

WYNNEWOOD PUBLIC SCHOOLS
ENROLLMENT FORM FOR STUDENTS NEW TO DISTRICT
2022-2023

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PROOF OF RESIDENCY MUST BE PROVIDED FOR ALL STUDENTS
EXAMPLES—rental agreement w/address, utility bill—water, electricity, etc.

Student's Full Legal Name: _____

Student Cell Phone Number: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Gender: MALE FEMALE

Ethnic Group: _____ Hispanic: Yes No

CDIB Card: Yes No (Please provide a copy of that)

Primary Language Spoken in the Home: _____

Former School: _____
NAME OF SCHOOL CITY STATE

Date of Enrollment: _____ Grade Level: _____

_____ Special Education _____ 504 Plan

Health Concerns: _____

Known Allergies: _____

Inhaler: Yes No EpiPen: Yes No

Medication Given at School on a Regular Basis Yes No

In an attempt to simplify the enrollment process, we are asking that you provide the emergency contact information only once **if it is the same for each of your children**. Please check below if you want the same information used for all the children in your household.

_____ Please use the information provided for _____ for all siblings listed above.

If the information changes for ANY of your children, put only the name of same contact and complete the information for the different individuals.

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STUDENT'S PRIMARY PARENT/GUARDIAN:

Name _____ RELATIONSHIP _____

Physical Address _____

Mailing Address (if different from above) _____

Home Phone _____ Cell Phone _____

E-Mail _____

Employer _____ Work Phone _____

☐ LIVES W/STUDENT ☐ LEGAL GUARDIAN ☐ CUSTODY ☐ ACCESS TO RECORDS

☐ PICKUP RIGHTS ☐ SEND TEXT/EMAIL ALERTS

STUDENT'S SECONDARY PARENT/GUARDIAN:

Name _____ RELATIONSHIP _____

Physical Address _____

Mailing Address (if different from above) _____

Home Phone _____ Cell Phone _____

E-Mail _____

Employer _____ Work Phone _____

☐ LIVES W/STUDENT ☐ LEGAL GUARDIAN ☐ CUSTODY ☐ ACCESS TO RECORDS

☐ PICKUP RIGHTS ☐ SEND TEXT/EMAIL ALERTS

ADDITIONAL EMERGENCY CONTACTS

Name _____ Phone _____
RELATIONSHIP _____

Name _____ Phone _____
RELATIONSHIP _____

Name _____ Phone _____
RELATIONSHIP _____

**WYNNEWOOD PUBLIC SCHOOLS
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**ADDITIONAL PEOPLE WITH PERMISSION TO
PICK UP YOUR CHILD**

Name _____ Phone _____
RELATIONSHIP _____

Name _____ Phone _____
RELATIONSHIP _____

Name _____ Phone _____
RELATIONSHIP _____

Name _____ Phone _____
RELATIONSHIP _____

**OTHER SIBLINGS ATTENDING
WYNNEWOOD SCHOOLS**

Name _____ Grade Level _____

Name _____ Grade Level _____

Name _____ Grade Level _____

Name _____ Grade Level _____

Name _____ Grade Level _____

INDIVIDUALS PROHIBITED FROM PICKING UP STUDENTS

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

SIGNATURE _____ **DATE** _____

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BUS RIDING RULES

This form must be completed if your student will ride the bus to and from home, AND if your student rides the bus for any reason, including field trips and extra-curricular events such as athletics and academic competitions.

Students must follow the rules set by the school and driver. Failure to follow the rules will result in disciplinary action. Bus drivers will fill out a discipline report for the principal, and at that time, it will be determined what action will be taken. Bus riding is a privilege.

The bus driver and principal will work with the student to maintain their bus riding privilege. If the behavior is severe enough or the student does not modify their behavior, they are subject to suspension from the bus.

1. Walk at least 10 feet in front of the bus while loading and unloading.
2. Never try to reach for anything under the bus. Ask the driver to get it.
3. Find a seat; sit down with feet facing forward. Feet should not be in the aisle.
4. Stay seated at all times while the bus is moving.
5. Profanity, bullying, and tobacco products will not be tolerated.
6. No kicking, hitting, shoving, or inappropriate touching.
7. Obey the bus driver at all times.
8. If the driver assigns a seat for behavior reasons, the student must sit there.
9. Keep the bus clean. Use the trash can.
10. Show respect to the driver and other students.
11. Throwing of objects of any kind is prohibited.
12. Destruction of school property by vandalizing the bus is not tolerated.
13. Students will not be allowed to hold their arms or objects out the windows.
14. Talking and noise should be kept to a tolerable level. No yelling.

The bus driver has a great deal of responsibility to see that each student receives a safe ride to and from school. You are encouraged to support the action taken by the driver and to cooperate with the corrective action initiated by the school district.

