School/¿A qué escuela asiste su hijo?:** ☐ BWECC ☐ Grand ☐ Lincoln ☐ CMS ☐ CHS

Please check any of the following conditions which your child has: *Veillez vérifier l'une des conditions suivantes que votre enfant a :*

☐ **My child has NO health conditions/concerns**

	Yes/Si	No		Yes/Si	No
Diagnosed by doctor/ <i>Diagnosticado por doctor</i> <input type="checkbox"/> ADD <input type="checkbox"/> ADHD	<input type="checkbox"/>	<input type="checkbox"/>	EpiPen for Allergic Reactions <i>EpiPen pour les réactions allergiques</i>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (mild/moderate)/ <i>Allergies (légères/modérées)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss/ <i>Perte auditive</i>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma-Uses inhaler/ <i>Inhalateur asthmatique</i>	<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition / <i>Maladie cardiaque</i>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding Disorder/ <i>Troubles de la coagulation</i>	<input type="checkbox"/>	<input type="checkbox"/>	Seizures/ <i>Saisies</i>	<input type="checkbox"/>	<input type="checkbox"/>
Cystic Fibrosis/ <i>Fibrose kystique</i>	<input type="checkbox"/>	<input type="checkbox"/>	Vision Concerns/ <i>Preocupaciones de la visión</i>	<input type="checkbox"/>	<input type="checkbox"/>
Depression/Anxiety/ <i>Dépression/anxiété</i>	<input type="checkbox"/>	<input type="checkbox"/>	Other/Otro (Explain/explicar)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes: <input type="checkbox"/> Type I Diabetes: <input type="checkbox"/> Type II <i>Diabetes Tipo I or Type II</i>	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal Issues: <i>Problèmes gastrointestinaux:</i> <input type="checkbox"/> Bowel/ <i>Intestin</i> <input type="checkbox"/> Bladder/ <i>La vejiga</i>	<input type="checkbox"/>	<input type="checkbox"/>

List Diagnosed Allergies/*Lista de alergias diagnosticadas:* \_\_\_\_\_

Child's reaction to Allergens? *Réaction de l'enfant aux allergènes?* \_\_\_\_\_

Additional information from parent/guardian:

**Medical information disclosed will include:** Medical diagnosis, current status of student's medical condition, and specific instruction as to how school staff may assist student during a medical crisis. *Les renseignements médicaux divulgués comprendront : le diagnostic médical, l'état actuel de l'état de santé de l'élève et l'instruction spécifique sur la façon dont le personnel scolaire peut aider l'élève pendant une crise médicale.*

**The parent/guardian will have available to the school:** Current working phone number and additional emergency contact numbers. The parent/guardian will inform the school nurse, in writing, of any changes in student's diagnosis or treatment. When a medical procedure is required, a doctor's order is to be obtained by the parent and given to the school nurse. *Le parent/tuteur sera à la disposition de l'école : numéro de téléphone de travail actuel et numéros de contact d'urgence supplémentaires. Le parent/tuteur informera l'infirmière de l'école, par écrit, de tout changement est le diagnostic ou le traitement de l'élève. Lorsqu'une intervention médicale est requise, l'ordre d'un médecin doit être obtenu par le parent et remis à l'infirmière de l'école.*

I give permission for medical information about my child be disclosed to staff employed by Chickasha Public Schools. *Je donne la permission que les informations médicales sur mon enfant soient divulguées au personnel employé par les écoles publiques de Chickasha.*

**Print Parent/Guardian Name:** \_\_\_\_\_ **Date/La Fecha:** \_\_\_\_\_  
*Escriba el nombre del padre o tutor*

**Parent/Guardian Signature/Firma de padre o guardián:** \_\_\_\_\_

This authorization is valid for as long as the above-indicated student is enrolled in Chickasha Public Schools. The parent/guardian may revoke this authorization at any time by submitting to the school nurse, a written notice of withdrawal of the above consent. *Cette autorisation est valide tant que l'élève susmentionné est inscrit dans les écoles publiques de Chickasha. Le parent/tuteur peut révoquer cette autorisation à tout moment en soumettant à l'infirmière de l'école, un avis écrit de retrait du consentement ci-dessus.*



**CHICKASHA PUBLIC SCHOOLS**  
**SCHOOL – PARENT – STUDENT COMPACT**  
**2020-2021**

Please check the school your child attends: ☐ BWECC ☐ Grand ☐ Lincoln ☐ CMS ☐ CHS

**OUR SCHOOL WILL:**

- ✓ Provide highly-qualified administrators and teachers who coordinate their curriculum and instructional efforts as a professional learning community.
- ✓ Deliver profound, insightful instructional support so that students can meet the State's academic achievement standards.
- ✓ Foster creativity, motivation, and mutual respect in a comfortable learning environment.
- ✓ Hold parent-teacher conferences two or three times each year during which this compact will be discussed as it relates to the individual child's achievement.
- ✓ Provide parents with frequent reports on their children's progress through scheduled conferences, quarterly report cards, reports following periodic assessments, student agendas, and other daily classroom feedback.
- ✓ Provide parents with reasonable access to staff during annual Welcome Night/orientation, scheduled parent-teacher conferences, and regular school days by email, telephone, or pre-arranged conference.
- ✓ Provide parents opportunities to volunteer and participate in their child's class, to observe classroom activities, and to attend school events or celebrations.

