

## Kremlin-Hillsdale Public Schools Enrollment Information 2020-2021

### NEW STUDENT INFORMATION

Name: _____ Middle _____ Last _____ :	
Does this student have siblings in this school? Please list name(s) & grade(s)	
Student Cell Phone #:	Student E-mail Address:
Race: <input type="checkbox"/> 1 Black <input type="checkbox"/> Hispanic/Latino <i>(If checked please also check one race to the left)</i> <input type="checkbox"/> 2 American Indian <input type="checkbox"/> 4 Asian                      Gender: <input type="checkbox"/> Male <input type="checkbox"/> 5 Pacific Islander <input type="checkbox"/> Female <input type="checkbox"/> 6 White/Caucasian	
Date of Birth:	City & State of Birth:
Birth Date Verification <input type="checkbox"/> 1 Birth Certificate <input type="checkbox"/> 5 Parent Statement <input type="checkbox"/> 6 School Records <input type="checkbox"/> 9 Other	Grade:  Previous School:  Entry Date:
Is student on a transfer? <input type="checkbox"/> NO <input type="checkbox"/> College/Core Curriculum <input type="checkbox"/> YES-Open Transfer                      or <input type="checkbox"/> YES-Emergency Transfer <input type="checkbox"/> State Curriculum Distance from Home to School <input type="checkbox"/> More than 1.5 Miles <input type="checkbox"/> Less than 1.5 miles After school my child will: <input type="checkbox"/> Will be picked up at the front door of the Elementary/High School Building <input type="checkbox"/> Ride the Enid Bus <input type="checkbox"/> Ride the Hillsdale Bus <input type="checkbox"/> Ride the Quail Meadows Bus <input type="checkbox"/> Ride the East Bus	
Student lives with: <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Other	
<b>MOTHER'S/GUARDIAN INFORMATION                      FATHER'S/GUARDIAN INFORMATION</b>	
Name:	Name:
Mailing Address: _____ Zip: _____	Mailing Address: _____ Zip: _____
Street Address: _____ Zip: _____	Street Address: _____ Zip: _____
Home Phone #:	Home Phone #:
Cell Phone #:	Cell Phone #:
E-mail Address:	E-mail Address:
Place of Employment:	Place of Employment:
Work Phone #:	Work Phone #:
Previous School:	School Phone #:
Is this student on an IEP: <input type="checkbox"/> YES <input type="checkbox"/> NO                      Is this student in the Gifted program: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please provide: Immunization Records, Proof of Residency, Birth Certificate, Transcript &/or Withdrawal Form	

**PERSONS WHO MAY CHECK THIS STUDENT OUT OF SCHOOL &/OR PICK-UP AFTER SCHOOL  
& WHO SERVE AS EMERGENCY CONTACTS (Use different names & numbers from the previous page)**

Name:	Name:
Day Phone #: circle one: Home Cell Work	Day Phone #: circle one: Home Cell Work
Relationship: (friend, neighbor, grandpa etc.)	Relationship: (friend, neighbor, grandpa etc.)

Name:	Name:
Day Phone #: circle one: Home Cell Work	Day Phone #: circle one: Home Cell Work
Relationship: (friend, neighbor, grandpa etc.)	Relationship: (friend, neighbor, grandpa etc.)

**CUSTODY INFORMATION**

Are there circumstances about the custody of your child that we should know about, which limit the sharing of records, picking up of your child etc? YES \_\_\_ NO \_\_\_ (It is the parent's/guardian's responsibility to keep the school informed of changes in custody by providing the office current and complete legal documents each year and after any changes.)

**MEDICAL INFORMATION**

Preferred Hospital:	Primary Physician:
Insurance Company:	Policy Number:
Special Medical Considerations: (Please be specific) <b>Attach Medical management Plan</b>	
Allergies:	

**TRIP PERMISSION**

Student Name: \_\_\_\_\_, a student of Kremlin-Hillsdale School system, has my permission to make school sponsored trips during this school year. Kremlin-Hillsdale Schools and the sponsor shall not be held responsible for any accidents occurring on such trips. The sponsor has my permission to obtain medical attention in case of an emergency. I also agree that in the event of misconduct on the part of my child, which could reflect upon the school, the sponsor shall have the right to send him or her home at his/her own expense.

Parent Signature:	Date:
Student Signature:	Date:

**BUS RULES:** Students must be transported to and from all activity trips, academic or athletic, on school provided transportation. The only exception is that a parent or legal guardian may personally take students from a school sponsored event after checking the student out through the coach or sponsor to get approval. Any other exception is with prior (48 hours) approval of the principal. Improper conduct on the bus will result in disciplinary action. Any damage to the bus and/or bus equipment will be paid for by the student/parent and will also result in disciplinary action.

