STUDENT INFORMATION

MULHALL-ORLANDO SCHOOLS

20__-20__

Student's Full Name_____ Grade____ Date of Birth_____

Birth City_____ Birth State_____ Race(s)_____

Mailing Address_____City_____Zip_____

Father's Name_____ Cell Phone_____

Employer_____ Work Phone_____

Mother's Name_____ Cell Phone_____

Employer_____ Work Phone_____

Parent(s) Email_____

Name & Phone Numbers of Emergency Contact Person(s) Other Than Parents:

_____

_____

_____

Medical and/or Important Information (asthma, food allergies, who can/cannot pick up...)

_____

_____

_____

PARENT/GUARDIAN AUTHORIZATION TO ADMINISTER MEDICINE

_____I give Mulhall-Orlando staff permission to administer a **PRESCRIPTION/NON - PRESCRIPTION MEDICATION, WHICH I AM SUPPLYING, IN THE ORIGINAL BOTTLE/CONTAINER, WITH THE LABEL AND DIRECTIONS**, when needed, to my child. (Please initial)

Child's Name_____ Parent Signature_____

Date_____

Initial Enrollment Prior Participation Form for PK, K, 1st Grade

Student Information

The following information should be completed by the parent or guardian of the student. This information is collected on a student's initial enrollment into a school district. Please print legibly.

Student Legal Name: _____ _____

First Name

Student Date of Birth: _____

Student Gender-Please check one: _____Male _____Female

Did the student participate in any of the following programs? Please indicate by checking YES or NO for each statement.

PROGRAM	YES	NO
A childcare program that is licensed pursuant to the tiered licensing system established by the Department of Human Services (a DHS licensed childcare program)		
The Sooner Start program operated by the State Department of Education		
The Oklahoma Parents as Teachers (OPAT) program operated by the State Department of Education		
The Children First program operated by the State Department of Health		
Any child abuse prevention program operated by the State Department of Health		
Any federally funded Head Start program		

MULHALL-ORLANDO HOUSING INFORMATION FORM

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____

School _____ Phone _____

Age _____ Grade _____ D.O.B. _____

Address _____ City _____

Zip Code _____ Is this address Temporary or Permanent? (Circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):
_____ House or apartment with parent or guardian
_____ Motel, car, or campsite
_____ Shelter or other temporary housing
_____ With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:
_____ Loss of housing
_____ Economic situation
_____ Temporarily waiting for house or apartment
_____ Provide care for a family member
_____ Living with boyfriend/girlfriend
_____ Loss of employment
_____ Parent/Guardian is deployed
_____ Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
2) Transportation to the school of origin for the regular school day;
3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at (405) 649-2000.

By signing below, I acknowledge that I have received and understand the above rights.

_____

Signature of Parent/Guardian/Unattached Youth *Date*

_____

Signature of McKinney-Vento Liaison *Date*

MULHALL-ORLANDO PUBLIC SCHOOL

AUTHORIZTION

TO CONSENT TO MEDICAL AND DENTAL TREATMENT FOR MINOR CHILD TO ADULT NONPARENT

We, _____, of _____
Parent/Guardian Address

County of _____, State of Oklahoma, the parent(s) or guardian(s) having legal custody of _____, who resides with us at the address set forth above, do hereby authorize Mulhall-Orlando Public Schools in whose care the minor(s) has/have been entrusted, to consent such minor(s) to be taken to the doctor or hospital if the parent/guardian cannot be contacted.

This authorization cover the following time period: August 20__ through May 20__

Physician of choice:_____,_____,_____
Name Address Phone

WHO TO CONTACT IF PARENT/GUARDIAN ARE NOT AVALIALBE

_____,_____,_____
Name Relationship Phone Number(s)

_____,_____,_____
Name Relationship Phone Number(s)

We also give Mulhall-Orlando Public Schools permission for the child/children to be released in the custody of the above named person if the parent/guardians are not available.

_____
Parent Signature Date

STATE OF OKLAHOMA

_____
Parent Signature Date

COUNTY OF LOGAN

Before me, the undersigned, a Notary Public in and for said County and State on the _____ day of _____, 20__, personally appeared _____ to me known to be the identical person(s) who executed the foregoing instrument and acknowledged to me that _____ executed the same as _____ free and voluntary act and deed for the uses and purposes therein set forth.

