

**WYNNEWOOD PUBLIC SCHOOLS  
ENROLLMENT FORMS FOR STUDENTS  
2023-2024**

Student's Full Legal Name: \_\_\_\_\_

Student Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender:    MALE    FEMALE

Ethnic Group: \_\_\_\_\_ Hispanic:    Yes    No

CDIB Card:    Yes    No    (Please provide a copy of that)

Primary Language Spoken in the Home: \_\_\_\_\_

Former School: \_\_\_\_\_

NAME OF SCHOOL

CITY

STATE

Date of Enrollment: \_\_\_\_\_ Grade Level: \_\_\_\_\_

\_\_\_\_\_ Special Education

\_\_\_\_\_ 504 Plan

Health Concerns: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Inhaler:    Yes    No

EpiPen:    Yes    No

Medication Given at School on a Regular Basis    Yes    No

**WYNNEWOOD PUBLIC SCHOOLS  
ENROLLMENT FORMS FOR STUDENTS  
2023-2024**

**STUDENT'S PRIMARY PARENT/GUARDIAN:**

Name: \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Birth **M/D/YR** \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

LIVES W/STUDENT     LEGAL GUARDIAN     CUSTODY     ACCESS TO RECORDS  
 PICKUP RIGHTS     SEND TEXT/EMAIL ALERTS

**STUDENT'S SECONDARY PARENT/GUARDIAN:**

Name: \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Birth **M/D/YR** \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

LIVES W/STUDENT     LEGAL GUARDIAN     CUSTODY     ACCESS TO RECORDS  
 PICKUP RIGHTS     SEND TEXT/EMAIL ALERTS

**ADDITIONAL EMERGENCY CONTACTS**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

**WYNNEWOOD PUBLIC SCHOOLS  
ENROLLMENT FORMS FOR STUDENTS  
2023-2024**

**ADDITIONAL PEOPLE WITH PERMISSION TO  
PICK UP YOUR CHILD**

Name _____	Phone _____
RELATIONSHIP _____	
Name _____	Phone _____
RELATIONSHIP _____	
Name _____	Phone _____
RELATIONSHIP _____	
Name _____	Phone _____
RELATIONSHIP _____	

**OTHER SIBLINGS ATTENDING  
WYNNEWOOD SCHOOLS**

Name _____	Grade Level _____

**INDIVIDUALS PROHIBITED FROM PICKING UP STUDENTS**

Name _____	Relationship _____

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WYNNEWOOD PUBLIC SCHOOLS  
ENROLLMENT FORMS FOR STUDENTS  
2023-2024**

**BUS RIDING RULES**

***This form must be completed if your student will ride the bus to and from home, AND if your student rides the bus for any reason, including field trips and extra-curricular events such as athletics and academic competitions.***

Students must follow the rules set by the school and driver. Failure to follow the rules will result in disciplinary action. Bus drivers will fill out a discipline report for the principal, and at that time, it will be determined what action will be taken. Bus riding is a privilege.

The bus driver and principal will work with the student to maintain their bus riding privilege. If the behavior is severe enough or the student does not modify their behavior, they are subject to suspension from the bus.

1. Walk at least 10 feet in front of the bus while loading and unloading.
2. Never try to reach for anything under the bus. Ask the driver to get it.
3. Find a seat; sit down with feet facing forward. Feet should not be in the aisle.
4. Stay seated at all times while the bus is moving.
5. Profanity, bullying, and tobacco products will not be tolerated.
6. No kicking, hitting, shoving, or inappropriate touching.
7. Obey the bus driver at all times.
8. If the driver assigns a seat for behavior reasons, the student must sit there.
9. Keep the bus clean. Use the trash can.
10. Show respect to the driver and other students.
11. Throwing of objects of any kind is prohibited.
12. Destruction of school property by vandalizing the bus is not tolerated.
13. Students will not be allowed to hold their arms or objects out the windows.
14. Talking and noise should be kept to a tolerable level. No yelling.