I have been instructed as to the rules and expected behavior of a bus passenger. I will do my part in making sure that the bus reaches its destination in a safe manner by following the rules set by the school district.

Student's name _____ Grade: _____

Parent's signature _____ Date: _____

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**WYNNEWOOD MIDDLE SCHOOL
BUS INFORMATION REQUEST**

Name of student: _____

Please circle the correct response:

My student is a:

- a. Full time bus rider b. part time bus rider c. never rides the bus

Answer this question concerning the bus ride to school:

My student rides this bus to school **MOST** days:

- a. Orange b. Brown c. Green d. Blue e. Yellow f. Red

Answer this question concerning the bus ride home:

My student rides this bus home **MOST** days:

- a. Orange b. Brown c. Green d. Blue e. Yellow f. Red

My student lives:

- a. **Less** than 1.5 miles from the middle school
b. **More** than 1.5 miles from the middle school

Parent / Guardian signatures:

Date

**WYNNEWOOD PUBLIC SCHOOLS
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Photograph and Information Permission Form

General School Publications (circle one)

YES

NO

- ✓ My child's photograph (individual or group) may be published in the yearbook and school publications.
- ✓ My child's photograph (individual or group) may be published in state and local newspapers.
- ✓ My child's full name may be used to identify him/her in publications.
- ✓ My child's class (teacher/grade/level/school) may be used to identify him/her in publications.
- ✓ My child's work (writing, drawings, etc.) may be published in school publications and state and local newspapers.
- ✓ My child's full name may be used to identify his/her work.
- ✓ My child's class (teacher/grade level/school) may be used to identify his/her work.

Internet Publications (circle one)

YES

NO

- ✓ My child's photograph (individual or group) may be published on the Internet/Wynnewood school website.
- ✓ My child's first name and last initial may be used to identify his/her photograph on the Internet/Wynnewood school website.
- ✓ My child's class (teacher/grade level/school) may be used to identify his/her photograph on the Internet/Wynnewood school website.
- ✓ My child's work (writing, drawings, etc.) may be published on the Internet/Wynnewood school website.
- ✓ My child's first name and last initial may be used to identify his work on the Internet/Wynnewood school website.
- ✓ My child's class (teacher/grade level/school) may be used to identify his/her work on the Internet/Wynnewood school website.
- ✓ My child may work to construct and publish an Internet website.

THIS DOCUMENT SHALL REMAIN VALID UNTIL REVOKED IN WRITING BY PARENT/GUARDIAN

I give permission for my child to have their picture and name published for educational purposes only. This release allows Wynnewood Schools to create photographs, video, and audio recordings of my child, as well as written or recorded oral descriptions of my child and their school projects. These materials will be used for educational purposes only. I agree to participate without financial remuneration, and I understand that this releases Wynnewood Public School from any future claims as well as from any liability arising from the use of said media.

Parent/Guardian Name (Print)

Student Name (print)

Parent/Guardian Signature

Student Signature

Date: _____

Date: _____

**WYNNEWOOD PUBLIC SCHOOLS
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WYNNEWOOD BOARD OF EDUCATION – POLICY EFBCA-E

INTERNET ACCESS CONDUCT AGREEMENT

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the school district's computer network and the Internet, I understand and agree that my access privilege may be revoked and school disciplinary action may be taken against me. I understand I have no expectation of privacy with regard to my use of the school district's technology.

User's Name (print clearly) _____ Home Phone: _____

User's Signature: _____ Date: _____

Address: _____

Status: Student _____ Staff _____ Patron _____ I am 18 or older _____ I am under 18 _____

If I am signing this policy when I am under 18, I understand that when I turn 18, I will have to sign another policy.

Parent or Guardian: (If applicant is less than 18 years of age, a parent or guardian must also read this agreement.)
As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the school district's Acceptable Use and Internet Safety Policy for the student's access to the school district's computer network and the Internet. I understand that access is being provided to the students for educational purposes only. However, I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child or ward's responsibility for abiding by the policy. I am, therefore, signing this policy and agree to indemnify and hold harmless the school, the school district, and the Data Acquisition Site that provides the opportunity to the school district for computer network and Internet access against all claims, damages, losses, and costs, of whatever kind that may result from my child's or ward's use of his or her access to such networks and/or his or her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child or ward's use of his or her access account if and when such access is not in the school setting. I hereby give permission for my child or ward to use the building-approved account to access the school district's computer network and the Internet.

Parent or Guardian (please print): _____ Home Phone: _____

Signature: _____ Date: _____

Address: _____

This agreement is valid for the _____ school year only.

