Office Only: BC/SSN___Shot___Residence___Health___Lunch___Internet___CDIB___506___HLS___Bus___Records___IEP___.

Student Enrollment Information (2018-2019)
Sperry Public Schools

Enrollment Date: _____ ID#_____ Grade:_____

Site(Circle): SHS SMS SIS SES ECC Alt Ed

Student Information

Student's Legal Name:

_____

Last Name, Suffix *First* *Middle* *Preferred Name*

Student's Home Address:_____City:_____Zip Code:_____.
Mailing Address (if different from above):_____.
Home Phone:_____Student Cell Phone (if applicable):_____Locker #_____.
Email Address:_____Gender: M or F
Student's Birth Date:___/___/___Age:___Place of Birth _____
City, State/Country

Ethnicity (please circle one): *Hispanic or Latino OR Not Hispanic or Latino Race*

***If "Not Hispanic or Latino Race" is circled, please circle one of the following:**

American Indian/Alaska Native *Black/African American* *Native Hawaiian/Pacific Islander* *White* *Asian*

Is a language other than English used in your home? YES or NO If "YES", what other language?_____.

Due to State requirements, all new students must submit a complete "Home Language Survey" for 2018-2019.

Parent/Guardian Information

Student resides with (circle one): *Mother Father Mother/Father Mother/Stepfather Father/Stepmother Grandparent Other:*_____*Who has legal custody?*_____.

***Court documents declaring custody must be in the child's file.**

Name of Parent/Guardian	**Place of Employment**
Cell Phone	**Work Phone**
E-mail Address	**Fax (if applicable)**

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Other Emergency Contacts

In the event that we are unable to locate the parents/guardians, who can we call?

Name	Relationship	Phone Number(s)

Sibling(s) Information (currently enrolled in Sperry Public Schools)

Name of Child	School and Grade

School Information

What school district did he/she attend previously?_____.

Does your student reside in the Sperry district? YES or NO If NO, what district? _____

Is your student a Transfer student? YES or NO If YES, what district? _____

Has your child qualified for gifted/talented classes? YES or NO

Has your child ever received or been evaluated for special education services? YES or NO

PERMISSION REQUESTS (Please circle):

I give permission for my child to have access to the Sperry Public Schools network and to the Internet.	YES or NO
I give permission for my child to participate in class field trips (Information will be sent home prior to each trip).	YES or NO
I give permission for my child's picture to be used in school publications (websites, newspaper, etc.).	YES or NO

American Indian Registration

Do you have any degree of American Indian ancestry?* YES or NO

If yes, please fill out Title VI Student Eligibility Certification.

Do you have a CDIB card? YES or NO #:_____

Transportation Information

Does your child live more than a mile and half (1.5 miles) from the school he or she attends? YES or NO

How does your child usually get home from school (circle one)? Walk Car Rider Bus#: _____

Health Information

My child is currently taking the following prescription medications:_____

In case of serious accident/illness when parents or emergency contacts cannot be contacted, do we have your permission to take your child to an appropriate medical facility? YES or NO Hospital choice?_____

Has this child been issued a Medicaid number? YES or NO If YES, the number is _____.

***If you do not want your child to participate in yearly health screenings, please notify your child's school in writing within the first week of school.**

Pursuant to the School Laws of Oklahoma, Sperry Public Schools has adopted a Board Policy prohibiting the attendance of a student under suspension from another school, until such time as the terms of the suspension have expired. The circumstances of an individual's suspension may be reviewed. By signing this form, I do hereby affirm that the student listed above is not currently under suspension from another school district. I, also, affirm that the facts stated herein are true. Any false statement subjects the above named student to immediate withdrawal.

Parent/guardian's signature:_____ Date:_____