The bus driver has a great deal of responsibility to see that each student receives a safe ride to and from school. You are encouraged to support the action taken by the driver and to cooperate with the corrective action initiated by the school district.

I have been instructed as to the rules and expected behavior of a bus passenger. I will do my part in making sure that the bus reaches its destination in a safe manner by following the rules set by the school district.

Student's name \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_

**WYNNEWOOD PUBLIC SCHOOLS  
ENROLLMENT FORMS FOR STUDENTS  
2023-2024**

**WYNNEWOOD SCHOOL  
BUS INFORMATION REQUEST**

Name of student: \_\_\_\_\_

Please circle the correct response:

My student is a:

- a. Full time bus rider    b. part time bus rider    c. never rides the bus

Answer this question concerning the bus ride to school:

My student rides this bus to school **MOST** days:

- a. Orange    b. Brown    c. Green    d. Blue    e. Yellow    f. Red

Answer this question concerning the bus ride home:

My student rides this bus home **MOST** days:

- a. Orange    b. Brown    c. Green    d. Blue    e. Yellow    f. Red

My student lives:

- a. **Less** than 1.5 miles from the middle school  
b. **More** than 1.5 miles from the middle school

Parent / Guardian signatures:

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

**WYNNEWOOD PUBLIC SCHOOLS  
ENROLLMENT FORMS FOR STUDENTS  
2023-2024**

**Photograph and Information Permission Form**

**General School Publications (circle one)**

**YES**

**NO**

- ✓ My child's photograph (individual or group) may be published in the yearbook and school publications.
- ✓ My child's photograph (individual or group) may be published in state and local newspapers.
- ✓ My child's full name may be used to identify him/her in publications.
- ✓ My child's class (teacher/grade/level/school) may be used to identify him/her in publications.
- ✓ My child's work (writing, drawings, etc.) may be published in school publications and state and local newspapers.
- ✓ My child's full name may be used to identify his/her work.
- ✓ My child's class (teacher/grade level/school) may be used to identify his/her work.

**Internet Publications (circle one)**

**YES**

**NO**

- ✓ My child's photograph (individual or group) may be published on the Internet/Wynnewood school website.
- ✓ My child's first name and last initial may be used to identify his/her photograph on the Internet/Wynnewood school website.
- ✓ My child's class (teacher/grade level/school) may be used to identify his/her photograph on the Internet/Wynnewood school website.
- ✓ My child's work (writing, drawings, etc.) may be published on the Internet/Wynnewood school website.
- ✓ My child's first name and last initial may be used to identify his work on the Internet/Wynnewood school website.
- ✓ My child's class (teacher/grade level/school) may be used to identify his/her work on the Internet/Wynnewood school website.
- ✓ My child may work to construct and publish an Internet website.

**THIS DOCUMENT SHALL REMAIN VALID UNTIL REVOKED IN WRITING BY PARENT/GUARDIAN**

I give permission for my child to have their picture and name published for educational purposes only. This release allows Wynnewood Schools to create photographs, video, and audio recordings of my child, as well as written or recorded oral descriptions of my child and their school projects. These materials will be used for educational purposes only. I agree to participate without financial remuneration, and I understand that this releases Wynnewood Public School from any future claims as well as from any liability arising from the use of said media.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Student Name (print)

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

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**WYNNEWOOD PUBLIC SCHOOLS  
ENROLLMENT FORMS FOR STUDENTS  
2023-2024**

**WYNNEWOOD BOARD OF EDUCATION – POLICY EFBCA-E**

**INTERNET ACCESS CONDUCT AGREEMENT**

*Every student, regardless of age, must read and sign below:*

I have read, understand, and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the school district’s computer network and the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me. I understand I have no expectation of privacy with regard to my use of the school district’s technology.

