

SEQUOYAH PUBLIC SCHOOL
STUDENT ENROLLMENT FORM 2021-2022

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

Grade: _____ Site: _____ Date enrolled: _____ Student ID# _____ ICAP Advisor _____

Transfer ☐ In-District ☐ POA ☐ Proof of Residency (Electric Bill, Rental Agreement) ☐ Birth Certificate ☐ Shot Record ☐

Indian Info ☐ Lunch Form ☐ Athletic Packet ☐ Withdraw Form ☐ Transcript ☐ 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 #: _____

Social Security Number (Last 4 digits): _____ Student Birth Date: _____ Age: _____

Gender: ___M___F

Ethnic Origin (check all that apply): ___Hispanic___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
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: ☐ Yes ☐ No

Please list provider: _____ Policy # _____

**SEQUOYAH ELEMENTARY SCHOOL
STUDENT ENROLLMENT FORM 2020-2021**

AMERICAN INDIAN REGISTRATION

Do you have any degree of American Indian ancestry? ☐ Yes ☐ No If you have a CDIB card # _____
If yes, please complete a 506 Indian Form provided in your enrollment packet.

HOME LANGUAGE SURVEY

Is a language other than English spoken in your home? ☐ Yes ☐ No If yes, what language? _____
If yes, please fill out Home Language Survey

SCHOOLS ATTENDED

Has student ever attended Sequoyah Public Schools? ☐ Yes ☐ No If yes, last date attended: _____
Has student withdrawn from previous school? ☐ Yes ☐ No If yes, date withdrawn: _____

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 Has this student ever been retained? If so, when? _____

☐ YES ☐ NO Is this student currently on a 504 plan?

☐ YES ☐ NO Is this student currently on an Individualized Education plan (IEP)?

☐ 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) Walk ☐ Car Rider ☐ Bus # _____
Child Care/Daycare – List provider: _____ Phone # _aaaa _____

☐ YES ☐ NO Does your child reside in the Sequoyah school district? If no, what district? _____

☐ YES ☐ NO Is your child a Transfer Student? (Residence is out of District) If yes, what district? _____

*While enrolled in SPS student will occasionally be photographed for publications & social media, participate in day field trips as a part of their instruction & receive vision, hearing and other screenings.

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 filling out this Form

Date

Parent/Guardian Signature

Date

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

- What is the dominant language **most often** spoken by the student? _____
- What is the language **routinely** spoken in the home, regardless of the language spoken by the student? _____
- What language was **first** learned by the student? _____
- Does the parent/guardian need **interpretation** services? Yes _____ No _____ If so, what language? _____
- Does the parent/guardian need **translated** materials? Yes _____ No _____ If so, what language? _____
- What was the date the student first enrolled in a school in the United States? _____
 MM/YYYY

Parent/Guardian Signature (Person filling out this Form)

Date (MM/DD/YYYY)

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 (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			
	Below Basic	Basic	Proficient	Advanced
	Below Basic	Basic	Proficient	Advanced
	Below Basic	Basic	Proficient	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	Composite / Percentile Score(s)

Question 1: Reference WAVE code 1036
 Question 2: Reference WAVE code 1037
 Question 3: Reference WAVE code 1038