

GANS PUBLIC SCHOOLS ENROLLMENT RECORD
PLEASE PRINT AND COMPLETE ALL INFORMATION

STUDENT'S FULL LEGAL NAME _____ GRADE _____ SEX _____
First Middle Last

BIRTHDATE ____/____/____ BIRTHPLACE _____ CITY _____ STATE _____
MM DD YEAR

HOME MAILING ADDRESS _____ CITY _____ STATE _____

PHYSICAL ADDRESS _____ CITY _____ STATE _____

RACE 1. () SPANISH AMERICAN 2. () AFRICAN AMERICAN 3. () AMERICAN INDIAN 4. () ORIENTAL (ASIAN) 4. () CAUCASIAN (WHITE) 6. () PACIFIC ISLANDER

IF AMERICAN INDIAN, DOES YOUR CHILD HAVE A ROLL NUMBER? YES _____ NO _____ WHAT TRIBE _____
ROLL NUMBER _____ WHICH PARENT HAS THE ROLL NUMBER? MOTHER _____ FATHER _____

PLEASE PROVIDE A COPY OF THE CDIB CARD

DOES YOUR CHILD LIVE IN A HOUSEHOLD WHERE ANY OTHER LANGUAGE IS SPOKEN? YES ___ NO ___ WHAT LANGUAGE _____

WHO HAS LEGAL GUARDIANSHIP OF THIS STUDENT _____ RELATION TO STUDENT _____
PHONE NUMBER _____ ADDRESS _____

This is the person the student lives with and has court order custody.

FATHER'S NAME _____ WORK _____ WORK PHONE _____

ADDRESS _____ CELL PHONE _____

EMAIL ADDRESS _____ Email is required for the Guardian login to Parent Portal.

MOTHER'S NAME _____ WORK _____ WORK PHONE _____

MOTHER'S ADDRESS _____ CELL PHONE _____

EMAIL ADDRESS _____ Email is required for the Guardian login to Parent Portal.

EMERGENCY CONTACTS. ALL CONTACTS LISTED WILL ALSO BE ALLOWED TO PICK UP CHILD. IF SOMEONE IS NOT ALLOWED TO PICK OF THIS CHILD, PLEASE DO NOT LIST THEM ON THIS FORM.

EMERGENCY CONTACT #1 _____ Relationship to Student _____ CELL PHONE _____

EMERGENCY CONTACT #2 _____ Relationship to Student _____ CELL PHONE _____

EMERGENCY CONTACT #3 _____ Relationship to Student _____ CELL PHONE _____

WAS THIS STUDENT IN ANY SPECIAL PROGRAM AT HIS/HER LAST SCHOOL? PLEASE CHECK ALL THAT APPLY.

() SPECIAL EDUCATION () GIFTED TUTORING ()

TRANSPORTATION: PLEASE CHECK ONE EVEN IF THE STUDENT WILL NOT BE RIDING THE BUS.

() 1. TRANSFERRED TRANSPORTED (if your student is transfer from another school district)

() 2. RESIDENT STUDENT TRANSPORTED OVER 1.5 MILES BY A SCHOOL BUS

() 3. RESIDENT STUDENT TRANSPORTED UNDER 1.5 MILES BY A SCHOOL BUS

WHAT IS THE NAME OF THE SCHOOL THAT THIS STUDENT LAST ATTENDED? _____

WHAT IS THE SCHOOLS ADDRESS AND PHONE NUMBER? _____

PARENTS SIGNATURE _____

LIST SIBLINGS THAT WILL BE ATTENDING GANS SCHOOL

NAME 1. _____ GRADE _____

NAME 2. _____ GRADE _____

NAME 3. _____ GRADE _____

NAME 4. _____ GRADE _____

NAME 5. _____ GRADE _____

NAME 6. _____ GRADE _____

OFFICE USE ONLY

CLASS HOUR	1st Semester Class	Is this year 1,2,3,4	2nd Semester Class
1ST HOUR			
2ND HOUR			
3RD HOUR			
4TH HOUR			
5TH HOUR			
6TH HOUR			
7TH HOUR			

20__ - 20__

HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS



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

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

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

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

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

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

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

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

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 _____

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

GANS PUBLIC SCHOOL
School Year 2021 - 2022
Economically Disadvantaged Form

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

STUDENT NAME _____ GRADE _____

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

- | | | |
|---|---|---|
| <input type="radio"/> Less than \$23,828 | <input type="radio"/> Between \$49,025 and \$57,424 | <input type="radio"/> Between \$82,621 and \$91,020 |
| <input type="radio"/> Between \$23,828 and \$32,227 | <input type="radio"/> Between \$57,424 and \$65,823 | <input type="radio"/> Between \$91,020 and \$99,419 |
| <input type="radio"/> Between \$32,227 and \$40,626 | <input type="radio"/> Between \$65,823 and \$74,222 | <input type="radio"/> Between \$99,419 and \$107,818 |
| <input type="radio"/> Between \$40,626 and \$49,025 | <input type="radio"/> Between \$74,222 and \$82,621 | <input type="radio"/> Between \$107,818 and \$116,217 |

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