User’s Name (print clearly) \_\_\_\_\_ Home Phone: \_\_\_\_\_

User’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Status: Student \_\_\_\_\_ Staff \_\_\_\_\_ Patron \_\_\_\_\_ I am 18 or older \_\_\_\_\_ I am under 18 \_\_\_\_\_

If I am signing this policy when I am under 18, I understand that when I turn 18, I will have to sign another policy.

Parent or Guardian: (If applicant is less than 18 years of age, a parent or guardian must also read this agreement.)  
As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the school district’s Acceptable Use and Internet Safety Policy for the student’s access to the school district’s computer network and the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child or ward’s responsibility for abiding by the policy. I am, therefore, signing this policy and agree to indemnify and hold harmless the school, the school district, and the Data Acquisition Site that provides the opportunity to the school district for computer network and Internet access against all claims, damages, losses, and costs, of whatever kind that may result from my child’s or ward’s use of his or her access to such networks and/or his or her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child or ward’s use of his or her access account if and when such access is not in the school setting. I hereby give permission for my child or ward to use the building-approved account to access the school district’s computer network and the Internet.

Parent or Guardian (please print): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

This agreement is valid for the \_\_\_\_\_ school year only.

**WYNNEWOOD PUBLIC SCHOOLS**  
**ENROLLMENT FORMS FOR STUDENTS**  
**2023-2024**

Middle Level School-Parent Compact

*Our school philosophy as a school is that families, students and school staff should work in partnership to help each student reach his/her potential. **As partners we agree to the following:***

**As a student I will:**

- Believe that I can learn and will learn;
- Read for at least 30 minutes, five days a week;
- Come to class on time, ready to learn and with assignments completed;
- Set aside time every day to complete my homework;
- Know and follow the school and class rules;
- Follow the school's uniform dress code;
- Regularly talk to my parents and my teachers about my progress in school; and
- Respect my school, classmates, staff and family.

Student Signature: \_\_\_\_\_

**As a parent/guardian or family member I will:**

- Talk to my child regularly about the value of education;
- Monitor television viewing and make sure that my child reads every day;
- Make sure that my child attends school every day, on time, and with homework completed;
- Support the school's discipline and uniform dress code;
- Monitor my child's progress in school;
- Make every effort to attend school events such as parent-teacher conferences, open house and back-to-school night;
- Ensure that my child receives adequate sleep, regular medical attention and proper nutrition;
- Participate in shared decision making with school staff and other families for the benefit of students; and
- Respect the school, staff, students and families.

Parent/Guardian Signature: \_\_\_\_\_

**As a teacher I will:**

- Communicate high expectations for every student;
- Endeavor to motivate my students to learn;
- Teach and involve students in classes that are interesting and challenging;
- Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community;
- Enforce rules equitably and involve students in creating a warm and caring learning environment in the class;
- Communicate regularly with families about their child's progress in school'
- Provide assistance to families on what they can do to support their child's learning;
- Participate in shared decision making with other school staff and families for the benefit of students' and
- Respect the school, staff, students and families.

Teacher Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Student: \_\_\_\_\_

Returned and filed at school this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.



**WYNNEWOOD PUBLIC SCHOOLS  
ENROLLMENT FORMS FOR STUDENTS  
2023-2024**

# WYNNEWOOD PUBLIC SCHOOLS ENROLLMENT FORMS FOR STUDENTS 2023-2024

20____ - 20____	<b>HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS</b>			
<b>STUDENT INFORMATION</b>				
Name of Student: _____		Grade: _____		
Last Name	First Name	Middle Name		
Date of Birth: _____		School: _____		
MM/DD/YYYY		Student ID # _____		
		Gender: Male _____ Female _____		
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		
Date (MM/DD/YYYY)				
<b>SCHOOL USE ONLY</b>				
<i>Please have test score documentation available for the Regional Accreditation Officer to review.</i>				
<input type="checkbox"/> 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.				
<input type="checkbox"/> 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 <b>REQUIRES</b> appropriate documentation):				
<input type="checkbox"/> 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.				
<input type="checkbox"/> 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).				
<input type="checkbox"/> 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).				
<b>DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN</b>				
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(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score		Composite Score	
	Literacy Score		Literacy Score	
	1.		1.	
	2.		2.	
	1.		2.	
Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	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	Reading Total Composite Score(s) %		
<b>From Above:</b> Question 1: Reference WAVE code 1038 Question 2: Reference WAVE code 1037 Question 3: Reference WAVE code 1038				

