HILLDALE PUBLIC SCHOOLS



500 Smith Ferry Rd Muskogee, OK 74403

2017-18

MIDDLE SCHOOL/HIGH SCHOOL

STUDENT INFORMATION Student Name: _____ (First) (Middle) (Last) Sex ____ Grade ____ Birth Date _____ Birth Place _____ Citizenship: (Please Circle One) <u>United States</u> Other: _____ Ethnicity: (Please Circle One) African American American Indian Asian Pacific Islander Caucasian Check if Hispanic/Latino 🗖 Native Language: (Please Circle One) English Other / If Other Please Specify: Has Student ever attended Hilldale Schools? ______ Last School Attended ______ Student Address City State Zip Code Mailing Address (if different from above) City State Zip Code

PARENT INFORMATION

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

Parent/Guardian #2	rent/Guardian #2 Home Phone			Cell Phone			
Home Address	Home Address City State			Zip Code			
E-mail address							
Employer	Work	Phone			Ext:		
Please circle: Parent	Legal Guardian	Step Parent	Foster Paren	ıt			
Either parent employed O	n Federal Property?		Y	es	or	No	
Is student currently under	a suspension from anot	her school?	Y	es	or	No	
Has student been enrolled in special education classes through an IEP?					or	No	
Has student been enrolled in gifted and talented classes?					or	No	
Does the student live in a or shared housing with me	· 1	10	,	es	or	No	
Does the student have a fi	xed, regular and adequa	ate nighttime residen	ce? Y	es	or	No	
Is a language other than English spoken in your home? If yes, what language:					or	No	
_Is either parent currently	serving in the military?	9 YES N	NO				
If yes, Parent Name:			Cho	eck	one	below	
Acti	veRese	rveNa	tional Guard				
Please list any siblings cu	rrently attending Hillda	le Public Schools:					
	Name			G	rade		

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.

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Hilldale Public Schools – Student Information & Emergency Treatment Form

Relation to Child Relation to Child Relation to Child Relation to Child	Wor Home # Home # Home #	rk Number – ext Work # Work # Work #
Relation to Child	Home #	Work #
Relation to Child	Home #	Work #
diabetes, heart, seizures, Bactine, Neosporin, adh		s, shellfish etc.)
Address		Phone Number
	Policy Number	
	Gr	D.O.B Policy Number Group Number d all persons listed above cannot be located

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

Authority to Transfer Education Records

PREVIOUS SCHOOL:			
	School District/Agency		
PHONE/FAX #	City	State	ZIP
In accordance with the Fam education records is request	ily Education Rights and Priv ed for:	acy Act (FERPA, 34 C	CFR 99.31) transfer of
Name of Child	Birthdate	Current G	rade
Is this student currently sus	pended or expelled?	Yes	_No
	ecords includes, but is no sments and special educat		, grades, cumulativ
The student intends to enrol	l or is enrolled in our school d	istrict. Therefore, plea	ase send records to:
 HPS Enrollment Center 500 E. Smith Ferry Road Muskogee, OK 74403 	Attn: Jennifer Bayliss Enrollment Coordinator	(918)686-6056 jbayliss@hilldalep	Fax (918) 686-219 s.org
 Special Education 500 E. Smith Ferry Road Muskogee, OK 74403 	Deborah Tennison Asst. Supt.	(918) 686-6056	Fax (918) 686-219
 Lower Elementary 3101 Grandview Park Blvd. Muskogee, OK 74403 	Patti Bilyard, Prin. Attn: Teresa Riddle	(918) 683-9167	Fax (918) 683-920
 Upper Elementary 315 Peak Blvd. Attn: Erin P Muskogee, OK 74403 	Shannon Peters, Prin. arker	(918) 683-1101	Fax (918) 683-055
 Hilldale Middle School 400 E. Smith Ferry Rd. Attr Muskogee, OK 74403 	Darren Riddle, Prin. n: Michelle Stevens	(918) 683-0763	Fax (918) 683-076
□ Hilldale High School 300 E. Smith Ferry Rd. Attr Muskogee, OK 74403	Josh Nixon, Prin. a: Angela McCoy	(918) 683-3253	Fax (918) 683-062

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.