

WEBBERS FALLS PUBLIC SCHOOLS ENROLLMENT INFORMATION

Student Information

Full Legal Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>			Entry Date _____
Alternate First Name _____ Last _____			Grade _____
Date of Birth _____			SSN _____
Place of Birth _____ <div style="display: flex; justify-content: space-between; font-size: small;"> City State Country </div>			OK State Student Testing No. _____
Email Address _____			Local Student ID Number _____
Student's Cell Phone Number _____			

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian-White <input type="checkbox"/> Native Hawaiian or Pacific Islander	Student has participated in the following programs: <input type="checkbox"/> Special Education (IEP) <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> Title I <input type="checkbox"/> ELL (English Language Learner) <input type="checkbox"/> Gifted & Talented Program <input type="checkbox"/> My child has not received any of the listed services
Certificate Degree of Indian Blood (CDIB) Card <input type="checkbox"/> Yes Tribe _____ <input type="checkbox"/> No		

Check all that apply:

- ☐ Student is legal resident of the Webbers Falls School District.
- ☐ Student lives at the home of the custodial parent(s).
- ☐ Student has never attended public school in the State of Oklahoma.
- ☐ A legal transfer from _____ School District is on file in the office of the School Superintendent.
- ☐ Student and/or Parent live with _____. Relationship to student _____
- ☐ Student lives with a court appointed or legal guardian.
- ☐ Student is under Suspension or Expulsion from previous school district attended.

Parent/Guardian Verification:

I verify that the address given is the legal residential address of the above named student and the parent/guardian with whom they reside.

Signature of Legal Parent/Guardian _____ Date _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 (Primary Contact)	Parent/Guardian #2 (Secondary Contact)
Name _____	Name _____
Relationship to Student _____	Relationship to Student _____
Mailing Address _____	Mailing Address _____
City/State/Zip _____	City/State/Zip _____
Physical (911) Address _____	Physical (911) Address _____
City/State/Zip _____	City/State/Zip _____
Employer _____	Employer _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Email Address _____	Email Address _____

EMERGENCY CONTACTS (used only when Primary and Secondary Contacts are unavailable)

1 st Contact Name (other than above) _____	2 nd Contact Name (other than above) _____
Relationship to Student _____	Relationship to Student _____
Phone _____	Phone _____

The Webbers Falls Public School System does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to designated youth groups.

WEBBERS FALLS PUBLIC SCHOOLS ENROLLMENT INFORMATION

1 st Contact Name (other than above) _____ Relationship to Student _____ Phone _____	2 nd Contact Name (other than above) _____ Relationship to Student _____ Phone _____
PREVIOUS SCHOOLS ATTENDED (List most recent first)	
Last School Attended _____ Address _____ City/State/Zip _____ School Phone _____ Registrar email _____ Date Records Requested _____ Received _____	Other Schools Attended _____ Address _____ City/State/Zip _____ School Phone _____ Registrar Email _____ Date Records Requested _____ Received _____
STUDENT ALERTS	
MEDICAL <input type="checkbox"/> Diabetic <input type="checkbox"/> Allergies (describe) _____ <input type="checkbox"/> Other Medical issues (please describe) _____	PUBLISHED MATERIALS PERMISSION <input type="checkbox"/> Name and/or picture is allowed to be published in school yearbook, newspapers, Honor Roll, or school website. <input type="checkbox"/> Do Not Allow student's name and/or picture to be published.
TRANSPORTATION	
<i>Any changes in transportation should be made prior to student leaving for school each day. Emergency changes in transportation must be made prior to 2:30 pm in order to ensure student and teacher receive the message. End of school day is always hectic. Never leave a message or voicemail concerning changes in transportation as they may not be retrieved until after buses have left school.</i>	
MORNING <input type="checkbox"/> Car Rider <input type="checkbox"/> Car Driver <input type="checkbox"/> Bus Rider <input type="checkbox"/> Walks to school <input type="checkbox"/> Other _____	AFTERNOON TRANSPORTATION (Car Rider) <input type="checkbox"/> Car Rider <input type="checkbox"/> Car Driver <input type="checkbox"/> Bus Rider <input type="checkbox"/> Walks home from school <input type="checkbox"/> Other _____
PICK-UP RIGHTS ALLOWED Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____	PICK-UP IS NOT ALLOWED (BANNED) Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____

