## SEQUOYAH PUBLIC SCHOOL STUDENT ENROLLMENT FORM 2022-2023

*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 Physcial Address:    City:    Zip Code:									
Mailing Address: (if different from above): Home Phone #:									
Socail Security Number (Last 4 digits): Student Birth Date: Age:									
Gender:MF									
Ethnic Origin (check all that apply):HispanicAsianPacific IslanderAmerican IndianBlackWhite 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)MotherFatherMother /FatherMother/StepfatherFather/StepmotherGrandparent OtherWho has legal custody?         OtherWho has legal custody?         Court documents declaring custody must be in this child's school file.									
Parent/Guardian 1									
(First Name) (Last Name) Employer: Work Phone #: Cell Phone #:									
Parent/Guardian 2 Relationship: Phone #:									
(First Name) (Last Name) (Last Name) 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, etcPlease 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 #: Phone #:									
In case of serious accident/illness when parents cannot be contacted, do we have your permission to take your child to an approprimedical facility? ""Yes or ""No Hospital choice:	iate								
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 2022-2023

AMERICAN INDIAN REGISTRATION         Do you have any degree of American Indian ancestry?         Yes       No If you have a CDIB card #							
HOME LANGUA Is a language other	GE SURVEY than English spoken in your home? ""[gu"""Pq If yes, what language? If yes, please fill out Home Language Survey						
Has student withdr	tended Sequoyah Public Schools? Yes No If yes, last date attended:						
Phone # of previous school attended: OTHER CHILDREN IN HOME OR CURRENTLY IN SEQUOYAH PUBLIC SCHOOLS: Name School & Grade							
<b>PERMISSION R</b> YES NO	EQUESTED Has this student ever been retained? If so, when?						
□YES □ NO	Is this student currently on a 504 plan?						
<b>YES NO</b>	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						
The second secon	Does your child reside in the Sequoyah school district? If no, what district?						
UYES NO	Is your child a Transfer Student? (Residence is out of Disctrict) 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

20<u>\_22</u> - 20<u>\_23</u>

HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS



CTUDENT	INFORMATION
STUDENT	

Name of Student: Last Name					Grade:					
Last Name	First Name	9	Middle Name							
Date of Birth: MM/DD/YYYY	School:	Student ID #		Gender:	Male F	emale				
Is the student of Hispanic or Latino cult	ure 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 <b>most often</b> spoken by the student?										
2. What is the language <b>routinely</b> spoken in the home, regardless of the language spoken by the student?										
3. What language was <b>first</b> learned	by the student?									
4. Does the parent/guardian need in	terpretation services? Yes	s No	_ If so, what langua	ge?						
5. Does the parent/guardian need <b>tr</b>	anslated materials? Yes _	No I	f so, what language	?						
6. What was the date the student first	st enrolled in a school in the	e United States? _	MM/YYYY							
Parent/Guardian Signature (I	Person filling out this Form)	)	Date (MM/DD/Y	YY)						
Please have test s	SC core documentation ave	CHOOL USE ONI ailable for the Re		ion Officer	to review.					
<ul> <li>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.</li> <li>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 <u>if</u> he or she meets one of the following (any selection below <u>REQUIRES</u> appropriate documentation):</li> </ul>										
<ul> <li>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).</li> <li>2. Scored Basic or Below Basic in ELA on the Oklahoma State Testing Program (OSTP).</li> <li>3. Scored at or below the 35<sup>th</sup> percentile (or equivalent) composite reading score from <u>spring</u> of the previous school year on a state approved norm-referenced test (NRT).</li> </ul>										
DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN										
ACCESS for ELLs 2.0, or ACCESS for		ergarten ACCESS, Date of WIDA Sc ELLs 2.0,or K-WAPT/WA ACCESS WIDA MO		VAPT or K		on WIDA Screener or WAPT/WAPT or WIDA MODEL				
	Composite / Overall Score				Composite / Overall Score					
	1.				1.					
	1. 1.									
Date(s) of ELA OSTP	Score(s) on ELA	A OSTP		Data of th	Oblahama Dav K	Score on Pre-K				
Below B		Proficient	Advanced		Oklahoma Pre-K Screening Tool	Language Screening Tool				
Below B		Proficient	Advanced			%				
Date(s) Norm Reference Test (NRT)	ASIC Basic Name of the NRT	Proficient Composite /	Advanced Percentile Score(s)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
				Que	stion 1: Reference stion 2: Reference stion 3: Reference	WAVE code 1037				