

# Little Axe Public School New Student Enrollment

Student's Name (\*FULL LEGAL): as it is on the Birth Certificate provided or Court Document

\_\_\_\_\_  
 First Middle Last

Grade: \_\_\_\_\_ Male / Female Preferred name if different: \_\_\_\_\_  
First name only

DOB: \_\_\_\_\_ Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Country: \_\_\_\_\_

**Ethnicity:** Part A- Are you of Hispanic / Latino culture or origin? Yes \_\_\_\_\_ or No \_\_\_\_\_

**Race:** Part B- What race are you? **(REQUIRED choose one or more)**

\_\_\_\_ American Indian or Alaskan Native      \_\_\_\_ Asian      \_\_\_\_ Black/African American  
 \_\_\_\_ Native Hawaiian or Other Pacific Islander      \_\_\_\_ White

Physical (911) Address: \_\_\_\_\_  
 REQUIRED Street City State Zip

Mailing Address: \_\_\_\_\_  
 ONLY IF DIFFERENT Street City State Zip

XX

Is the student presently in DHS Custody or in the Foster Care Program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what program(s)? DHS \_\_\_\_\_ and/or Foster Care \_\_\_\_\_

XX

The Student lives with: \_\_\_\_ Mom \_\_\_\_ Dad \_\_\_\_ Step-mom \_\_\_\_ Step-dad \_\_\_\_ Other(Court Appointed)

Proof of Custody provided by: \_\_\_\_ Birth Certificate \_\_\_\_ Court Order \_\_\_\_ DHS/Foster Care

Parent: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Mother listed on birth certificate: First MI Last  
 Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Father listed on birth certificate: First MI Last  
 Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

XX

Do you have other children attending Little Axe Public School? No \_\_\_\_\_ If yes, please list below.

Name of child	Grade	Name of child	Grade
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

WHO MAY SIGN THE STUDENT IN OR OUT OF SCHOOL, IF YOU CANNOT BE REACHED?  
(LOCAL EMERGENCY CONTACT PERSON, OTHER THAN A PARENT LISTED ON THE STUDENT’S BIRTH CERTIFICATE OR APPOINTED GUARDIAN)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

XX

If you are American Indian please indicate your Tribal Affiliation(s).  
 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Does either parent live on Indian Land? NO \_\_\_ YES \_\_\_  
 Does either parent work on Indian Land? NO \_\_\_ If yes, where do you work? \_\_\_\_\_  
 Does either parent work on Federal Land? NO \_\_\_ If yes, where do you work? \_\_\_\_\_  
 Is either parent currently serving in the Military? NO \_\_\_ If yes, please specify.  
 Active Duty \_\_\_ Branch \_\_\_\_\_ Reserve \_\_\_ Branch \_\_\_\_\_ National Guard \_\_\_\_\_

XX

Has the student ever attended Little Axe Public School? NO \_\_\_ YES \_\_\_ Grades: \_\_\_\_\_  
 Has the student ever been retained? NO \_\_\_ YES \_\_\_ If yes, what grades? \_\_\_\_\_  
 Is the student at this time, or in the past, has the student ever been on an IEP (pullout classes)?  
IEP RECORDS WILL BE REQUESTED ON ALL STUDENTS FROM THE PREVIOUS SCHOOL DISTRICT

No \_\_\_ Yes \_\_\_ my child is currently on an IEP for the following subjects  
 English \_\_\_\_\_ Reading \_\_\_\_\_ Math \_\_\_\_\_ Speech \_\_\_\_\_  
 Is the student or has the student ever been on a 504?  
 No \_\_\_ Yes \_\_\_ If yes, when and the reason \_\_\_\_\_  
 Is the student currently participating or participated in the past in the ELL program?  
 No \_\_\_ Yes \_\_\_ If yes, what grades \_\_\_\_\_  
 Has the student ever participated in the Gifted and Talented Program?  
 No \_\_\_ Yes \_\_\_ If yes, what grade did he/she qualify? \_\_\_\_\_

\_\_\_\_\_  
 Please Print: Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

LITTLE AXE PUBLIC SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, DISABILLITY, OR AGE IN ITS PROGRAMS AND ACTIVITIES AND PROVIDES EQUAL ACCESS TO THE BOY SCOUTS AND OTHER DESIGNATED YOUTH GROUPS. THE FOLLOWING PERSON HAS BEEN DISTRICT SUPERINTENDENT; 2000 168<sup>TH</sup> AVE NE NORMAN, OK 73026; 405-329-7691.

