

**SPERRY PUBLIC SCHOOLS STUDENT ENROLLMENT INFORMATION 2020-2021**

Student's Full Name (First, Middle, Last) as shown on Birth Certificate				"Goes By" Name
Gender	DOB	Grade	Age	Student Cell Phone

**Place of Birth: City, State/Country**

**Physical Address of Student:** \_\_\_\_\_

**Mailing Address: (if different from above)** \_\_\_\_\_

<b>Ethnicity (Select One)</b>	<b>Race (Select All That Apply)</b>
Hispanic/Latino <input type="checkbox"/>	African American or Black <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/>
Not Hispanic/Latino <input type="checkbox"/>	American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/>
	Asian <input type="checkbox"/>

**Parents/Legal Guardians**

NAME OF PARENT/GUARDIAN	RELATIONSHIP
EMPLOYER	WORK PHONE
EMAIL ADDRESS	CELL PHONE
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EMPLOYER	WORK PHONE
EMAIL ADDRESS	CELL PHONE
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EMPLOYER	WORK PHONE
EMAIL ADDRESS	CELL PHONE

**Emergency and Pickup Information:** In case of illness or emergency, if parents cannot be reached, who should we call? **We will only release your child to those listed with 'Yes' marked under pickup rights.**

Full Name of Contact	Relationship to Child	Cell Phone	Phone #2	Pickup Rights		Emergency Call Only	
				Yes	No	Yes	No

<b>Please check Yes or No</b>	<b>Y</b>	<b>N</b>	<b>Please check Yes or No</b>	<b>Y</b>	<b>N</b>
Is this student on an IEP?			Has this student qualified as gifted/talented?		
Does this student have a 504 medical plan?			Is this student in Foster Care?		

**Transportation**

Does the student live more than 1.5 miles from the school? Yes  No

How will the student get home from school? Walk  Car Rider  Bus  Bus # \_\_\_\_\_

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<b>Home Language</b>
Is a language other than English used in your home? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what other language? _____
<b>*Due to state requirements, all new students must submit a completed "Home Language Survey."</b>

<b>American Indian Registration</b>
Does your child have any degree of American Indian ancestry? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, What Tribe(s)? _____ (Please complete Title VI Student Eligibility Certification Form)
Do you or your child have a CDIB card? Yes <input type="checkbox"/> No <input type="checkbox"/> Number: _____

<b>School Information</b>
Does your student reside in the Sperry School District? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, what district? _____
What school district did the student attend previously? _____

<b>Health Information</b>
My child is currently taking the following prescription medications: _____
In case of serious accident/illness when parents or emergency contacts cannot be reached, do we have your permission to take your child to an appropriate medical facility? Yes <input type="checkbox"/> No <input type="checkbox"/>
Hospital Choice? _____
Has this child been issued a Medicaid number? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, the number is _____
<b>*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.</b>

<b>Permission Requests</b>	<b>Yes</b>	<b>No</b>
I give permission for my child to have access to the Sperry Public Schools network and to the internet.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for my child to participate in class field trips (information will be sent home prior to each trip.)	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for my child's picture to be used in school publications (website, newspaper, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

<b>Siblings Currently Enrolled in Sperry Public Schools</b>	
<b>Full Name</b>	<b>Grade</b>

*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/Legal Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_