

**SEQUOYAH PUBLIC SCHOOL  
STUDENT ENROLLMENT FORM**

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

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**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 # \_aaa \_\_\_\_\_

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

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

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 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 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