Teacher's Signature

Date

**AS A PARENT, I WILL:**

- ✓ Help my child develop a positive attitude toward school and view school as important
- ✓ Help my child understand school rules as stated in the handbook
- ✓ Guard my child's health by ensuring that physical needs (rest and nourishment) are met consistently
- ✓ Ensure that my child attends school regularly, arrives on time, and stays the duration of the school day
- ✓ Provide a quiet place for homework
- ✓ Monitor homework for completion
- ✓ Strive to read with my child *every* day
- ✓ Attend parent-teacher conferences
- ✓ Remain in contact with my child's teacher by reading and responding promptly to any notes from school

(Print) Parent's Name

Parent's Signature

Date

**AS A STUDENT, I WILL:**

- ✓ Demonstrate a positive attitude and be a responsible learner
- ✓ Attend school every day that I am not truly sick
- ✓ Follow school rules by respecting teachers, staff, other students, and school property whether I am inside the building, on the playground, or riding a bus
- ✓ Strive to do my best
- ✓ Complete assignments
- ✓ Do my homework every day and ask for help when I need it
- ✓ Give any school notes to my parents as soon as I get home each day

(Print) Student's Name

Student's Signature

Date





**U.S. Department of Education  
Office of Indian Education  
Washington, DC 20202  
TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. **This form should be kept on file and will not need to be completed every year.** Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**STUDENT INFORMATION**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
(As shown on school enrollment records)

Name of School \_\_\_\_\_

**TRIBAL ENROLLMENT**

Name of the individual with tribal enrollment: \_\_\_\_\_  
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: ☐ Child ☐ Child's Parent ☐ Child's Grandparent

Name of tribe or band for which individual above claims membership: \_\_\_\_\_

The Tribe or Band is (select only one):

- ☐ Federally Recognized  
☐ State Recognized  
☐ Terminated Tribe (Documentation required. Must attach to form)  
☐ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) \_\_\_\_\_

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ATTESTATION STATEMENT**

I verify that the information provided above is accurate.

Name Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

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

Email Address \_\_\_\_\_ Date \_\_\_\_\_



## INSTRUCTIONS FOR THE ED 506 FORM

### FOR APPLICANTS:

**PURPOSE:** To comply with the requirements in 20 USC 7427(a), which provides that: "The Secretary shall require that, as part of an application for a grant under this subpart, each applicant shall maintain a file, with respect to each Indian child for whom the local educational agency provides a free public education, that contains a form that sets forth information establishing the status of the child as an Indian child eligible for assistance under this subpart, and that otherwise meets the requirements of subsection (b)".

**MAINTENANCE:** A separate ED 506 form is required for each Indian child that was enrolled during the count period. A new ED 506 form does **NOT** have to be completed each year. All documentation must be maintained in a manner that allows the LEA to be able to discern, for any given year, which students were enrolled in the LEA's school(s) and counted during the count period indicated in the application.

### FOR PARENTS/GUARDIANS:

**DEFINITION:** Indian means an individual who is (1) A member of an Indian tribe or band, as membership is defined by the Indian tribe or band, including any tribe or band terminated since 1940, and any tribe or band recognized by the State in which the tribe or band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, 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 on October 19, 1994.

**STUDENT INFORMATION:** Write the name of the child, date of birth and school name and grade level.

**TRIBAL ENROLLMENT INFORMATION:** Write the name of the individual with the tribal membership. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one name: either the child, child's parent or grandparent, for whom you can provide membership information.

Write the name of the tribe or band of Indians to which the child claims membership. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally-recognized tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. If Terminated Tribe or Organized Indian Group is elected, additional documentation is required and must be attached to this form.

- **Federally Recognized-** an American Indian or Alaska Native tribal entity limited to those indigenous to the U.S. The Department of Interior maintains a list of federally-recognized tribes, which OIE can provide you upon request.
- **State Recognized-** an American Indian or Alaska Native tribal entity that has recognized status by a State. The U.S. Department of Education does not maintain a master list. It is recommended that you use official state websites only.
- **Terminated Tribe-** a tribal entity that once had a federally recognized status from the United States Department of Interior and had that designation terminated.
- **Organized Indian Group-** 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.

Write the enrollment number establishing the membership of the child, if readily available, or other evidence of membership. If the child is not a member of the tribe and the child's eligibility is through a parent or grandparent, either write the enrollment number of the parent or grandparent, or provide other proof of membership. Some examples of other proof of membership may include: affidavit from tribe, CDIB card or birth certificate. Write the name and address of the organization that maintains updated and accurate membership data for such tribe or band of Indians.

**ATTESTATION STATEMENT:** Provide the name, address and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

The Department of Education will safeguard personal privacy in its collection, maintenance, use and dissemination of information about individuals and make such information available to the individual in accordance with the requirements of the Privacy Act.

**PAPERWORK BURDEN STATEMENT** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W203, Washington, D.C. 20202-6335. OMB Number: 1810-0021 Expiration Date: 02/29/2020.