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Middle Level School-Parent Compact

*Our school philosophy as a school is that families, students and school staff should work in partnership to help each student reach his/her potential. **As partners we agree to the following:***

As a student I will:

- Believe that I can learn and will learn;
- Read for at least 30 minutes, five days a week;
- Come to class on time, ready to learn and with assignments completed;
- Set aside time every day to complete my homework;
- Know and follow the school and class rules;
- Follow the school's uniform dress code;
- Regularly talk to my parents and my teachers about my progress in school; and
- Respect my school, classmates, staff and family.

Student Signature: _____

As a parent/guardian or family member I will:

- Talk to my child regularly about the value of education;
- Monitor television viewing and make sure that my child reads every day;
- Make sure that my child attends school every day, on time, and with homework completed;
- Support the school's discipline and uniform dress code;
- Monitor my child's progress in school;
- Make every effort to attend school events such as parent-teacher conferences, open house and back-to-school night;
- Ensure that my child receives adequate sleep, regular medical attention and proper nutrition;
- Participate in shared decision making with school staff and other families for the benefit of students; and
- Respect the school, staff, students and families.

Parent/Guardian Signature: _____

As a teacher I will:

- Communicate high expectations for every student;
- Endeavor to motivate my students to learn;
- Teach and involve students in classes that are interesting and challenging;
- Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community;
- Enforce rules equitably and involve students in creating a warm and caring learning environment in the class;
- Communicate regularly with families about their child's progress in school;
- Provide assistance to families on what they can do to support their child's learning;
- Participate in shared decision making with other school staff and families for the benefit of students' and
- Respect the school, staff, students and families.

Teacher Signature: _____

Principal Signature: _____

Parent / Guardian: _____

Student: _____

Returned and filed at school this _____ day of _____, 20____.

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Wynnewood Public Schools Student Enrollment Questionnaire

| | | |
|----------------|--------|---------------|
| Student Name: | | Today's Date: |
| Date of Birth: | Grade: | School: |

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

Where are you and your family currently living? Please check one of the boxes below.

| |
|---|
| Section A <input type="checkbox"/> Rent/own my own home or apartment STOP: <i>If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your own home or apartment, please continue to the next section.</i> |
| Section B <input type="checkbox"/> Temporarily with another family member or friend until we can locate affordable housing <input type="checkbox"/> In an emergency or transitional shelter <input type="checkbox"/> In a vehicle, park, campground, or on the streets <input type="checkbox"/> In a house, building, or trailer WITHOUT running water or electricity <input type="checkbox"/> In a hotel or motel <input type="checkbox"/> With an adult that is not a parent or legal guardian <input type="checkbox"/> Alone or in different locations, without an adult serving as a caregiver <input type="checkbox"/> Wherever I can find a place to stay at night <input type="checkbox"/> Other Please Explain: |

If you checked a box in section B, in the space below please list all children currently living with you who attend "name" Public Schools.

| First and Last Name of Student | Male or Female | Date of Birth | Grade | School Name |
|--------------------------------|----------------|---------------|-------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child? ☐ YES ☐ NO

The undersigned certifies that the information provided is correct and accurate.

(Print) Parent/Guardian or Adult Caring for the Student:

Relationship to the Student: _____ Signature: _____

Street Address City State Zip

Phone Number: _____ Email Address: _____

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| | | | | | |
|--|---|---|---|---|----------------|
| 20__ - 20__ | | ENCUESTA DEL IDIOMA HABLADO EN EL HOGAR PARA DISTRITOS ESCOLARES PRE-KINDER | | <small>OKLAHOMA STATE DEPARTMENT OF EDUCATION</small> <small>CHAMPION EXCELLENCE</small> | |
| DATOS DEL ALUMNO | | | | | |
| Nombre del alumno: _____ | | | Grado: _____ | | |
| Apellido(s) | Nombre | Segundo nombre | | | |
| Fecha de nacimiento: _____ | | Escuela: _____ | | No. de carnet estudiantil: _____ | |
| MM/DD/AAAA | | | | Género: M _____ F _____ | |
| ¿Es el alumno de cultura u origen hispano o latino? Sí _____ No _____ | | | | | |
| Seleccione una o más de las siguientes razas: | | | | | |
| _____ afroamericana/negra | | _____ amerindia o nativa de Alaska | | _____ asiática | |
| _____ hawaiana o isleña del Pacífico | | _____ caucásica/blanca | | | |
| 1. ¿Cuál es el idioma predominante que con mayor frecuencia habla el alumno? _____ | | | | | |
| 2. ¿Cuál es el idioma que normalmente se habla en el hogar, independientemente del idioma que habla el alumno? _____ | | | | | |
| 3. ¿Cuál fue el idioma que el alumno aprendió por primera vez? _____ | | | | | |
| 4. ¿Requiere el padre/tutor servicios de interpretación? Sí _____ No _____ En su caso, ¿para qué idioma? _____ | | | | | |
| 5. ¿Requiere el padre/tutor materiales traducidos? Sí _____ No _____ En su caso, ¿a qué idioma? _____ | | | | | |
| 6. ¿En qué fecha se inscribió el alumno por primera vez en una escuela en Estados Unidos? _____ | | | | | |
| MM/AAAA | | | | | |
| Fecha (MM/DD/AAAA) | | | Firma del padre/tutor | | |
| SOLO PARA USO INTERNO | | | | | |
| <i>Favor de facilitar al Oficial Regional de Acreditación documentación que avale las calificaciones en el examen para su revisión.</i> | | | | | |
| <input type="checkbox"/> 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. | | | | | |
| <input type="checkbox"/> 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 <u>if</u> he or she meets one of the following (any selection below <u>REQUIRES</u> appropriate documentation): | | | | | |
| <input type="checkbox"/> 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. | | | | | |
| <input type="checkbox"/> 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP). | | | | | |
| <input type="checkbox"/> 3. Scored at or below the 35 th percentile (or equivalent) composite reading score from <u>spring</u> 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 | |
| | Unsatisfactory | Limited Knowledge | Satisfactory | Advanced | |
| | Unsatisfactory | Limited Knowledge | Satisfactory | Advanced | |
| | | | | | % |
| 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 | | |