I agree to the following Webbers Falls Public School policies available on the District's website, <http://www.webbersfalls.k12.ok.us>

- Internet Acceptable Use (EFBCA)
- Internet and Computer Network (EFBCA-R1)
- Internet Access Conduct Agreement (EFBCA-E)
- Student Handbook
- I also agree that I have received the COVID-19 contract

Parent/Legal Guardian Signature _____

I agree to abide by the above listed policies. Student Signature _____

Please list all siblings/household members attending Webbers Falls Schools:

Student Name _____ Grade _____ Student Name _____ Grade _____

The Webbers Falls Public School System does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to designated youth groups.

HEALTH INFORMATION

23-24

TO BE COMPLETED BY PARENT/GUARDIAN EACH SCHOOL YEAR

PART 1 Parent/Guardian to Complete

Student Name Last, First, Middle		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Address		Home Phone Number	Grade/Teacher
Father	Father Cell Phone	Father Work Place	Father Work Phone
Mother	Mother Cell Phone	Mother Work Place	Mother Work Phone
Health Care Provider		Hospital Preference	
Emergency Contact #1 (Name NOT Listed Above)		Cell Phone	Work Place
Emergency Contact #2 (Name NOT Listed Above)		Cell Phone	Work Place

PART 2 Student's Health Information

FOOD INTOLERANCE/RESTRICTIONS		List Food (s):	
ALLERGIES: Check Type of Allergy and Reaction Type			
Food	Name of Food(s):		
Medication	Name of Medication(s):		
Insect Sting	Type of Insect(s):		
Other (List)			
Allergy Reaction Type		Mild	Severe/LIFE-THREATENING
Allergy Medicine		Oral Antihistamine (Benadryl, etc.)	Epinephrine/EpiPen
ASTHMA	Triggers	Exercise	Environmental
Current Asthma Medication/Treatments		Inhaler	Nebulizer
DIABETES	Type 1	Insulin Pen	Insulin Pump
SEIZURE DISORDER		Date of last seizure:	Date of Last Hospitalization:
Symptoms	Staring	With Fever	Convulsions (type):
Current Seizure Treatment		Oral (pills)	Nasal
OTHER HEALTH CONDITIONS: Check all that apply			
ADD/ADHD		Heart Conditions (Explain):	
Blood Disorder		Physical Disability (Explain):	
Cancer (Explain)		Other (Explain):	
CURRENT MEDICATIONS		(List)	
Medication Needed AT SCHOOL (Permission-Form Required)		List Medication/s:	
VISION	Glasses	Contacts	Other:
HEARING		Hearing Loss	Hearing Aid

PART 3 EMERGENCY AUTHORIZATION/CONSENT FOR OKLAHOMA STATE IMMUNIZATION INFORMATION SYSTEM

- I, the undersigned, do hereby authorize officials of the Webbers Falls Public Schools to contact directly the persons named on this form and do authorize the above named physician to render such treatment as may be deemed necessary in an emergency, for the health above named child.
- In an event that physicians, other persons named on this form, or parent cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child.
- I will not hold the school district financially responsible for the emergency care and/or transportation for said child.
- I further release Webbers Falls School, its trainers, agents, servants and employees from any liability for damage and injury to the above-named student and hereby accept the full responsibility for any and all damages or injuries sustained as a result of participation in interscholastic athletics.
- I give permission for the above health information to be released to school personnel necessary to ensure my child's health and safety while at school.
- I hereby authorized the Oklahoma Immunization Services to release my child's immunization records and information located within the Oklahoma State Immunization System ("OSIIS") to Webbers Falls as needed to verify my child's immunization status.

Parent Signature:

Date:

PARENTAL CONSENT TO ADMINISTER MEDICATIONS

WEBBERS FALLS PUBLIC SCHOOL

23-24

I am the parent, legal guardian or legal custodian with legal custody of _____, a student attending Webbers Falls Public School. This student requires medication with intervals during the school day.

I hereby give my consent and authorize the school nurse or other trained personnel as designated by the school nurse, principal, and me (parent/guardian) to administer the following medications:

NON-PRESCRIPTION MEDICATION – To be supplied in a new, unopened bottle.