## Parent / Student / School Compact

A federal requirement for all Title I school-wide programs, outlines how parents, students and the entire school staff will share the responsibility for improved student achievement.

Each parent/guardian is requested to sign the Parent / Student / School Compact Agreement below to show your commitment to a partnership with our school to help our students achieve the state's high academic standards.

### PARENTS/GUARDIANS:

I want my child to achieve. Therefore, I will encourage him/her by doing the following:

- Believe that my child can learn.
- See that my child attends school regularly and arrives on time each day.
- Provide a home environment that encourages high standards of academic achievement for my child.
- Support the school in its efforts to maintain proper discipline.
- Encourage my child to complete all assignments.
- Help my child follow all school rules and dress code.
- Maintain open lines of communication with my child and the school staff.
- Show respect and support for my child, the faculty, and the school.
- Help my child to resolve conflicts in positive non-violent ways.
- Respect the cultural differences of students and staff.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### STUDENT:

It is important that I work to the best of my ability. Therefore, I shall strive to do all the following:

- Believe that I can learn and have great expectations for myself.
- Attend school regularly and arrive on time for each class every day.
- Come to class prepared with my homework and supplies.
- Show respect for my school, others and myself.
- Cooperate in all tasks set before me.
- Accept responsibility for my behavior and its consequences.
- Comply with all school rules and dress code.
- Communicate with parents, family and teachers on a daily basis.
- Take pride in my school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### TEACHERS/ADMINISTRATORS:

It is important that students achieve. Therefore, I shall strive to do the following:

- Believe that every child can learn.
- Provide a safe, pleasant, caring environment that promotes active learning.
- Maintain open lines of communication with the students and parents.
- Respect the cultural differences of students and their families.
- Maintain high expectations for students, the school and myself.
- Be fair, firm and consistent in enforcing the school and classroom rules.
- Demonstrate professional behavior and a positive attitude.
- Assist students in the development of a sense of personal and civic responsibility.
- Help students to resolve conflicts in positive, nonviolent ways.
- Provide a high-quality curriculum and instruction that enables students to meet the State's challenging student performance standards.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**Student Information**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**The individual with Tribal membership is the (select only one):  child  child's parent  child's grandparentIf the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

# **FORM A**

## **LITTLE AXE SCHOOL DISTRICT TECHNOLOGY AND NETWORK ACCEPTABLE USE POLICY**

Upon enrollment, your child is provided with access to the Little Axe School District computer network. This includes in-class computers and our wireless network. These connections include access to the internet, which would connect your child with educational resources all over the world.

Please read the Little Axe School District Technology and Network Acceptable Use Policy EFBCA with your child. In accepting an account, your child accepts the responsibility of using the computer equipment and network in an appropriate manner. It is important that you understand his/her responsibilities as well. Your signature indicating that you have read and agree to our Acceptable Use Policy is required for your child's account to remain active for the school year.

Children's Internet Protection Act (CIPA) Federal regulations require us to filter the internet to prevent children from being exposed to inappropriate or explicit online content filtering by our Internet Service Provider.

It is all staff members' responsibility to educate students about appropriate online behavior, including interactions with other individuals on social networking sites/chat rooms, and cyber bullying awareness and response.

### **Student Acknowledgement:**

I HAVE READ THE Little Axe School District Network Acceptable Use Policy and agree to use the school network in appropriate manner. I further understand that any violation of the regulations may result in revoked privileges and school disciplinary action.

Printed name of Student: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Parent/ Guardian Acknowledgement:**

I have read the Little Axe School District Network Acceptable Use Policy and give the school permission to issue an account to my child.

Printed Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# FORM B

## 2023-2024 LITTLE AXE PUBLIC SCHOOLS RELEASE FORM

Dear Parent/ Guardian:

As a part of Little Axe Public School's (referred to as the "District") promotion of school activities and recognition of student achievement, District staff members or members of the news media may photograph or film students while they are engaged in school activities not generally open to the public. District staff members or members of the news may also photograph, film or display examples of your child's work. Because the District values your child's privacy, your child's last name will not appear in connection with any images of your child's work on the District website.