My commission expires_____ _____
Notary Public Commission Number

Mulhall-Orlando Public Schools

"Home of the Panthers"
P.O. Box 127
Mulhall, OK 73063
405-649-2000

Student Information and Media Release

I GRANT MULHALL-ORLANDO SCHOOL AND IT'S EMPLOYEES PERMISSION TO PRINT INFORMATION AND PICTURES CONCERNING MY SON/DAUGHTER FOR USE IN SCHOOL PROGRAMS (MUSIC PROGRAMS, ATHLETIC PROGRAMS, AWARD PROGRAMS, ETC.); A STUDENT DIRECTORY (FOR STUDENT USE); AND ANNOUNCEMENTS FOR HONORS AND AWARDS (NEWSPAPER, WEBSITE, SOCIAL MEDIA, ETC.)

NAME OF STUDENT_____

DATE_____

PARENT/GUARDIAN SIGNATURE_____

SCHOOL YEAR: ☐ **HOME LANGUAGE SURVEY**

OKLAHOMA Education

STUDENT INFORMATION

Student Name: _____ _____ _____ Grade: _____
Last Name First Name Middle Name

Date of Birth: _____ School: _____ Student ID#: _____ Gender: Male ☐ Female ☐
MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? **YES** ☐ **NO** ☐

Please select one or more of the following races:

☐ African American/Black ☐ American Indian/Alaskan Native ☐ Asian
☐ Native Hawaiian/Pacific Islander ☐ Caucasian/White

The purpose of the following questions is to help determine if a student's exposure to a language other than English may make them eligible to receive additional English Learner (EL) supports.

1. What is the dominant language most often spoken by the student? _____
2. What is the language routinely spoken in the home, regardless of the language spoken by the student? _____
3. What language was first learned by the student? _____
4. Does the parent/guardian need interpretation services? **YES** ☐ **NO** ☐ If YES, in what language? _____
5. Does the parent/guardian need translated materials? **YES** ☐ **NO** ☐ If YES, in what language? _____
6. What was the date the student first enrolled in a school in the United States? _____
MM/YYYY

_____ _____
Date (MM/DD/YYYY) Parent or Guardian Signature

SCHOOL USE ONLY

The response of a language other than English to any or all of questions #1, #2, and #3 above should prompt local review of the student's potential EL identification and assessment history in the state Accountability Reporting application. If no previous EL history is present, the student must be administered a state-approved screening tool to determine their EL status.

If this HLS will be used for the purposes of Non-EL Bilingual qualification, please indicate one of the following:

☐ A language other than English is indicated **TWO OR MORE TIMES** in questions #1, #2, and #3 above. The student is considered "**more often**" and has previously demonstrated English language proficiency on the PKST* or WIDA assessment :

Assessment Name:		**Year Assessed:**		**Score:**	

☐ A language other than English is indicated **ONE TIME** in questions #1, #2, and #3 above. The student is considered "**less often**" and has demonstrated English language proficiency on the PKST* or WIDA assessment. The student's PKST* or WIDA assessment score and additional qualifying score is noted on the attached "Less Often" Non-EL Bilingual Qualification Form.

*A PKST score is valid only for a student's pre-K year(s). Regardless of the PKST score earned, a student administered the PKST must be administered the WIDA K Screener at the outset of kindergarten. To qualify a student as Non-EL Bilingual beyond their pre-K year, a student must either demonstrate initial proficiency on the WIDA K Screener or subsequently on the K ACCESS or ACCESS assessment.

NEW

POLICY ON

LUNCH BILLS

LUNCH BILLS ARE NOT TO EXCEED $50.00 PER FAMILY.

IF YOUR LUNCH BILL GOES OVER THAT LIMIT YOUR STUDENT(S) WILL BE SERVED AN ALTERNATIVE BREAKFAST AND LUNCH UNTIL THE BILL IS PAID IN FULL.

THEY CAN BRING THEIR LUNCH DURING THAT TIME OR PAY FOR THEIR MEAL EVERY DAY.

Mulhall-Orlando Public Schools

STUDENTS BEING PICKED UP AFTER SCHOOL PROCEDURE

ALL STUDENTS BEING PICKED UP WILL EXIT THE DOORS ON THE SOUTH SIDE OF THE BUILDING

We will bring your student, to your car, at the end of the sidewalk. As a driver you will come East up Bryant, on the North side of the school; turn right on Craig Street; and right on Mulhall Avenue. As each car pulls up to the sidewalk, your student will be put into your car for you. This will help keep the line moving.

If you need to come into the school, please park in the West parking lot and come in the front doors.

Thank you for your cooperation!