

PERKINS-TRYON MIDDLE SCHOOL INFORMATION FORM

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
LAST FIRST MIDDLE

SOCIAL SECURITY# \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ BIRTH COUNTRY \_\_\_\_\_ SEX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY/ZIP CODE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PREVIOUS SCHOOL \_\_\_\_\_ ADDRESS/PHONE \_\_\_\_\_

FATHER \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FATHER'S ADDRESS \_\_\_\_\_

FATHER'S EMAIL ADDRESS \_\_\_\_\_  
(used for school communication involving discipline referrals, grades, notifications, etc)

FATHER'S EMPLOYMENT/OCCUPATION \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MOTHER \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MOTHER'S ADDRESS \_\_\_\_\_

MOTHER'S EMAIL ADDRESS \_\_\_\_\_  
(used for school communication involving discipline referrals, grades, notifications, etc)

MOTHER'S EMPLOYMENT/OCCUPATION \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARENT(S) ARE IN MILITARY SERVICE: \_\_\_ Armed Forces \_\_\_ Reserves \_\_\_ National Guard

STUDENT LIVES WITH (CIRCLE ONE): BOTH PARENTS MOTHER FATHER GUARDIAN

ALTERNATE CONTACT PERSONS:

1. \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_ PHONE \_\_\_\_\_

STUDENT MAY BE CHECKED OUT BY THE FOLLOWING PERSONS ONLY:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

ARE YOU OF HISPANIC/LATINO CULTURE OR ORIGIN? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHAT IS YOUR RACE? (CHOOSE ONE OR MORE)

\_\_\_\_\_ AMERICAN INDIAN OR ALASKAN NATIVE \_\_\_\_\_ ASIAN \_\_\_\_\_ BLACK/AFRICAN

\_\_\_\_\_ NATIVE HAWIIAN OR OTHER PACIFIC ISLANDER AMERICAN \_\_\_\_\_ WHITE

**PARENT RELEASE FORM**

**PLEASE READ AND ANSWER THE FOLLOWING STATEMENTS**

**MEDICAL**

I AUTHORIZE THE SCHOOL TO ADMINISTER THE FOLLOWING:

TYLENOL \_\_\_\_\_ YES \_\_\_\_\_ NO IBUPROFEN \_\_\_\_\_ YES \_\_\_\_\_ NO COUGH DROPS \_\_\_\_\_ YES \_\_\_\_\_ NO

I AUTHORIZE THE SCHOOL TO ADMINISTER A PRESCRIPTION MEDICINE \_\_\_\_\_ YES \_\_\_\_\_ NO

\*\*\* (FORMS SPECIFIC TO THOSE MEDICATIONS ARE AVAILABLE IN THE OFFICE) \*\*\*

DOES YOUR CHILD HAVE ANY ALLERGIES OR MEDICAL CONCERNS? IF SO, PLEASE LIST: \_\_\_\_\_ YES \_\_\_\_\_ NO

**SCHOOL**

MY CHILD WILL ABIDE BY THE CLASSROOM PROCEDURES AS STATED IN EACH OF THE TEACHER'S CLASSROOM SYLLABUSES. \_\_\_\_\_ YES \_\_\_\_\_ NO

MY CHILD HAS PERMISSION TO BE INCLUDED IN A SCHOOL PICTURE \_\_\_\_\_ YES \_\_\_\_\_ NO

MY CHILD'S PICTURE MAY BE RELEASED TO THE NEWSPAPER \_\_\_\_\_ YES \_\_\_\_\_ NO

MY CHILD'S PICTURE MAY BE RELEASED TO THE PERKINS-TRYON SCHOOL WEBSITE \_\_\_\_\_ YES \_\_\_\_\_ NO

I HAVE RECEIVED A SCHOOL HANDBOOK OR WILL ACCESS IT BY WAY OF THE SCHOOL WEBSITE AND AGREE TO FOLLOW ALL RULES, REGULATIONS AND GUIDELINES STATED WITHIN IT. \_\_\_\_\_ YES \_\_\_\_\_ NO

**PARENT PORTAL ACCESS**

IF YOU NEED A PASSWORD TO THE PARENT PORTAL, PLEASE CONTACT THE OFFICE AT 405-547-5715. THIS SITE WILL PROVIDE YOU ACCESS TO YOUR CHILD'S CLASSROOM PROGRESS AND ATTENDANCE STATUS THROUGHOUT THE YEAR.

**SCHOOL SERVICES**

MY CHILD IS ON AN IEP OR 504 PLAN \_\_\_\_\_ YES \_\_\_\_\_ NO

PLEASE LIST ANY SPECIAL NEEDS OR CONCERNS YOU HAVE FOR YOUR CHILD:

WHEN THIS FORM IS SIGNED, IT GIVES PERKINS-TRYON SCHOOLS PERMISSION TO OBTAIN EMERGENCY MEDICAL AND/OR DENTAL TREATMENTS FOR YOUR STUDENT IF THE SCHOOL CANNOT REACH EITHER YOU OR THE ALTERNATE CONTACT PERSONS LISTED ABOVE. I GIVE MY CONSENT FOR PERKINS-TRYON SCHOOL TO SEEK EMERGENCY MEIDCAL AND /OR DENTAL TREATMENT FOR MY STUDENT.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**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 \_\_\_\_\_

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

\_\_\_\_\_  
 Date (MM/DD/YYYY)

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

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.
  - 2. Scored unsatisfactory or limited knowledge in Reading 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(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	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	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
	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) %

**From Above:**  
 Question 1: Reference WAVE code 1036  
 Question 2: Reference WAVE code 1037  
 Question 3: Reference WAVE code 1038

## 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 under 18 years of age, a parent or guardian must also read and sign 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's or ward's responsibility for abiding by the policy. I am, therefore, signing this policy and agree to indemnify and hold harmless to 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's 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: \_\_\_\_\_