HILLDALE PUBLIC SCHOOLS



313 East Peak Blvd Muskogee, OK 74403

2020-2021

KINDERGARTEN - 5TH GRADE

STUDENT INFORMATION

Student Name:				
	(First)	(Middle)	(Last)	
Sex Grade	Birth Date	Birth Place		
Citizenship: (Please	Circle One) <u>United Stat</u>	tes Other:		_
Ethnicity: (Please Cir Check if Hispanic/Lat	cle One) <u>African Americar</u> ino <mark>□</mark>	n American Indian	Asian Pacific Islander	<u>Caucasian</u>
Native Language: (Ple	ease Circle One) English	Other / If Other Plo	ease Specify:	
Has Student ever atte	ended Hilldale Schools?	Last Sch	ool Attended	
Student Address		City	State	Zip Code
Mailing Address (if o	lifferent from above) C	ity	State	Zip Code
PARENT INFOR	MATION			
Parent/Guardian #	1	Home Phone		Cell Phone
Home Address	City	y	State	Zip Code
E-mail address				
Employer		Work Phone		Ext:
Please circle: P	arent Legal Guardia	n Foster Parent	Therapeutic Fost	er Parent

Parent/Guard	arent/Guardian #2 Home Phone				Cell F	Phone
Home Address	SS	City	S	tate	Zip	Code
E-mail address	SS					
Employer		Work	Phone		Ext:	
Please circle	e: Parent	Legal Guardian	Step Parent	Foster Parent		
Either paren	t employed (On Federal Property?		Yes	or	No
Is student cu	irrently under	r a suspension from anot	her school?	Yes	or	No
Has student	been enrolled	d in special education cla	asses through an IE	P? Yes	or	No
Has student	been enrolled	d in gifted and talented c	lasses?	Yes	or	No
		shelter, abandoned space	10		or	No
Does the stu	dent have a f	ixed, regular, and adequ	ate nighttime reside	ence? Yes	or	No
		English spoken in your h			or	No
Is either par	ent currently	serving in the military?	YES	NO		
If yes, Paren	t Name:			Chec	k one	below
	Act	ive Rese	rve N	ational Guard		
Please list an	ny siblings cu	urrently attending Hillda	le Public Schools:			
		Name			Grade	
guardian and certifies that	that all info the address	subject to immediate wir rmation provided is corr given on this enrollment the Hilldale School Dist	rect and the facts star form is correct and	ted are true. My	signat	ture als
Doronta' or (Guardians' Si	anaturas		Dat		

Hilldale Public Schools – Student Pick-up list & Emergency Treatment Form

"Other" If Parents are Unavailable	Relation to Child	Home #	Work #
"Other" If Parents are Unavailable	Relation to Child	Home #	Work #
"Other" If Parents are Unavailable	Relation to Child	Home #	Work #
"Other" If Parents are Unavailable	Relation to Child	Home #	Work #
Specific Health Conditions (asthma, o	liabetes, heart, seizures,	allergies etc.)	
First Aid/Food Allergies (Calamine, I	Bactine, Neosporin, adhe	esive, latex, pean	uts, shellfish etc.)
Student's Regular Physician	Address		Phone Number
Patient and Insurance Information: Medical History or Problems			
Current Medication(s)			
Medical Insurance Name		•	
Employer	Gro	oup Number	
In case of serious illness or injury and to seek emergency medical or dental to for the above-named child. In case of licensed physician or dentist in the be Education, the school district or emplinjuries incurred, or to the student or pachild.	treatment and for transport from the mergency situation as tinterest of the student oyees of the district shall	ortation (ambular on when such trea . I understand th I not be held liab	nces or other emergency veh atment/diagnosis is advised at under state law the Board ble for the medical expenses
X Signature of Parents		I	Date

School Permission Form

N AT	child	•	1 1	•	permission to	
IV/IX	i child	1 C	nerens	i given	nermission to	`
LVI	CIIIIG	10	TICICO	ZIVCII	permission u	•

	School Event	Yes	No
1	Receive individual/group visual, hearing, speech, language, and/or scoliosis screening by a designee of Hilldale Public Schools.		
2	Be evaluated for appropriate instructional programs.		
3	Have pictures taken or use video for classroom display.		
4	Have pictures taken or be interviewed to appear in News Releases, Internet, and other publications sponsored by the school.		
5	Have picture taken for the School Yearbook.		
6	Ride the bus to the Event Center for special assemblies and theatrical productions.		
7	Walk on nature hikes around the school vicinity and walk to the fire station by the school.		
8	Attend Field Trips. The school will send a notice in advance of any field trip.		
9	Use of the rock climbing wall in the P.E. gym. I understand that this activity involves some risk of injury and I will stress the importance of following the class safety rules when we discuss this activity at home.		

X	
Parents' or Guardians' Signatures	Date

Initial Enrollment Prior Participation Form Student Information

Student Legal Name:		
First Name		Last Name
Student Date of Birth: Month	Day	Year
Student Gender - Please circle one:	Male	Female

Did the student participate in any of the following programs? Please indicate by checking YES or NO for each statement.

	Programs	Yes	No
1	Childcare program that is licensed pursuant to the tiered licensing system established by the Department of Human Services (a DHS licensed childcare program). THIS IS NOT LATCHKEY.		
2	The SOONER START program operated by the State Department of Education.		
3	The Oklahoma Parent as Teacher (OPAT) program operated by the State Department of Education.		
4	The Children First program operated by the State Department of Health.		
5	Any child abuse prevention program operated by the State Department of Health.		
6	Any federally funded Head Start program.		