Name and strength of medication: _____

Time to be administered: _____

Reason to be given (headache, tooth pain, stomach ache, etc.): _____

Dosage (must be within the dosage range on the bottle) _____

PRESCRIPTION MEDICATION – To be supplied in the original prescription bottle.

Name and strength of medication _____

Medication will be administered per written instructions on the bottle. If medication is to be given other than that written on the bottle, written instructions **from the doctor MUST accompany the medication.**

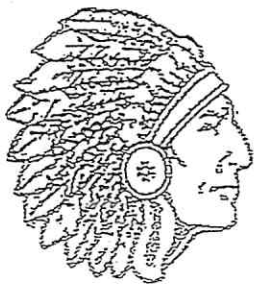
I understand that under state law the Board of Education, the District, and District employees shall not be liable to the student or the student's parent or guardian for civil damages for any personal injuries to the student that results from acts of omissions of District employees in administering medicine I have hereby authorized. I also understand that, under state law, the District, its agents and employees shall incur no liability for any adverse reaction or injury suffered by the student as a result of the student's self-administration of medication and/or use of specialized equipment. Finally, I understand that District employees acting in accordance with the Diabetes Management in Schools Act shall be immune from civil liability unless the employee's actions rise to a level of reckless or intentional misconduct.

I agree to abide by all the terms of the District's Administration of Medicine to Students Policy which is addressed in the student handbook. I understand that I may request a copy of this policy at any time in the school office or access the policy on the school website.

Signature: _____

Phone number: _____

Date: _____



WEBBERS FALLS PUBLIC SCHOOLS

200 South Stand Watie Boulevard

P.O. Box 300

Webbers Falls, OK 74470-0300

Webbers Falls Families,

We are respectfully asking that you go over the following questions with your student(s) each day before sending him/her to school. If the answer to any of these questions is "YES," please do not send your student to school that day.

Further, please take your student's temperature daily. If he/she has a temperature equal to or higher than 100 degrees, he/she needs to stay home. If he/she develops a fever while at school, they will need to be picked up ASAP. The student may return to school when they have been fever free for 3 days without the use of medicine or a COVID-19 test confirming a negative prognosis and 48 hours fever free without the use of medicine.

Please answer "YES" or "NO" to any of the following that you cannot contribute to any other health issue.

Today is your student(s) experiencing any of the following symptoms:

- | | | | |
|----|-----|----|---|
| 1. | YES | NO | Fever at or above 100 degrees Fahrenheit? |
| 2. | YES | NO | Sore throat or tonsillitis? |
| 3. | YES | NO | Any nasal discharge accompanied by fever? |
| 4. | YES | NO | A severe cough producing phlegm? |
| 5. | YES | NO | Any inflammation of the eyes or lids? |

My signature on the enrollment form indicates that I agree not to send my child to school if "YES" is answered on any of the above questions.



WEBBERS FALLS PUBLIC SCHOOLS

200 South Stand Watie Boulevard
P.O. Box 300
Webbers Falls, OK 74470-0300

Superintendent (918) 464-2580
High School (918) 464-2334
Elementary (918) 464-2383

CHILD FIND 2023-2024

Child Find is a search for all children with disabilities who are not receiving a free, appropriate public education. This applies to children between the ages of birth and twenty-one years of age, who have not yet graduated from high school. Webbers Falls Public School in Webbers Falls, Oklahoma offers full educational opportunities for all students.

If you suspect your child may have a disability, or know of a child with a disability who is not receiving free, appropriate, public education, please contact.

Rebecca Mills
rmills@webbersfalls.k12.ok.us
918-464-2583

Webbers Falls Public School
200 Stand Waite Blvd.
Webbers Falls, OK 74470



WEBBERS FALLS PUBLIC SCHOOLS

200 Stand Watie Boulevard
P.O. Box 300
Webbers Falls, OK 74470-0300

Superintendent (918) 464-2580
High School (918) 464-2334
Elementary (918) 464-2383

Notice of Non-Discrimination

Webbers Falls Public Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. This policy of nondiscrimination applies to all matters concerning staff, students, the public employment, educational programs and services, events, and individuals, companies and firms with whom the board does business.

The District does not discriminate in its hiring or employment practices. The District provides equal access to the Boy Scouts and other designated youth groups.

