

## GANS PUBLIC SCHOOL

P.O. Box 70  
Gans, OK 74936

Larry V. Calloway  
High School Principal

Regina Brannon  
Elementary Principal



Larry V. Calloway  
Superintendent

Phone (918) 775-2236  
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School Board:  
Jesse James, President  
Jeremy Taylor, Vice President  
Larry Stogner, Clerk  
Jana Morris, Deputy Clerk  
Jamie Taylor, Member

Dear Parent,

Gans School welcomes you to our enrollment process. You may return this information through several different ways:

1. Fill out the packet on your device and email it to [studentinfo@gans.k12.ok.us](mailto:studentinfo@gans.k12.ok.us). Other information, such as CDIB cards, birth certificates and shot records, may be scanned and uploaded to this email address.
2. Download the information, print the packet, fill it out, scan and upload it, then email it to [studentinfo@gans.k12.ok.us](mailto:studentinfo@gans.k12.ok.us).
3. Print the packet, fill it out and mail it to Gans Public School, P.O. Box 70, Gans, Ok. 74936
4. If you do not have access to a device or internet you may make arrangement by phone to come to school and fill out the packet on one of our computers in our computer lab during the week of August 3-7, 2020.
5. Paper enrollment packets will be available in the hallway at the student entrance (by Mrs. Bonnie's office) and may be returned in the same hallway.

\*\*\* For NEW transfer students call 918-775-2236 to make an appointment with the Superintendent.

### Instructional Choices

1. Traditional instruction is defined as "On Campus" with a traditional school day.
2. Blended instruction will allow the student to take core curriculum online but will allow students to come to school for athletics and extracurricular activities after school hours and during 6<sup>th</sup> and 7<sup>th</sup> hour. Blended will pertain mainly to High School students, but there are circumstances where it may be needed in Middle School, but not in Elementary School.
3. 100% virtual/online will allow students to receive their entire educational needs online. This may be accomplished through Edgenuity (E2020), or Google Classroom. Gans has several online resources in place for teachers to use for instruction. The class teacher will communicate their instruction protocol to each of their online students.

\*\*\* Please choose carefully, because once a choice is made between traditional, blended, and 100% online, the student will not be allowed to change until spring semester 2021 (with the exception that a student must be quarantined because of Covid-19).

\*Mark your Instructional Choice on the enrollment form.

## Gans Public School Enrollment Form

Please Choose One: Traditional School ( ) Blended ( ) 100% Online ( )

<p>_____</p> <p style="text-align: center;">First Name    Middle Name    Last Name</p> <p>Mailing Address _____</p> <p>City _____, OK, Zip _____</p> <p>Soc. Security # _____</p> <p>Student's Cell Phone _____</p> <p>Part A: Are you of Hispanic/Latino Culture or Origin? Yes _____, No _____</p> <p>Part B: What is your race; (Choose one or more)</p> <p>____ 1. American Indian or Alaskan Native</p> <p>____ 2. Asian</p> <p>____ 3. Black/African American</p> <p>____ 4. Native Hawaiian or Other Pacific Islander</p> <p>____ 5. White</p>	<p>Bus Driver _____ Grade _____</p> <p>Physical Address _____</p> <p>City _____, OK, Zip _____</p> <p>Birth date _____/_____/_____</p> <p>Birth City _____ State _____</p> <p>Sex _____ Immunization _____</p> <p>CDIB CARD — Yes ____ No ____ Tribe _____</p> <p>CDIB Card # _____</p> <p>Medicaid # _____</p> <p>Military Parent or Guardian ____ Active Duty ____ Reserve ____ National Guard</p>
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Has your child received Resource Classes from his/her previous school? Yes \_\_\_\_ No \_\_\_\_

<p>Relation 1 Name _____</p> <p>Relationship _____ Cell Phone _____</p> <p>Address _____</p> <p>SSN _____ DOB _____</p> <p>Employment _____</p> <p>Work Phone _____</p> <p>E-mail Address _____</p>	<p>Relation 2 Name _____</p> <p>Relationship _____ Cell Phone _____</p> <p>Address _____</p> <p>SSN _____ DOB _____</p> <p>Employment _____</p> <p>Work Phone _____</p> <p>E-mail Address _____</p>
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This child resides with: Mother \_\_\_\_ Father \_\_\_\_ Both \_\_\_\_ Grandparent \_\_\_\_ Other \_\_\_\_

In case of Emergency: (other than contact for 2) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

<p>Previous School _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Date of Withdrawal _____</p>	<p>Names and grades of siblings in Gans School</p> <p>_____</p> <p>_____</p> <p>_____</p>
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I give permission for pictures of my student to be submitted to the newspaper, yearbook, school websites, etc.

I understand that I will advise Gans Public Schools of any changes of address and phone numbers.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Transportation:** Please check one even if you don't ride a bus, but the bus is available to you.

- ( ) 1. Transferred Transported
- ( ) 2. Resident Student Transported over 1.5 miles by a school bus.
- ( ) 3. Resident Student Transported under 1.5 miles by a school bus.

(Template)

## School Year 2020 - 2021 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 \$23,606            | <input type="radio"/> Between \$48,470 and \$56,758 | <input type="radio"/> Between \$81,622 and \$89,910   |
| <input type="radio"/> Between \$23,606 and \$31,894 | <input type="radio"/> Between \$56,758 and \$65,046 | <input type="radio"/> Between \$89,910 and \$98,198   |
| <input type="radio"/> Between \$31,894 and \$40,182 | <input type="radio"/> Between \$65,046 and \$73,334 | <input type="radio"/> Between \$98,198 and \$106,486  |
| <input type="radio"/> Between \$40,182 and \$48,470 | <input type="radio"/> Between \$73,334 and \$81,622 | <input type="radio"/> Between \$106,486 and \$114,774 |

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

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

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

OSIIS ID #: \_\_\_\_\_

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: Melinda Rhoads/Gans Public School  
(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