Parent Signature:	Date:
Student Signature:	Date:

**INTERNET AGREEMENT**

I have received a copy of the policies titled *Internet and Technology Systems Safety and Appropriate Use* and *Use of Computer and Electronic Communication Equipment and Services*. I have read and agree to abide by their provisions. I understand that any violation of the use provisions may result in disciplinary action including, but not limited to, suspension and/or revocation of network privileges and suspension from school.

Student Signature:	Date:
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**INTERNET AGREEMENT CONTINUED**

I have read the Kremlin-Hillsdale Public Schools policies titled *Internet and Technology Systems Safety and Appropriate Use* and *Use of Computer and Electronic Communication Equipment and Services*. I understand that the School District has taken reasonable precautions to ensure that access to controversial material is limited to the extent possible. I realize, however that it is not possible to completely prevent access to inappropriate material. I will monitor my child's use of the network and his/her access to

the Internet and will accept full responsibility for supervision in that regard if and when my child's use is not in a school setting. I hereby release the School District from liability in the event that my child acquires inappropriate material through use of the District's computing resources or the Internet. I hereby request that the District issue an account for my child and certify that the information contained on this form is correct.

Parent Signature:	Date:
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Please circle YES or NO on the following statements:

- YES NO Corporal punishment may be used on my student, if deemed necessary.
- YES NO My student's name and address may be released for academic purposes (school phonebook, etc.)
- YES NO My student has permission to swim in the Kremlin-Hillsdale School pool for their physical education class.
- YES NO I have received a copy of the drug testing policy and understand that before my child is eligible to participate in any extra curricular activities during this school year, they must provide a urine sample on the designated test date.
- YES NO I received a copy of Meningococcal Vaccines-What You Need To Know.
- YES NO My student has permission to have a hearing screening and the school has permission to receive the results.
- YES NO My student has permission to have a vision screening and the school has permission to receive the results.
- YES NO My student has permission to have a scoliosis screening (grades 5, 7, & 8) and the school has permission to receive the results.
- YES NO My student has permission to attend the 7th Grade Girls Abstinence Tea or 7th Grade Boys Abstinence Tailgate.
- YES NO My student has permission to have a head lice check and the school has permission to receive the results.
- YES NO I give KHPS permission to publish my student's name & picture on the KHS website, Enid News & Eagle and E-Kids Magazine or any news article that may occur during the school year.

Parent Signature:	Date:
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Student Signature:	Date:
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# 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: \_\_\_\_\_  
*(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

**Acknowledgement of Receipt of Oklahoma Statute Title 21-491**

**Oklahoma Statute Title 21-491**

*“Whoever, in a trial, hearing, investigation, deposition, certification or declaration, in which the making or subscribing of a statement is required or authorized by law, makes or subscribes a statement under oath, affirmation or other legally binding assertion that the statement is true, when in fact the witness or declarant does not believe that the statement is true or knows that it is not true or intends to thereby to avoid or obstruct the ascertainment of the truth, is guilty of perjury. It shall be a defense to the charge of perjury as defined in this section that the statement is true.”*

Your signature below signifies that you have read and understand that willfully making a false or misleading statement, to any officer or employee of Kremlin-Hillsdale Public Schools is an act of perjury. You are further acknowledging that you understand that Kremlin-Hillsdale Public Schools will notify the appropriate authorities if there is suspicion that state law has been broken. The appropriate authorities will investigate and submit their findings to the Garfield County District Attorney’s office for their review to determine if there is sufficient evidence to prosecute the person accused of committing perjury. You further understand that Kremlin-Hillsdale Public Schools will cooperate fully with local authorities in the investigation and prosecution of anyone committing perjury for the purpose of obtaining enrollment in Kremlin-Hillsdale Public Schools.

\_\_\_\_\_

Print Full Name

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

Kremlin-Hillsdale Public Schools Proof of Residency Form

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
Grade

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

\_\_\_\_\_  
School Year

\_\_\_\_\_  
Print Physical Address for Parent/Guardian/Student

\_\_\_\_\_  
City / Zip Code

\_\_\_\_\_  
Phone Numbers where you can be reached

It shall be unlawful for any person to willfully make a false or misleading statement, to any officer or employee of the Kremlin-Hillsdale Public School District for the purpose of obtaining enrollment in the Kremlin-Hillsdale Public School District. Any willful misstatement on this form shall be a felony punishable by imprisonment for up to 5 years. (Oklahoma Statute Title 21-491 & Title 21-500(3))

I, \_\_\_\_\_ am the parent  
or guardian of \_\_\_\_\_, and I am seeking  
to enroll him/her in the Kremlin-Hillsdale Public School District and I certify under  
penalties of perjury that I have read and understand the above statement and  
I further certify, under penalty of perjury, that the above-name school-age  
child, or children, actually live(s) at:

\_\_\_\_\_ which is located inside the  
borders of the Kremlin-Hillsdale Public Schools District.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Enrollee(s)

THE PERSON SIGNING THIS FORM MUST PROVIDE A COPY OF THEIR DRIVER  
LICENSE OR OTHER GOVERNMENT PHOTO ID.