# WYNNEWOOD PUBLIC SCHOOLS ENROLLMENT FORMS FOR STUDENTS 2023-2024

20__ - 20__	ENCUESTA DEL IDIOMA HABLADO EN EL HOGAR PARA DISTRITOS ESCOLARES PRE-KINDER			
<b>DATOS DEL ALUMNO</b>				
Nombre del alumno: _____		Grado: _____		
Apellido(s)	Nombre	Segundo nombre		
Fecha de nacimiento: _____ MM/DD/AAAA	Escuela: _____	No. de carnet estudiantil: _____		
		Género: M _____ F _____		
¿Es el alumno de cultura u origen hispano o latino? Sí _____ No _____				
Seleccione una o más de las siguientes razas:				
_____ afroamericana/negra	_____ amerindia o nativa de Alaska	_____ asiática		
_____ hawaiana o isleña del Pacífico	_____ caucásica/blanca			
1. ¿Cuál es el idioma predominante que con mayor frecuencia habla el alumno? _____				
2. ¿Cuál es el idioma que normalmente se habla en el hogar, independientemente del idioma que habla el alumno? _____				
3. ¿Cuál fue el idioma que el alumno aprendió por primera vez? _____				
4. ¿Requiere el padre/tutor servicios de interpretación? Sí _____ No _____ En su caso, ¿para qué idioma? _____				
5. ¿Requiere el padre/tutor materiales traducidos? Sí _____ No _____ En su caso, ¿a qué idioma? _____				
6. ¿En qué fecha se inscribió el alumno por primera vez en una escuela en Estados Unidos? _____ MM/AAAA				
_____ Fecha (MM/DD/AAAA)	_____ Firma del padre/tutor			
<b>SOLO PARA USO INTERNO</b>				
<i>Favor de facilitar al Oficial Regional de Acreditación documentación que avale las calificaciones en el examen para su revisión.</i>				
<input type="checkbox"/> 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.				
<input type="checkbox"/> 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):				
<input type="checkbox"/> 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.				
<input type="checkbox"/> 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).				
<input type="checkbox"/> 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).				
<b>DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN</b>				
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(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score		Composite Score	
	Literacy Score		Literacy Score	
	1.		1.	
	2.		2.	
	1.		2.	
Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	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	Reading Total Composite Score(s) %		
<b>From Above:</b> Question 1: Reference WAVE code 1038 Question 2: Reference WAVE code 1037 Question 3: Reference WAVE code 1038				

**WYNNEWOOD PUBLIC SCHOOLS  
ENROLLMENT FORMS FOR STUDENTS  
2023-2024**

**Impact Aid Program Survey Form**  
The survey date is: 2023-2024 School Year

**All boxes must be filled in with complete information if applicable**

**STUDENT INFORMATION**

Student's Last Name	First Name	M. I.	Date of Birth	Grade	School Name
Address		City		State	Zip Code
If the above property is a federal property, enter the name of the property.		Name of federal property			

**Fill in the above boxes with complete and accurate information**

**PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN**

Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States <i>and</i> 2) either parent/guardian with whom the student resided was employed on federal property, <i>or</i> 3) either the parent/guardian reported to work on federal property <i>on the survey date</i> . Enter the parent/guardian's name as it appears on the employer's payroll record.					
Parent/Guardian's Last Name	First Name and M.I.	Name of Parent/Guardian's Employer			
Address of Parent/Guardian's Employer		City		State	Zip Code
Name of federal property					
Address of federal property		City		State	Zip Code