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Impact Aid Program Survey Form
The survey date is: 2022-2023 School Year

All boxes must be filled in with complete information if applicable

STUDENT INFORMATION

| | | | | | |
|--|------------|--------------------------|---------------|----------|-------------|
| Student's Last Name | First Name | M.I. | Date of Birth | Grade | School Name |
| Address | | City | State | Zip Code | |
| If the above property is a federal property, enter the name of the property. | | Name of federal property | | | |

Fill in the above boxes with complete and accurate information

PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN

| | | | | |
|--|---------------------|------------------------------------|-------|----------|
| Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States <i>and</i> 2) either parent/guardian with whom the student resided was employed on federal property, <i>or</i> 3) either the parent/guardian reported to work on federal property <i>on the survey date</i> . Enter the parent/guardian's name as it appears on the employer's payroll record. | | | | |
| Parent/Guardian's Last Name | First Name and M.I. | Name of Parent/Guardian's Employer | | |
| Address of Parent/Guardian's Employer | | City | State | Zip Code |
| Name of federal property | | | | |
| Address of federal property | | City | State | Zip Code |

Fill in the above boxes with complete and accurate information

PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES

| | | | |
|--|---------------------|-------------------|------|
| Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States <i>on the survey date</i> . | | | |
| Parent/Guardian's Last Name | First Name and M.I. | Branch of Service | Rank |

Fill in the above boxes with complete and accurate information

PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

| | | | |
|--|---------------------|-------------------|------|
| Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official and a foreign military officer <i>on the survey date</i> . | | | |
| Parent/Guardian's Last Name | First Name and M.I. | Branch of Service | Rank |
| Name of Foreign Government | | | |

Fill in the above boxes with complete and accurate information

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Education Act), and *may* be provided to the U.S. Department of Education *if* your school district's application for payment is audited. This form *must* be signed and dated for your school district to receive funds based on this information.

*** By signing this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.**

→ Signature of Parent/Guardian _____ → Date _____

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OMB Number: 1810-0021 Expiration Date: 07/31/2019

U.S. Department of Education
Office of Indian Education
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file 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 _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- _____ Federally Recognized
- _____ State Recognized
- _____ Terminated Tribe (Documentation required. Must attach to form)
- _____ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

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JOM Information

Student Info

Student Name _____

Tribe Name _____

Member ID _____ Grade _____

CDIB _____

Parent Info

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Email _____

Sibling Info

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

**WYNNEWOOD PUBLIC SCHOOLS
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PARENTAL AUTHORIZATION TO ADMINISTER PRESCRIPTION MEDICINE

Medicine that will be kept in the office

I am the parent with legal custody, the legal guardian, or individual assuming permanent care and custody of _____, a student attending Wynnewood Public Schools. This student requires medication at intervals during the school day.

I hereby give my consent and authorize the school principal or an administrative assistant (an employee of the school district designated by the principal, and me) to:

- Administer _____, a non-prescription medication that I am freely supplying you, in accordance with the written instructions of the child's physician that is attached hereto.
- Administer _____, a filled prescription medication that I am hereby supplying you, in accordance with the directions for administration of the medicine listed on the label of the vial and/or in accordance with the written instructions of the physician prescribing the medication, which is attached hereto.

I understand the state law, the board of education, the school 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 result from acts or omissions of school employees in administering the medicine I have hereby authorized or from the self-administration of medication by the student.

Dated this _____ day of _____, _____.

Signature (Parent with legal custody, Guardian or Individual assuming permanent care and custody)

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**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: WYNNEWOOD 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 _____