**THIS FORM MUST BE SIGNED IN THE PRESENCE OF A KREMLIN-HILLSDALE PUBLIC  
SCHOOLS EMPLOYEE WHO IS A NOTARY.**

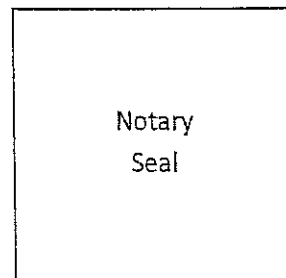
State of: \_\_\_\_\_ County of: \_\_\_\_\_

Subscribed and Sworn before me on: \_\_\_\_\_

\_\_\_\_\_  
Kremlin-Hillsdale Public Schools Employee Notary Signature:

My Commission Expires: \_\_\_\_\_

My Commission Number: \_\_\_\_\_



2020-2021

**\*\*RETURNING STUDENT\*\***  
Kremlin-Hillsdale Public Schools

Verification of Residency in the Kremlin-Hillsdale District:

It shall be unlawful for any person to willfully make a false or misleading statement, either verbal or written, to any officer or employee of the Kremlin-Hillsdale Public School District for the purpose of obtaining enrollment in the Kremlin-Hillsdale Public School District. Any willful misstatement on this form shall be a misdemeanor punishable by imprisonment not to exceed one (1) year or a fine not to exceed five hundred dollars (\$500) or both such fine and imprisonment.

I, \_\_\_\_\_ am the parent or guardian  
of \_\_\_\_\_

\_\_\_\_\_, am seeking to enroll him/her in the  
Kremlin-Hillsdale Public School District and I certify under penalties of perjury that I  
have read and understand the above statement and I further certify, under penalty of  
perjury, that the above-name school-age child, or children, actually lives at:

\_\_\_\_\_ which is located  
inside the borders of the Kremlin-Hillsdale Public Schools District and our telephone  
number is (\_\_\_\_\_) \_\_\_\_\_.

Signature

Relationship to Enrollee(s)

Do Not Write Below This Line

*To Be Completed by School Enrolling Officer*

BUS ROUTE \_\_\_\_\_

BUS - Yes / No

Along with a current (unexpired or issued within the last 30 (thirty) days) government  
issued photo ID

the following verification in the name of the above parent/guardian and showing the address of  
the residence has been accepted as proof of residency in the Kremlin-Hillsdale School District.

\_\_\_\_\_ Current Utility Bill (Utility Bill is Gas, Water, or Electric or land-line phone service. Cell  
Phone is

Not acceptable. Cable is acceptable for land-line phone service only.)

\_\_\_\_\_  
Kremlin-Hillsdale School Enrolling Officer 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 (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



KREMLIN-HILLSDALE ELEMENTARY SCHOOL

HOME QUESTIONNAIRE

Print Name \_\_\_\_\_

Grade \_\_\_\_\_

Date \_\_\_\_\_

Please check the definition that best describes your nighttime residence:

\_\_\_\_\_ Shelters, transitional housing, or are awaiting foster care placement

\_\_\_\_\_ Doubled-up (including runaway youth or unaccompanied youth who live with relatives or friends due to being homeless.)

\_\_\_\_\_ Unsheltered (cars, parks, campgrounds, abandoned buildings, temporary trailer, substandard or inadequate housing, etc.)

\_\_\_\_\_ Hotels/Motels

\_\_\_\_\_ Other-please explain \_\_\_\_\_

\_\_\_\_\_ None of the above

KREMLIN-HILLSDALE PUBLIC SCHOOL  
MEDICAL ALERT FORM

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRIMARY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

PLEASE CHECK THE FOLLOWING CONDITION(S) THAT APPLY TO YOUR STUDENT:

Diabetic; type: \_\_\_\_\_ Seizures; type: \_\_\_\_\_

Allergies; list: \_\_\_\_\_ Heart; diagnosis: \_\_\_\_\_

Neurological; diagnosis: \_\_\_\_\_ Joint/Muscle; diagnosis: \_\_\_\_\_

Pulmonary; diagnosis: \_\_\_\_\_ Metabolic; diagnosis: \_\_\_\_\_

Chronic illness; diagnosis: \_\_\_\_\_ Irritable Bowel Syndrome: \_\_\_\_\_

Migraines: \_\_\_\_\_ Other; diagnosis: \_\_\_\_\_

Asthma: \_\_\_\_\_

Please list symptoms of condition: \_\_\_\_\_

I, hereby grant permission for the secretarial personnel at Kremlin-Hillsdale School to give my child medication furnished by me in the dosage described below:

Kind of Medicine \_\_\_\_\_ Dosage \_\_\_\_\_

Kind of Medicine \_\_\_\_\_ Dosage \_\_\_\_\_

Parent/Guardian(s) Signature \_\_\_\_\_

Date \_\_\_\_\_