### PERMISSION TO PUBLISH STUDENT WORK ON THE INTERNET

INITIAL ONE

\_\_\_\_\_ I, the undersigned, hereby authorize the District to display my child's work on the internet. I understand that my child's last name and personal information will not be included. I understand that this work is accessible to anyone who is connected to the internet and the ownership of intellectual property cannot be guaranteed.

\_\_\_\_\_ I, the undersigned, DO NOT authorize any piece of my students' work to be displayed on the internet.

### PERMISSION TO PUBLISH STUDENT IMAGE TO NEWS MEDIA

INITIAL ONE

\_\_\_\_\_ I, the undersigned, hereby authorize the District to display my child's work on the internet. I understand that my child's last name and personal information will not be included. I understand that this work is accessible to anyone who is connected to the internet and the ownership of intellectual property cannot be guaranteed.

\_\_\_\_\_ I, the undersigned, DO NOT authorize any piece of my students' work to be displayed on the internet.

### PERMISSION TO PUBLISH STUDENT IMAGE ON THE INTERNET

INITIAL ONE

\_\_\_\_\_ I, the undersigned, hereby authorize the District to display my child's work on the internet. I understand that my child's last name and personal information will not be included. I understand that this work is accessible to anyone who is connected to the internet and the ownership of intellectual property cannot be guaranteed.

\_\_\_\_\_ I, the undersigned, DO NOT authorize any piece of my students' work to be displayed on the internet.

Name of Student (please print): \_\_\_\_\_

Name of Parent / Guardian (please print): \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# FORM D

## LITTLE AXE SCHOOL STUDENT/ PARENT HANDBOOK

I understand that I may view the contents of the 2023-2024 Little Axe Public School student/parent handbook by visiting [www.littleaxeps.org](http://www.littleaxeps.org).

A hard copy of the handbook may be obtained through the school office as well.

I understand if I have any questions concerning the contents of this handbook I may call:

- ❖ Elementary School      405-447-0913
- ❖ Middle School            405-329-2156
- ❖ High School                405-329-1612

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's cell phone number

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# MCKINNEY-VENTO HOMELESS ASSISTANCE ACT

## DECLARATION FORM

I declare that my family meets one of the following conditions for the McKinney-Vento Homeless Assistance Act (This act covers Homeless and displaced students/families): (Please check all that apply)

- Lack a fixed, regular nighttime residence
- Live with a friend or relative because I cannot afford housing (doubled-up)
- Live in a motel/hotel
- Live in an emergency shelter, transitional shelter, or domestic violence shelter
- Live in a car, trailer, park, or campground
- Other \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address/Current Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

**Please list the full name of each child in the homeless/displaced family below. List their grade and school site. If they are not in school, they still need to be listed with their birth date. Thoroughness of this information will help in services for all the children.**

Child	Birth Date	School (HS, MS, ES) <i>if applicable</i>	Grade <i>if applicable</i>

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**LITTLE AXE SCHOOL PARENTAL AUTHORIZATION TO ADMINISTER TOPICAL MEDICINE**

LITTLE AXE:    ES \_\_\_\_\_                      MS \_\_\_\_\_                      HS \_\_\_\_\_

I am the Parent with legal custody, the legal guardian, or individual assuming permanent care and custody of \_\_\_\_\_, a student attending Little Axe Public School.

I hereby give my consent and authorize and request a designated employee or the school nurse to administer non-prescription medication as required for minor injuries that may occur during the course of the school day.

The following medications have been recommended by the school nurse as topical applications for usage at school:

Antifungal cream	YES _____	NO _____
Anti-itch cream	YES _____	NO _____
Bacitracin	YES _____	NO _____
Carmex	YES _____	NO _____
Hydrocortisone cream	YES _____	NO _____
Neosporin	YES _____	NO _____
Oral-jel	YES _____	NO _____
Sterile eye solution	YES _____	NO _____
Sunscreen	YES _____	NO _____

I understand that under state law, the Board of Education, the district, or the employees of the district shall not be liable to the student or the student's parent or guardian for civil damages for any personal injuries to the student which results from acts or omissions of school employees in administering the above referenced medications.