**Fill in the above boxes with complete and accurate information**

**PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES**

Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States <i>on the survey date</i> .			
Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank

**Fill in the above boxes with complete and accurate information**

**PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY**

Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official and a foreign military officer <i>on the survey date</i> .			
Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
Name of Foreign Government			

**Fill in the above boxes with complete and accurate information**

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Education Act), and *may* be provided to the U.S. Department of Education *if* your school district's application for payment is audited. This form *must* be signed and dated for your school district to receive funds based on this information.

**\* By signing this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.**

**WYNNEWOOD PUBLIC SCHOOLS  
ENROLLMENT FORMS FOR STUDENTS  
2023-2024**

Signature of  
Parent/Guardian \_\_\_\_\_  Date \_\_\_\_\_

**WYNNEWOOD PUBLIC SCHOOLS  
ENROLLMENT FORMS FOR STUDENTS  
2023-2024**

OMB Number: 1810-0021 Expiration Date: 07/31/2019

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 \_\_\_\_\_

**WYNNEWOOD PUBLIC SCHOOLS  
ENROLLMENT FORMS FOR STUDENTS  
2023-2024**



## JOM Information

### Student Info

Student Name \_\_\_\_\_

Tribe Name \_\_\_\_\_

Member ID \_\_\_\_\_ Grade \_\_\_\_\_

CDIB \_\_\_\_\_

### Parent Info

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

### Sibling Info

Name \_\_\_\_\_ Age \_\_\_\_\_

**WYNNEWOOD PUBLIC SCHOOLS  
ENROLLMENT FORMS FOR STUDENTS  
2023-2024**

**PARENTAL AUTHORIZATION TO ADMINISTER PRESCRIPTION MEDICINE**

**Medicine that will be kept in the office**

I am the parent with legal custody, the legal guardian, or individual assuming permanent care and custody of \_\_\_\_\_, a student attending Wynnewood Public Schools. This student requires medication at intervals during the school day.

I hereby give my consent and authorize the school principal or an administrative assistant (an employee of the school district designated by the principal, and me) to:

- Administer \_\_\_\_\_, a non-prescription medication that I am freely supplying you, in accordance with the written instructions of the child's physician that is attached hereto.
- Administer \_\_\_\_\_, a filled prescription medication that I am hereby supplying you, in accordance with the directions for administration of the medicine listed on the label of the vial and/or in accordance with the written instructions of the physician prescribing the medication, which is attached hereto.

I understand the state law, the board of education, the school district, or the employees of the district shall not be liable to the student or the student's parent or guardian for civil damages for any personal injuries to the student which result from acts or omissions of school employees in administering the medicine I have hereby authorized or from the self-administration of medication by the student.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

**Signature** (Parent with legal custody, Guardian or Individual assuming permanent care and custody)

**WYNNEWOOD PUBLIC SCHOOLS  
ENROLLMENT FORMS FOR STUDENTS  
2023-2024**

**OSIIS - Authorization to Use or Share Protected Health Information to School or Day Care**

Student Name: \_\_\_\_\_

Demographic/Client ID #: \_\_\_\_\_

*(For School/Day Care receiving PHI to fill out)*

Date of Birth: \_\_\_\_\_

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to: WYNNEWOOD PUBLIC SCHOOLS  
*(Name of Person/Organization receiving PHI)*

**The information may be disclosed for the following purpose(s):**

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

Other: \_\_\_\_\_

**I understand that by voluntarily signing this authorization:**

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be **one year** from the date of my signature or upon

the occurrence of the following event [ e.g., child no longer enrolled in school/day care center] \_\_\_\_\_

\_\_\_\_\_  
Signature of Student or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Legal Representative's Authority