

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

AUTHORIZATION

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 AVAILIALBE

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 _____

STUDENT INFORMATION

Name of Student: _____ 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 _____

Select one or more of the following races:

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

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 so, what language? _____
5. Does the parent/guardian need **translated** materials? Yes _____ No _____ If so, 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 / Guardian Signature

SCHOOL USE ONLY

Please have test score documentation available for the Regional Accreditation Officer to review.

- Other language than English indicated **TWO OR MORE** times on questions 1 – 3 above. The student is classified as “more often” and automatically qualifies as **bilingual** on the accreditation report.
- Other language than English indicated **ONLY ONCE** on questions 1 – 3 above. The student is classified as “less often” and only qualifies as **bilingual** on the accreditation report **if he or she meets one of the following** (any selection below REQUIRES appropriate documentation):
 - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool.
 - 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).
 - 3. Scored at or below the 35th percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS		Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Reading Total Composite Score(s) %

From Above:
 Question 1: Reference WAVE code 1036
 Question 2: Reference WAVE code 1037
 Question 3: Reference WAVE code 1038

M-O ELEMENTARY INFORMATION

215 S Lewis
P.O. Box 127
Mulhall, OK 73063
405.649.2000 ext. 1

SIGN UP FOR ELEMENTARY REMIND TEXT FROM THE M-O ADMINISTRATION:

Text: @mulhalle

To: 81010

LUNCH BILL POLICY:

Lunch bills are not to exceed \$50 per family. If your lunch bill does go over the amount, your student will be served an alternative lunch and breakfast until the bill is paid in full. Students may bring their lunch or pay on a daily basis until the bill is paid in full.

AFTERNOON PICK UP PROCEDURE:

Off of Highway 77 go East on Bryant (North side of the building)

Turn right on Craig Street

Turn right on Mulhall Avenue

As each car pulls up to the sidewalk, your student will be put into your car for you to help keep the line moving.

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

If your student will be absent, please call the office and let the staff know. 405.649.2000 ext 1

Students will be counted tardy if they arrive later than 8:15.

When your student has a Doctor's appointment during school hours please bring the Doctor's note to the office when the student returns to school.

Please check with your Doctor and make sure your student is up to date on all their shots. If your student gets any updated vaccines please send, or have your Doctor's office fax the updated records to the school. 405.649.2020.

If you have a change of plans for how your student will be getting home in the afternoon, please call the office before 2:00 p.m. if possible. We do announcements at 3:00 p.m. 405.649.2000 ext 1