Hilldale Public Schools

313 E. Peak Blvd Muskogee, OK 74403

ph. 918-683-0273 fax 918-683-8725

Chad Kirkhart, Asst. Supt. ckirkhart@hilldaleps.org

Parental Authorization to Administer Medical Attention

	Parental Authorizati	ion to Administer Medical Attention	
I am the parent with	n legal custody or the leg	gal guardian of	who
		ent requires medical attention as a resunel my consent and authorization to tre	-
	liable to the student or s	of Education, the school district, and/ tudent's parents or guardians for civil	- ·
	Dated this da	y of,20	
	Parent with Legal C	Sustody or Guardian	
	Home Address		
	P	Proof of Insurance	
	nt to participate in athleti t you have adequate insu	ics, students must purchase accident in rance.	nsurance or sign this
Yes, we have	re adequate insurance and	d do not wish to purchase accident ins	urance.
Student's Name		Parent's Name	
Date			
Parent/Guardian Sig	gnature	_	

Hilldale Public Schools

Authority to Transfer Education Records

PREVIOUS SCHOOL:	School District/Agency		
PHONE/FAX #	City	State	ZIP
Request for education recormath assessments and speci	rds includes, but is not limited to al education records. In accorda FR 99.31) transfer of education r	: health, grades, cu ance with the Fami	mulative, any reading/ ly Education Rights and
Name of Child	Birthdate	Current (Grade
Is this student currently sus	pended or expelled?	Yes	No
The student intends Therefore, please so	s to enroll or is enrolle end records to:	d in our scho	ol district.
□ HPS Enrollment 313 E. Peak Blvd. Muskogee, OK 74403	Jennifer Bane Enrollment Coordinator jbane@hilldaleps.org	(918)686-6056	Fax (918) 686-2195
□ Special Education 313 E. Peak Blvd. Muskogee, OK 74403	Deborah Tennison Asst. Superintendent dtennison@hilldaleps.org	(918) 686-6056	Fax (918) 686-2195
□ Lower Elementary 315 E. Peak Blvd. Muskogee, OK 74403	Christina Hamm, Asst. Prin. Attn: Teresa Riddle triddle@hilldaleps.org	(918) 683-9167	Fax (918) 682-2069
□ Upper Elementary 315 E. Peak Blvd. Muskogee, OK 74403	Donna Lorenz, Asst. Prin. Attn: Erin Parker eparker@hilldaleps.org	(918) 683-1101	Fax (918) 682-2069
☐ Hilldale Middle School 400 E. Smith Ferry Rd. Muskogee, OK 74403	Darren Riddle, Prin. Attn: Kristina Hawk khawk@hilldaleps.org	(918) 683-0763	Fax (918) 683-0766
☐ Hilldale High School 300 E. Smith Ferry Rd. Muskogee, OK 74403	Josh Nixon, Prin. Attn: Angela McCoy amccoy@hilldaleps.org	(918) 683-3253	Fax (918) 683-0622

Education records are maintained and released in accordance with the Family Education Rights & 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 34 CFR 99.31.

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HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS



		STU	UDENT INFORM	MATION				
Name of Student:Last Nam	ne	First Name	M	iddle Name		Grade:		
Date of Birth:	School:		Student ID #		Gender	Male	Female	
Is the student of Hispanic or I	_atino culture or origir	? Yes	No					
African American/Bla	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 lar	nguage most often sp	ooken by the stud	dent?					
2. What is the language ro	utinely spoken in the	home, regardles	s of the language	spoken by the stud	lent?			
3. What language was firs	t learned by the stude	nt?						
4. Does the parent/guardia	n need interpretatio r	services? Yes _	No	If so, what langua	ge?			
5. Does the parent/guardia	n need translated ma	aterials? Yes	No If	so, what language	?			
6. What was the date the s	tudent first enrolled in	a school in the U	United States?	MM/YYYY				
				IVIIVI/YYYY				
Date (MI	M/DD/YYYY)				Parer	nt / Guardian Sig	nature	
			IOOL USE ONLY					
	ve test score docun						C 1111	
 Other language than English the accreditation report. Other language than English report <u>if</u> he or she mee 		n questions 1 – 3 ab	ove. The student is cla	ssified as "less often" a				
	h Learner on one of the Ok A MODEL, K-WAPT, W-AI				LLs 2.0, Alter	nate ACCESS for E	LLs,	
2. Scored Basic or B	elow Basic in ELA on the C v the 35 th percentile (or equ	klahoma State Testir	ng Program (OSTP).		l year on a sta	ate approved norm-	referenced test (NRT).	
	DOCUMENTA	ATION OF A TEST R	ESULT FOR STUDEN	TS MARKED LESS OF	TEN			
Date(s) of Kindergarten ACC ACCESS for ELLs 2.0, o		core(s) on Kinderga ACCESS for ELL		Date of WIDA S K-WAPT/W			WIDA Screener or PT/WAPT or	
Alternate ACCESS Test	:	Alternate ACC		WIDA MO	DEL		A MODEL e / Overall Score	
	1.					1.		
	1. 1.			_				
Date(s) of ELA OSTP	1	Score(s) on ELA O	OSTP		Data of the	Oklahoma Pre-K	Score on Pre-K	
	Below Basic Below Basic	Basic Basic	Proficient Proficient	Advanced Advanced		Screening Tool	Language Screening Tool	
	Below Basic	Basic	Proficient	Advanced			%	
Date(s) Norm Reference Test (NR	T) Name of th	e NRT	Composite / P	ercentile Score(s)				
							WAVE code 1036 WAVE code 1037	
							WAVE code 1038	