Questions, complaints or requests for additional information regarding the Civil Rights Act, the Americans with Disabilities Act, Section 504, the Age Discrimination Act, the Boy Scouts Act and/or Title IX may be submitted the following persons, who has been designated to handle inquiries regarding the District's non-discrimination policies and procedures and compliance therewith:

Mike Mills – Title IX Coordinator
200 S Stand Watie Blvd
Webbers Falls, OK 74470
918-464-2580

The superintendent has been designated by the board to coordinate the school district's efforts to comply with this assurance.

For further information on notice of non-discrimination, visit <http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone number of the office that serves your area, or call 1-800-421-3481.



Oklahoma Title I, Part C Education Program Identification & Recruitment Family Survey

Dear Parents,

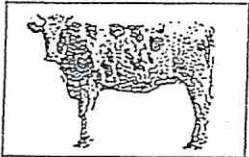
In order to better serve your children, the _____ Webbers Falls _____ school district would like to identify students who may qualify to receive additional educational services.

The information provided below will be kept confidential.

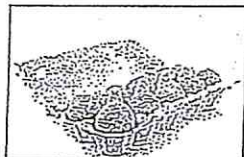
Section A

Please answer the following questions and return this survey form to your child's school.

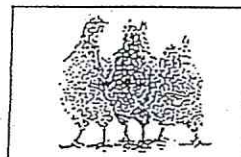
- ☐ Yes ☐ No 1. Have you or your family moved from one residency to another residency in another city or town to do seasonal or temporary work related to agriculture in the last 3 years?
- ☐ Yes ☐ No 2. Have your child(ren) moved from one school district to another school district so you or your spouse could do seasonal or temporary work related to agriculture in the last 3 years?
- ☐ Yes ☐ No 3. Was your move due to economic necessity or financial need? For example, moving for work or because work has ended.
- ☐ Yes ☐ No 4. Has anyone in your family worked in anything related to the jobs listed below? Self-employment and working or owning your own land or business does not apply.



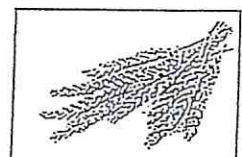
☐ Livestock:
Cattle, pigs,
sheep, dairy, etc.



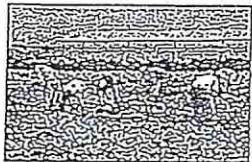
☐ Eggs



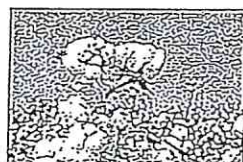
☐ Chickens



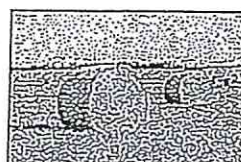
☐ Crops:
Wheat, corn,
soybeans, etc.



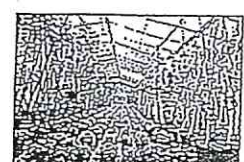
☐ Harvest:
Vegetables,
Fruit, etc.



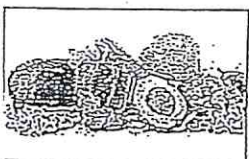
☐ Cotton



☐ Hay



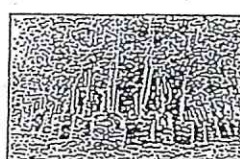
☐ Nursery:
Greenhouse,
sod, etc.



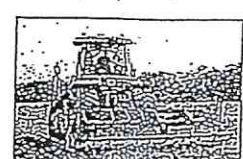
☐ Vegetables



☐ Processing:
Meat, fruit, trees,
vegetables, etc.



☐ Trees:
Timber, plants,
flowers, etc.



☐ Soil Preparation

Webbers Falls 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

☐ Rent/own my own home or apartment

STOP: 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.

Section B

- ☐ Temporarily with another family member or friend until we can locate affordable housing
- ☐ In an emergency or transitional shelter
- ☐ In a vehicle, park, campground, or on the streets
- ☐ In a house, building, or trailer WITHOUT running water or electricity
- ☐ In a hotel or motel
- ☐ With an adult that is not a parent or legal guardian
- ☐ Alone or in different locations, without an adult serving as a caregiver
- ☐ Wherever I can find a place to stay at night
- ☐ 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 Webbers Falls 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: _____

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 grandparent

If 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 _____

School Year 2023 - 2024 Economically Disadvantaged Form

This application should be completed even if your student attends a Community Eligibility Provision or Provision School.

