

**SEQUOYAH ELEMENTARY SCHOOL  
STUDENT ENROLLMENT FORM**

**\*MUST HAVE AT TIME OF ENROLLMENT (OFFICE USE ONLY)**

Grade: \_\_\_\_\_ Site: \_\_\_\_\_ Date enrolled: \_\_\_\_\_ Student ID # \_\_\_\_\_

Transfer ☐ In-District ☐ Proof of Residency (Electric Bill, Rental Agreement) ☐ POA/Lives With ☐ Birth Certificate ☐

Native Am Form ☐ Lunch Form ☐ Shot Record ☐ Withdraw Form ☐ Report Card ☐ Homeless ☐ ELL Form ☐

**STUDENT INFORMATION**

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

Student's Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: (if different from above): \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

Student Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F

**Hispanic** ☐ Ethnic Origin (circle all that apply): **Asian / Pacific Islander / American Indian / Black / White Other:** \_\_\_\_\_

Place of Birth: \_\_\_\_\_ If born outside of U.S., entry date in U.S.: \_\_\_\_\_

Country/State & City

First date in U.S. schools: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Student resides with check one: Mother ☐ Father ☐ Mother/Father ☐ Mother/Stepfather ☐ Father/Stepmother ☐

Grandparent ☐ Foster Care/Other \_\_\_\_\_ Who has legal custody? \_\_\_\_\_

**\*\*\*Court documents declaring custody must be in this child's school file.**

**Parent/Guardian 1** \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
(First Name) (Last Name)

Employer: \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent/Guardian 2** \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
(First Name) (Last Name)

Employer \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*Emergency contact other than above which access to student records may be given:** \_\_\_\_\_

**HEALTH/EMERGENCY INFORMATION**

Local adults other than parent/guardian we could notify in an emergency/illness and/or to whom we can release your child:

Name \_\_\_\_\_ Phone #'s: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone #'s: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone #'s: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please indicate if your child wears corrective lenses, hearing aid, orthopedic devices, prostheses, etc. \_\_\_\_\_

Please indicate any serious illness or physical disability i.e., allergies, asthma, epilepsy, diabetes, heart disease.  
\_\_\_\_\_

My child is currently taking the following prescription medication: \_\_\_\_\_

Student's physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

In case of serious accident/illness when parents cannot be contacted, do we have your permission to take your child to an appropriate medical facility? Yes or No Hospital choice: \_\_\_\_\_

Do you give consent for listed physician or ER physician to treat your child in your absence? Yes or No

If your child is covered by Health Insurance, please list provider: \_\_\_\_\_

Yes or No If yes, # \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**AMERICAN INDIAN REGISTRATION**

Do you have any degree of American Indian ancestry? Yes or No

*If yes, please complete a 506 Indian Form provided in your enrollment packet.*

Do have a CDIB card? Yes or No

**CDIB** # \_\_\_\_\_

**HOME LANGUAGE SURVEY**

Is a language other than English spoken in your home? Yes or No

If yes, what language? \_\_\_\_\_

**If yes, please fill out Form**

**(NEW STUDENTS ONLY) SCHOOLS ATTENDED**

Has student ever attended Sequoyah Public Schools? Yes or No

If yes, last date attended: \_\_\_\_\_

Has student withdrawn from previous school? Yes or No

If yes, date withdrawn: \_\_\_\_\_

**Name enrolled at previous school:** \_\_\_\_\_

Name and address of last school attended: \_\_\_\_\_

Phone # of previous school attended: (\_\_\_\_) \_\_\_\_\_

**OTHER CHILDREN IN HOME OR CURRENTLY IN SEQUOYAH PUBLIC SCHOOLS:**

Name

School & Grade

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMISSION REQUESTED**

YES – NO I give permission for my child to have access to the Sequoyah Public Schools network and the Internet.

YES – NO I give permission for my child's picture/class work to be used in publications. (Ex; Super Student in the newspaper)

YES – NO I give permission for my child to participate in class fieldtrips. (Information will be sent home prior to each trip)

YES – NO I give permission for my child to receive vision, hearing and any other screening tests.

YES – NO I give permission for my child to receive corporal punishment.

YES – NO Is this student serviced under an IEP or 504?

YES – NO Is this student currently in Foster Care?

YES – NO Is this student currently on a suspension from his/her previous school?

YES – NO Does your child live more than a mile and a half (1.5 miles) from the school he or she attends?

How does your child usually get to home from school? (Circle one) Car Rider OR Bus # \_\_\_\_\_

Child Care/Daycare – List provider: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

YES – NO Does your child reside in the Sequoyah School District? If no, what district? \_\_\_\_\_

YES – NO Is either parent/guardian in the military or a civilian working on government property?

If yes, who? \_\_\_\_\_ Where? \_\_\_\_\_

**Government properties that are eligible:**

VA Medical Center

Home Land Security

Claremore Indian Hospital

Federal Highway Admin.

Farming Indian Land

Cherokee Nation/Housing Authority

FAA

U.S. Postal Service

Cherokee Casino/Will Rogers Downs

U.S. Marshall Service

U.S. Geological Survey

U.S. Corp of Engineers

Uniformed Service: (National Guard, Army, Air Force, Marines, Navy, Reserves, Coast Guard)

*Any false statement subjects the above named student to immediate withdrawal. My signature certifies that I am the legal guardian and that all information provided is correct. The facts stated herein are true. The child resides with me and our residence is in the Sequoyah School District. If not in the district, I have completed the transfer paperwork in the superintendent's office.*

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**