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# OSIIS - Authorization to Use or Share Protected Health Information to School or Day Care

Student Name: \_\_\_\_\_

Demographic/Client ID #: \_\_\_\_\_  
*(For School/Day Care receiving PHI to fill out)*

Date of Birth: \_\_\_\_\_

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to: Little Axe Public Schools  
*(Name of Person/Organization receiving PHI)*

The information may be disclosed for the following purpose(s):

to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310: 535-1-3

Other: \_\_\_\_\_

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be one year from the date of my signature or upon the occurrence of the following event [ e.g., child no longer enrolled in school/day care center] \_\_\_\_\_

\_\_\_\_\_  
Signature of Student or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Legal Representative's Authority

## LITTLE AXE PUBLIC SCHOOLS VISION SCREENING PERMISSION

Dear Parent/Guardians:

Your child may be screened for vision during the school year. Vision screenings are done yearly for every child in pre-k through 5<sup>th</sup> grade and as needed for reevaluations for special services. According to Senate Bill 1795, the parent or guardian of each student enrolled in kindergarten, first, and third grade at a public school in this state must provide certification to school personnel that the student passed a vision screening within the previous twelve (12) months. By signing the form below, you are granting us permission to screen your child as needed at school and you will not be required to provide the documentation. If you do not wish to have your child screened at school, please email your request for denial of screening services to [kelly.walters@littleaxeps.org](mailto:kelly.walters@littleaxeps.org) along with the required documentation of the vision screening required by the state.

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## LITTLE AXE PUBLIC SCHOOLS HEALTH HISTORY

TO BE COMPLETED BY PARENT/COURT APPOINTED GUARDIAN

In the unforeseen circumstance that 911 should be called to assist your child, please provide the following: **Any medication(s) taken regularly at home.**

The State of Oklahoma requires each student to have the varicella immunization unless the student has had Chickenpox.

My child had Chickenpox at the age of: \_\_\_\_\_, the date was: \_\_\_\_\_.

Does your child now or ever in the past had an issue with any of the following, please circle all that may apply:

Allergies	Chronic Sinusitis	Handicaps	Pertussis	Stomach Disorder
Arthritis	Chronic Tonsillitis	Headaches	Pneumonia	Surgery
Asthma	Deformities	Heart Conditions	Polio	Tuberculosis
Bee Sting	Diabetes	Kidney	Rubella	Wears Glasses or Contacts
Cancer	Emotional Problem	Measles	Rheumatic Fever	
Convulsions	Food	Migraines	Scarlet Fever	
Chronic Earaches	Fractures	Mumps	Skin Disease	

Other concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

# LITTLE AXE PUBLIC SCHOOLS SPEECH AND LANGUAGE SCREENING FORM

PreK-KG-1<sup>ST</sup>

In an effort to provide appropriate services to all children, Little Axe Elementary will offer speech and language screening for all students in Pre K, Kindergarten, and 1<sup>st</sup> grade at the beginning of the 2023-24 school year. This is a 5-6 minute screening and results will be shared with parents. By signing the form below, you are granting us permission to screen your child.

If you **DO NOT** want your child to participate in these screenings, please email your denial of screening services to our Special Services Director at [Jennifer.jennings@littleaxeps.org](mailto:Jennifer.jennings@littleaxeps.org).

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

- ❖ If it is determined that your child needs further evaluation, you will be contacted and written permission will be obtained before any further assessment is conducted.

**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, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool (PKST).
  - 2. Scored Basic or Below Basic in ELA on the Oklahoma State Testing Program (OSTP).
  - 3. Scored at or below the 35<sup>th</sup> percentile (or equivalent) composite reading score on the most recently administered state approved norm-referenced test (NRT). Qualifying score must not pre-date the start of the spring semester of the previous school year.

**DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN**

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

Date(s) of ELA OSTP	Score(s) on ELA OSTP			
	Below Basic	Basic	Proficient	Advanced
	Below Basic	Basic	Proficient	Advanced
	Below Basic	Basic	Proficient	Advanced

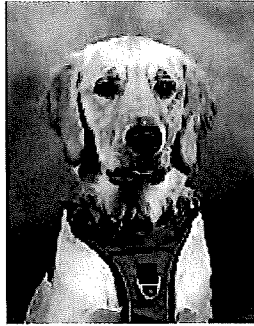
Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Composite / Percentile Score(s)

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

**LITTLE AXE PUBLIC SCHOOLS THERAPY DOG**

Our school has a service dog named Smalls!



Please complete the following information about your child:

Name of Student (please print): \_\_\_\_\_

Is your child afraid of dogs?    Yes \_\_\_\_\_    No \_\_\_\_\_

Is your child allergic to dogs?    Yes \_\_\_\_\_    No \_\_\_\_\_