School: _____ Grade: _____ Student Number: _____

Student Name: _____

Please select the income range that represents the total annual gross income:

- | | | |
|---|---|---|
| <input type="radio"/> Less than \$26,973 | <input type="radio"/> Between \$55,500 and \$65,009 | <input type="radio"/> Between \$93,536 and \$103,045 |
| <input type="radio"/> Between \$26,973 and \$36,482 | <input type="radio"/> Between \$65,009 and \$74,518 | <input type="radio"/> Between \$103,045 and \$112,554 |
| <input type="radio"/> Between \$36,482 and \$45,991 | <input type="radio"/> Between \$74,518 and \$84,027 | <input type="radio"/> Between \$112,554 and \$122,063 |
| <input type="radio"/> Between \$45,991 and \$55,500 | <input type="radio"/> Between \$84,027 and \$93,536 | <input type="radio"/> Between \$122,063 and \$131,572 |

Please select the total number of people in your household:

- | | | |
|---------------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> One (1) | <input type="radio"/> Five (5) | <input type="radio"/> Nine (9) |
| <input type="radio"/> Two (2) | <input type="radio"/> Six (6) | <input type="radio"/> Ten (10) |
| <input type="radio"/> Three (3) | <input type="radio"/> Seven (7) | <input type="radio"/> Eleven (11) |
| <input type="radio"/> Four (4) | <input type="radio"/> Eight (8) | <input type="radio"/> Twelve (12) |

Signature: I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school.

Sign Here: _____ Date: _____

Print Name: _____

For Office use only:

- ☐ Qualified ☐ Not Qualified

Student/Parent Chromebook Use Agreement

Student Name: _____
Last Name First Name Student ID #

Parent Name: _____
Last Name First Name Phone Number

In this agreement, "we," "us," and "our," means the District. "You" and "your" means the parent/ guardian and student enrolled in the Webbers Falls Public School District. The "property" is a Chromebook owned by the WFPS district with the following serial/asset tag numbers.

Terms: You will adhere to the Student Use of Computerized Information Resources Policy; Internet and School Network Ethics; Computer, Internet and Email Use Agreement Guidelines and Procedures; and Code of Ethics Agreement before taking possession of the property and will comply at all times with these agreements. Any failure to comply may terminate your rights of possession effective immediately and the District may repossess the property. By signing this agreement you also agree to allow your child permission to use Google Apps for Education.

Title: Legal title to the property is in the District and shall at all times remain in the District. Your right of possession and use is limited to and conditional upon your full and complete compliance with the Student Use of Computerized Information Resources Policy; Internet and School Network Ethics; Computer, Internet and Email Use Agreement Guidelines and Procedures; Code of Ethics Agreement and the Student/Parent Chromebook Use Agreement.

Loss or Damage: If the property is damaged, lost or stolen, you will report the incident to the District immediately or by the next school day if the incident occurs out of school. Normal wear and tear is covered by the District's insurance, but if you demonstrate negligence you may be held responsible for the costs associated with the damage. In the case of theft, vandalism and other criminal acts, a police report must be filed by the student or parent within 48 hours of the occurrence. Incidents happening off campus must be reported to the police/sheriff by the and a copy of the police/sheriff report be brought to the school. We will then report the loss to our insurance company. The parent/student will be responsible for payment of our deductible to replace the computer, which is \$300.

Repossession: If you do not comply fully with all terms of the Student Use of Computerized Information Resources Policy; Internet and School Network Ethics; Computer, Internet and Email Use Agreement Guidelines and Procedures; Code of Ethics Agreement and the Student/Parent Chromebook Use Agreement, the District shall be entitled to declare you in violation and can take possession of the property.

Term of Agreement: Your right to use and possess the property terminates no later than the last day of the school year unless terminated earlier by the District or by your withdrawal from the District.

Appropriation: Your failure to return the property on time and the continued use of it for non-school purposes without the District's consent may be considered unlawful appropriation of the District's property.

Users' Signatures: _____

Parent or Guardian Signature _____

Student Signature _____

Date _____