HILLDALE PUBLIC SCHOOLS

313 East Peak Blvd Muskogee, OK 74403

2018-19

UPPER AND LOWER ELEMENTARY

STUDENT INFORMATIO	N			
Student Name:(Fi	irst)	(Middle)	(Last)	
Sex Grade	Birth Date	Birth Place		
Citizenship: (Please Circle	One) <u>United State</u>	s Other:		
Ethnicity: (Please Circle Or Check if Hispanic/Latino		American Indian	Asian Pacific Islander	<u>Caucasian</u>
Native Language: (Please Circle One) <u>English</u> <u>Other</u> / If Other Please Specify:				
Has Student ever attended	Hilldale Schools?	Last Scl	hool Attended	
Student Address		City	State	Zip Code
Mailing Address (if different	nt from above) Cit	y	State	Zip Code

PARENT INFORMATION

Parent/Guardian #	#1	Ho	me Phone		Cell Phone
Home Address		City		State	Zip Code
E-mail address					
Employer		Wo	ork Phone		Ext:
Please circle:	Parent	Legal Guardian	Foster Parent	Therapeutic F	oster Parent

Parent/Guardian	#2	Home Ph	one		Cell I	Phone
Home Address		City		State	Zip	Code
E-mail address						
Employer		Work F	Phone		Ext	:
Please circle:	Parent	Legal Guardian	Step Parent	Foster Paren	t	
Either parent en	nployed O	n Federal Property?		Ye	es or	No
Is student curren	ntly under	a suspension from anoth	ner school?	Ye	es or	No
Has student bee	n enrolled	in special education cla	sses through an IE	P? Ye	es or	No
Has student bee	n enrolled	in gifted and talented cl	asses?	Ye	es or	No
		shelter, abandoned space Iltiple families because o	10		s or	No
Does the studen	it have a fi	xed, regular, and adequa	te nighttime reside	ence? Ye	es or	No
		nglish spoken in your ho		Ye	es or	No
Is either parent	currently	serving in the military?	YES	NO		
If yes, Parent Na	ame:			Che	ck one	e below
-	Activ	ve Reser	ve N	ational Guard		
Please list any s	biblings cur	rently attending Hilldal	e Public Schools:			
		Name			Grade	9
				1		

Any false statements are subject to immediate withdrawal. My signature certifies that I am the legal guardian and that all information provided is correct and the facts stated are true. My signature also certifies that the address given on this enrollment form is correct and that the student is a legal resident and/or transfer student in the Hilldale School District.

"Other" If Parents are Unavailable Relation to Child Home # Work # "Other" If Parents are Unavailable Relation to Child Work # Home # "Other" If Parents are Unavailable Relation to Child Home # Work # "Other" If Parents are Unavailable Relation to Child Home # Work

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

Specific Health Conditions (asthma, diabetes, heart, seizures, allergies etc.)

First Aid/Food Allergies (Calamine, Bactine, Neosporin, adhesive, latex, peanuts, shellfish etc.)

Student's Regular Physician	Address	Phone Number
Patient and Insurance Information:	D.O.B	
Medical History or Problems		
Current Medication(s)		
Medical Insurance Name	Policy Nun	1ber
Employer	Group Numbe	r

In case of serious illness or injury and all persons listed above cannot be located, Hilldale School is authorized to seek emergency medical or dental treatment and for transportation (ambulances or other emergency vehicles) for the above-named child. In case of non-emergency situation when such treatment/diagnosis is advised by a licensed physician or dentist in the best interest of the student. I understand that under state law the Board of Education, the school district or employees of the district shall not be held liable for the medical expenses or injuries incurred, or to the student or parents. I authorize and consent to all emergency medical treatment for my child.

<u>X</u>	
Signature of Parents	Date



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

I am the parent with legal custody or the legal guardian of who attends Hilldale Public School. If this student requires medical attention as a result of sports participation, I hereby give medical personnel my consent and authorization to treat my child.

I understand that under state law, the Board of Education, the school district, and/or employees of the district shall not be liable to the student or student's parents or guardians for civil damages for any personal injures to the student.

Dated this _____ day of, _____ 20____

Parent with Legal Custody or Guardian

Home Address

Proof of Insurance

In order for a student to participate in athletics, students must purchase accident insurance or sign this form indicating that you have adequate insurance.

Yes, we have adequate insurance and do not wish to purchase accident insurance.

Student's Name

Parent's Name

Date

Parent/Guardian Signature

School Permission Form

My child ______ is hereby given permission to:

	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.		

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

Authority to Transfer Education Records

	PREVIOUS SCHOOL: School District/Agency					
PHONE/FAX #	City	State	ZIP			
In accordance with the Famile education records is requeste	ly Education Rights and Privac ed for:	y Act (FERPA, 34 C	CFR 99.31) transfer of			
Name of Child	Birthdate	Current G	rade			
Is this student currently susp	ended or expelled?	Yes	_No			
-	cords includes, but is not l ments and special educatio		, grades, cumulative,			
The student intends to enroll	or is enrolled in our school dist	trict. Therefore, plea	ase send records to:			
 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 3101 Grandview Park Blvd. Muskogee, OK 74403 	Christina Hamm, Asst. Prin. Attn: Teresa Riddle triddle@hilldaleps.org	(918) 683-9167	Fax (918) 683-9204			
 Upper Elementary 315 Peak Blvd. Muskogee, OK 74403 	Donna Lorenz, Asst. Prin. Attn: Erin Parker eparker@hilldaleps.org	(918) 683-1101	Fax (918) 683-0556			
 Hilldale Middle School 400 E. Smith Ferry Rd. Muskogee, OK 74403 	Darren Riddle, Prin. Attn: Michelle Stephens mstephens@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.