

APACHE PUBLIC SCHOOLS ENROLLMENT FORM

Student Information

Student Must be Enrolled under their Legal Name

_____	_____	_____		
Last Name	First Name	Middle Name		
_____	_____	_____	F M	_____
Preferred Name	Grade Level	Date of Birth	Gender	Social Sec. Number

Student's Physical (911) Address: _____ Primary Phone: _____

Mailing Address
(If different from above): _____ Student Cell Phone: _____

Ethnicity please answer Both Questions

1. Is this student of Hispanic culture or origin? Yes No 2. What is the student's race? Please circle one or more of the following:
American Indian/Alaskan Native Asian Black/Native American Native Hawaiian/other Pacific Islander White/Caucasian

Place of Birth: _____
City State Country

Parent/Guardian Information

1st Parent Guardian:

_____	_____	_____	_____
Last Name	First Name	Relationship to Student	Home Phone
_____	_____	_____	Y N
Cell Phone	Work Phone	Employer	Job on Federal Property?

Military Rank _____ Is 1st Contact's address same as students? Y N Address if different: _____

Email Address: _____

2nd Parent/Guardian

_____	_____	_____	_____
Last Name	First Name	Relationship to Student	Home Phone
_____	_____	_____	Y N
Cell Phone	Work Phone	Employer	Job on Federal Property?

Military Rank _____ Is 1st Contact's address same as students? Y N Address if different: _____

PHYSICAL ADDRESS

We need physical directions to your home from the closest main road you live on, please be as specific as possible in these directions.

(For example: Go north out of Apache on HWY 281 to County Street 120 and turn east. Go 4 miles east and I live in the white house on the north side of the road.)

(For example: I live one block south of the Post Office on Floyd street. My house is the third house on the north side of the street.)

Bus Transportation: *Even if student does not ride the bus, this information must still be completed.*

Distance from students home to the high school- More than 1.5 miles _____ Less than 1.5 Miles _____

Is bus transportation available to and from your home? _____ (yes or no) Bus # _____

School Reach is our automated phone system that is used to notify you about school events and closings.

Please list the number you prefer to receive these calls at: _____

Please list all other parties authorized to pick up student from school:

Name	Relationship to student	Home Phone	Cell phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is the custody of this student decreed b courts? Y N

If yes, who has primary custody? _____ Relationship _____
(Court documents declaring custody need to be in students file)

Additional Enrollment Information

Does the student reside in the Apache school district? Y N If no, what district: _____

Did the student attend Apache Public School last year? Y N If no, list name, address, and phone number of last school attended: _____

Please circle ALL that apply:

Speech Therapy	504 Accommodation Plan
Currently on an IEP (special education program)	Identified as Gifted & Talented
Physical Therapy	Free/Reduced Lunches
Occupational Therapy	

How does our child usually get home from school? (Circle one) Walk - Car - Bus# _____ Daycare

Please list all other children in household attending Apache Public School:

Students Name	Grade
_____	_____
_____	_____
_____	_____

Is a language other than English spoken at home? Y N Does the student speak a language other than English? Y N

List any other language spoken in the home: _____

- Y N I give permission for my child to have access to the Apache Public Schools network and internet
- Y N I give permission for my child's pictures to be used in school publications (websites, newspaper, etc.)
- Y N I give permission for my child to participate in class field trips. (Information will be sent home prior to trips)
- Y N I give permission for my child to receive vision, hearing, dental, and any other screening tests.
- Y N Do you have any degree of American Indian ancestry or have a CIDB card? Tribal affiliation _____
- Y N I have read and discussed the school bus policy and rules and agree that any student who cannot abide by these simple rules should be disciplined according to the school policy which may lead to losing school bus riding privileges.
- Y N I give permission for corporal punishment to be administered to my child
- Y N I give permission for my child to participate in fund raisers

In the event that school is dismissed unexpectedly, I want my child to: (check one)

- _____ Ride the bus or walk home as usual
- _____ Call _____ at this phone number _____ to pick him/her up
- _____ Write specific instructions _____

Does this student require ANY medication during school hours?

List any current medications, allergies, or illnesses with dosage and directions:

- Y N Does child require a special diet prescribed by doctor? If yes, a current doctor's note must be in the students file.
- Y N I give permission for my child to be given Tylenol or Ibuprofen if needed at school
- Y N I understand all medications must be kept in the office and I hereby give permission to the school to administer this medication to my child.

Doctor or clinic in case of emergency:

Doctor: _____ Phone: _____

Hospital choice: _____ Phone: _____

Address: _____

Insurance information:

Company: _____ Phone: _____

Insurance ID#: _____ Group #: _____

Y N has child been issued a Medicaid Number? If yes, give number: _____

Please explain any other important medical information: _____

I, the undersigned, do hereby authorize officials of the Apache Public School District to contact directly the persons Named in this document, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event physicians, other persons named in this document, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of the child. I will not hold the school district financially responsible for the emergency care and/or transportation for the child.

Parent/Guardian signature

Date

Boone-Apache 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.

