

2019-2020 Elementary
1st-5th Grade Enrollment Packet



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|--|-----------|
| 1. IEP/504 Accommodations | Yes or No |
| 2. Authority to Transfer Educational Records | Yes or No |
| 3. Copy of Parent/Guardian ID | Yes or No |
| _____ in cases of divorce/current custody papers required | |
| _____ in cases of guardianship/current court ordered papers required | |
| 4. Proof of Residency Form, Copy of Electric or Water Bill,
Lease and/or Verification of Residency Form | Yes or No |
| 5. Title VI Eligibility Form (Indian Education) | Yes or No |
| 6. Initial Enrollment Form | Yes or No |
| 7. Child Nutrition/Free and Reduced price meal benefits | Yes or No |
| 8. Copy of State Issued Birth Certificate | Yes or No |
| 9. Social Security Card | Yes or No |
| 10. Copy of Up to Date Shot Records | Yes or No |
| 11. Current School Photograph/Portrait of Students (Wallet Size) | Yes or No |
| 12. Student/Parent Usage Agreements (Media Publications, Handbook) | Yes or No |
| 13. Student Medical & Health History/Sooner Care# _____ | Yes or No |

4 year old programs/Pre-K ___ 4 doses DTP/DTPaP ___ 3 doses Polio
___ 1 dose MMR ___ 3 doses HEP B ___ 2 doses HEP A ___ 1 dose Varicella

Kindergarten-6th grade ___ 5 doses DTP/DTPaP ___ 4 doses Polio
___ 2 dose MMR ___ 3 doses HEP B ___ 2 doses HEP A ___ 1 dose Varicella

*Please complete information and return to Elementary office to complete enrollment.

(To be completed by school personnel)

Date Received _____ Office Signature _____

DIBBLE PUBLIC SCHOOLS NEW STUDENT ENROLLMENT INFORMATION

ID# _____ Processing Date _____ Grade _____ Bus _____

Last School Attended _____
(School Name) (City) (State)

Student's Legal Name _____
(Last) (First) (Middle) (Nickname)

Student's Birthdate _____ Birthplace _____
(Mo.) (Day) (Year) (City) (State)

Address _____

City _____ State _____ Zip Code _____ Student SS# _____

Health Insurance/Sooner Care# _____ Student ID Number _____

Primary Phone _____ Email _____

Custody Papers in effect? Yes/No
Is the student currently receiving Special Education Services or Speech? Yes/No
Has the student ever qualified for Gifted/Talented classes? Yes/No

Please explain driving directions to your home _____

____ Male ____ Female Ethnicity: ____ Black ____ Native American ____ Asian ____ Caucasian ____ Pacific Islander

Is any language other than English used in your home? If so, Language _____ Yes/No
Has the student ever qualified for ESL services? Yes/No
Date first enrolled in any U.S. School _____

Please list names of adults with whom the child lives:

Name	Relationship	Place of Employment	Contact Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Local Emergency Contacts:

Other Children in home:	Name	Age	Grade/School
_____	_____	_____	_____
_____	_____	_____	_____

Parent Name Printed _____ Parent Signature _____

Authority to Transfer Education Records

To: _____
SCHOOL DISTRICT/AGENCY

STREET ADDRESS/P.O. BOX CITY STATE ZIP

In accordance with the Family Education Rights and Privacy Act (FERPA), 34 CFR 99.31,
transfer of education records is requested for:

NAME OF CHILD BIRTHDATE

PARENT SIGNATURE DATE

Request for education records includes, but is not limited to: health, grades, cumulative,
discipline records, and special education records. Transfer of student records, including
disciplinary records, must be made in a timely manner, within three business days of receipt of
request, under state law. (70 O.S. 24-101.4)

DIBBLE ELEMENTARY SCHOOL
PO BOX 9
DIBBLE, OK 73031
PH# 405-344-6868 FAX# 405-344-6868

From: _____
SIGNATURE OF SCHOOL DISTRICT/AGENCY OFFICIAL DATE

Education records are maintained and released in accordance with the Family Educational Rights
and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to
be disclosed if requested. Further disclosure of the above records will be in accordance with

STUDENT MEDICAL AND HEALTH HISTORY

TO BE COMPLETED BY PARENT

DATE _____

Student's Name _____ D.O.B. _____ Grade _____

GENERAL HEALTH CONCERNS: Please (x) any of the following conditions your child has:

____ ADD or ADHD When was it diagnosed? _____ Medications? _____
Will they need to be taken at school? _____ How often? _____

____ Allergies: (food, pets, etc...) Please list _____

____ What happens when allergies occur? _____

____ Epi-Pen needed? (circle) Yes No

____ Asthma-Is an inhaler used? Yes No How Often? _____

List all medications taken for Asthma _____

____ Heart Problems _____

____ Diabetes /Age it was diagnosed: _____ Doctor's Name _____ *(copy of plan will be needed)*

____ Seizure Disorder/Last seizure date: _____ Medication: _____

____ Surgeries _____

____ Concussion/Fractures: Date and Type: _____

____ Emotional Concerns/Medications: _____

____ Any other Health Concerns? _____

***All medication needs to be turned into office.** Parents must notify school office to update the medical health history page.

Parent Signature _____ **Date:** _____

VERIFICATION OF RESIDENCE

Student's Name _____

Parent/Guardian _____

Physical Address _____

Housing Addition _____ County _____

Mailing Address _____

Telephone Numbers _____

I hereby verify that my child resides with me in the _____ school district, at the above address. I understand that under law I am required to immediately notify school officials if there is a change in the above address/residence.

Signature of Parent/Legal Guardian Date

House Bill 557, effective July 1, 1997, implements a \$500 penalty for those providing false residency false residency information to schools.

Acceptable documents are listed below. Documents must be on file submitted to verify the above address information.

DO NOT WRITE BELOW THIS LINE. FOR SCHOOL OFFICIAL USE ONLY.

- Current utility bill reflecting the service address (GAS, ELECTRIC or WATER ONLY)
- Mortgage Agreement
- Home/Apartment Lease Agreement
- Transfer (____ Intra-District ____ Inter-District)
- Residency Affidavit

VERIFICATION: _____ ACCEPTED: _____ DENIED: _____

SIGNATURE OF SCHOOL OFFICIAL _____ DATE _____

PROOF OF RESIDENCE AFFIDAVIT

Dibble Public Schools
100 Main Street
PO Box 9
Dibble, OK

RE: Students

Student's Names

Date of Birth

Physical Address of Residence

STATE OF OKLAHOMA }
 }SS
COUNTY OF MCCLAIN }

The undersigned (relative, caretaker, homeowner, or landlord) of lawful age, being first duly sworn, on oath says that the above referenced school-aged children are legally and fully residing within a property owned and maintained by the undersigned.

(Relative, Caretaker, Homeowner, or Landlord)

Subscribed and sworn to before me this _____ *day of* _____

Notary Public (or Clerk or Judge)

Commission Expires _____