

DALE PUBLIC SCHOOLS

STUDENT INFORMATION/ENROLLMENT FORM

Student's Full Name _____ SSN _____

Race _____ Gender _____ Date of Birth _____ Grade (for 22/23) _____ Birth Place _____

Are you a: resident ___ transfer ___ Previous School (if other than Dale) _____

IF NO PRESENT ADDRESS, check all that apply:

_____ staying in shelter or FEMA trailer _____ Waiting for foster care placement _____ living alone as a minor student

_____ sharing the housing of others due to loss of housing, economic hardship or similar reason

_____ living in a car, park, campground, abandoned building, or other inadequate accommodation

_____ temporarily living a hotel due to loss of housing, economic hardship, or similar reason

PARENT CONTACT # 1-Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Work Place _____ Work Phone _____

Email address _____

Check all that apply: has custody _____ access to records _____ pick-up rights _____ emergency contact _____ lives with _____

PARENT CONTACT #2-Name _____ Relationship _____

Primary Phone _____ Work Place _____ Work Phone _____

Email address _____

Check all that apply: has custody _____ access to records _____ pick-up rights _____ emergency contact _____ lives with _____

EMERGENCY CONTACT-OTHER THAN PARENTS LISTED ABOVE:

Name _____ Relationship _____ Phone _____

Do you live or work on Federal property? _____ yes _____ no If yes, list workplace _____

Permission to use internet at school _____ Yes _____ No Permission to publish picture _____ Yes _____ No

MEDICAL INFORMATION: Does your child take medication on a daily basis? _____ yes-what medication _____

***continue on back

Does your child have any of the following health concerns? ___ Asthma ___ ADD/ADHD ___ Diabetes ___ Allergies
___ Seizure Activity/Epilepsy ___ Vision Impairment ___ Heart Condition ___ Other (explain) _____

Does your child receive special services? Yes ___ IEP ___ 504 ___ Title 1 ___ N/A _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the doctor indicated below and follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements are necessary.

Doctor's Name and Phone _____

ALERT NOW-This is a recording sent to parents/guardians in case of emergency or when school is out due to bad weather. This will need to be numbers that you can receive calls during the day AND/OR in the evenings.

Phone #1 _____ Phone #2 _____

Are there any other medical/legal/ or custody concerns that the school should know? Please provide documentation.

****OHLAP/Oklahoma's Promise- (grades 8-10) It is the responsibility of parent and/or student to check updates and curriculum requirements for this program. Is your student on Oklahoma's Promise? Yes _____ No _____

****College-Bound/Work Ready Curriculum requires either 2 computer classes or 2 foreign language classes (electives). Core Curriculum DOES NOT require this, but parents must notify the school in writing that they agree to core curriculum. Sometimes, vo-tech or other elective activities make it difficult to fit in 2 foreign languages.****

****NCAA Clearinghouse (for college athletes) is the responsibility of the student to enroll and meet the requirements set forth by their organization.

What 4 electives do you choose: _____
Core classes will be assigned.

COURSE ENROLLMENT: (To be filled out by counselor)

1st hour _____

5th hour _____

2nd hour _____

6th hour _____

3rd hour _____

7th hour _____

4th hour _____

Parent's Signature-all information is correct, and the class schedule is approved.

Date _____

Driver's License # (Parent)