<p>Section A</p> <p><input type="checkbox"/> Rent/own my own home or apartment</p> <p><i>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.</i></p> <p>Section B</p> <p><input type="checkbox"/> Temporarily with another family member or friend until we can locate affordable housing</p> <p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> In a vehicle, park, campground, or on the streets</p> <p><input type="checkbox"/> In a house, building, or trailer WITHOUT running water or electricity</p> <p><input type="checkbox"/> In a hotel or motel</p> <p><input type="checkbox"/> With an adult that is not a parent or legal guardian</p> <p><input type="checkbox"/> Alone or in different locations, without an adult serving as a caregiver</p> <p><input type="checkbox"/> Wherever I can find a place to stay at night</p> <p><input type="checkbox"/> Other Please Explain: _____</p>
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If you checked a box in section B, in the space below please list all children currently living with you who attend "Boone" 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: _____

Apache Public Schools

Amber Crow, Elementary Principal

P.O. Box 354

(580)588.3577

Apache, OK 73006

(580)588.2030 Fax

Dear Parents,

Each year as part of our Child Find efforts, we provide a number of screenings to identify any needs our students may have. This process ensures that all students are receiving the best services possible to enhance their educational experience. These screenings include speech, hearing, vision, and dental. Below is an outline of the screenings conducted:

Speech Screenings:	Pre-K-1 st & referrals from classroom teacher
Hearing Screenings:	Pre-K thru 5 th grade
Vision Screenings:	Pre-K thru 5 th grade
Dental Screenings/Sealants & Fluoride	Pre-K thru 5 th grade

In the event that your child may need further intervention in these areas you will be contacted.

If you have an objection to your child participating in any of the above screenings for any reason, please indicate below. If you do not have any objections, please sign below and return to the office with your enrollment packet,

Thank you for your attention,

Sincerely,

Amber Crow, Elementary Principal

Student's Name: _____ Grade: _____

Please circle the screenings that your child can participate in:

SPEECH

HEARING

VISION

DENTAL SCREENING

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 2.0, 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 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 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
	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

SHARING INFORMATION WITH MEDICAID/SOONERCARE

Dear Parent/Guardian:

If your children get free or reduced-price school meals, they *MAY* also be able to get free or low-cost health insurance through Medicaid or Sooner Care. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, *the law allows us to tell Medicaid and Sooner Care that your children are eligible for free or reduced-price school meals unless you tell us not to.* Medicaid and Sooner Care only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children. Filling out the Application for Free and Reduced-Price School Meals does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or Sooner Care, fill out the form below and send in. (Sending in this form will not change whether your children get free or reduced-price school meals.)

No! I DO NOT want information from my Application for Free and Reduced-Price School Meals shared with Medicaid or Sooner Care.

If you checked *No*, fill out the form below to ensure that your information is *NOT* shared for the child(ren) listed below:

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call your child's school.

APACHE ELEMENTARY SCHOOL SUPPLY LIST

2020-2021

THE FOLLOWING SUPPLIES ARE NEEDED FOR EACH STUDENT:

SCHOOL BOX, 2BOXES OF KLEENEX, 2 CONTAINERS CLOROX WIPES, 8 GLUE STICKS,
1 PAIR CHEAP EAR BUDS OR HEADPHONES, 1 BACK PACK,
SCISSORS(BLUNT FOR GRADES PRE-K TO 2ND), 1 ORANGE FOLDER

PRE-K

2 BOXES 8 COUNT CRAYONS
2-8 OZ BOTTLES OF GLUE
1-1 IN WHITE 3 RING BINDER
1- 3 HOLE PENCIL POUCH
1 RED POCKET FOLDER
1 PACKAGE #2 PENCILS (PLAIN)
1 SET OF EXTRA CLOTHES
1 PACKAGE WATER COLORS
4 COUNT BOX OF PLAYDOUGH

KINDERGARTEN

4 BOXES 24 COUNT CRAYONS
4 CANS PLAYDOUGH
1-ONE SUBJECT WIDE RULED NOTEBOOK
1 SET OF CRAYOLA MARKERS
1 CONTAINER WET WIPES
1 BOTTLE OF GLUE
1 WATERCOLOR PAINT SET

THIRD GRADE

1-WIDE RULED NOTEBOOK
1 RULER
2 LARGE PINK ERASERS
1 BOX 24 COUNT CRAYONS
1 GREEN POCKET FOLDER
2 DOZEN TICONDEROGA PENCILS
1 PKG PENCIL TOP ERASERS

Mechanical Pencils

FIFTH GRADE

4 DOZEN #2 TICONDEROGA PENCILS
1 PKG PENCIL TOP ERASERS
2 PKG LOOSE LEAF NOTEBOOK PAPER
1-COMPOSITION NOTEBOOK
1 RULER
1-1" BINDER
2 ANY COLOR POCKET FOLDERS

mechanical pencils

FIRST GRADE

4 BOXES OF WASHABLE MARKERS
1 DOZEN #2 PENCILS (PLAIN OR TICONDEROGA)
2 BOXES -24 COUNT CRAYON
1 BOX COLORED PENCILS
1 SINGLE SUBJECT NOTEBOOK

SECOND GRADE

2 BOXES 24 COUNT CRAYONS
1 SPIRAL WIDE RULED NOTEBOOK
4 LARGE PINK ERASERS
YELLOW POCKET FOLDER
1 RULER

FOURTH GRADE

2 DOZEN TICONDEROGA PENCILS
2 PKG WIDE RULED NOTEBOOK PAPER
1 PKG PENCIL TOP ERASERS
RULER
2-4 PACK DRY ERASE MARKERS
1 PKG COLORED PENCILS
1- 1" 3 RING BINDER
5- PLASTIC FOLDERS WITH POCKETS AND HOLES

Mechanical Pencils