

**ENROLLMENT FORM
MEEKER ELEMENTARY SCHOOL**

Student ID #: _____ Homeroom: _____

Students Name: _____ Grade: _____ Date: _____

Full Legal Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Main Contact Phone Number: _____

Transportation to and from school: Car Rider: _____ Bus #: _____ Walker: _____ DayCare: _____

Previous School: _____ City/State: _____

Directions to home:

Birth Information

Gender: Male Female Age: _____ is the Student Hispanic/Latino - YES NO (circle one)

Date of Birth: _____

Place of Birth: City: _____ State: _____

Primary Race: (Please circle)

American Indian or Alaskan Native
Asian
Black/African American
Hispanic or Latino
Native Hawaiian or Other Pacific Islander
White

American Indian
Tribe:
Roll #:
Side of Family:

Secondary Race: (Please circle)

American Indian or Alaskan Native
Asian
Black/African American
Hispanic or Latino
Native Hawaiian or Other Pacific Islander
White

American Indian
Tribe:
Roll #:
Side of Family:

Please Check Preferred Method of Instruction:

Traditional Learning (In-Person) _____

Virtual Learning (Learning from Home via Electronic Means) _____

Parent/Guardian Information

**ENROLLMENT FORM
MEEKER ELEMENTARY SCHOOL**

Primary Guardian #1: _____

Relation to student: _____

Are you Parent or Legal Guardian Y N Have Custody Y N Access to Records Y N

Pick Up Rights Y N Emergency Contact Y N Lives With Y N

1st Contact Number Primary Number: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Employer: _____

Contact # 2: _____

Relation to student: _____

Are you Parent or Legal Guardian Y N Have Custody Y N Access to Records Y N

Pick Up Rights Y N Emergency Contact Y N Lives With Y N

2nd Contact Number Primary Number: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Employer: _____

**ENROLLMENT FORM
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Contact # 3: _____

Relation to student: _____

Are you Parent or Legal Guardian Y N Have Custody Y N Access to Records Y N

Pick Up Rights Y N Emergency Contact Y N Lives With Y N

3rd Contact Number Primary Number: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Employer: _____

Contact # 4: _____

Relation to student: _____

Are you Parent or Legal Guardian Y N Have Custody Y N Access to Records Y N

Pick Up Rights Y N Emergency Contact Y N Lives With Y N

4th Contact Number Primary Number: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Employer: _____

Is the address of the above pupil located on Federal Property? Yes _____ No _____

If yes, please circle: Low Rent Housing (M)
 Tribal Housing (I)
 Restricted Indian Land

Is parent/guardian of the above pupil a civilian employed on Federal Property? (O) Yes _____ No _____

Is parent/guardian of the above pupil a member of the Uniformed Services? (B) Yes _____ No _____

Does your child have Special Services/IEP: Yes _____ No _____

After School Instructions: Car Rider: _____ Bus #: _____ Walker: _____ DayCare: _____

Signature: _____ Date: _____

2023 - 2024

HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS

OKLAHOMA STATE DEPARTMENT OF
EDUCATION
CHAMPION EXCELLENCE

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

- What is the dominant language most often spoken by the student? _____
- What is the language routinely spoken in the home, regardless of the language spoken by the student? _____
- What language was first learned by the student? _____
- Does the parent/guardian need interpretation services? Yes _____ No _____ If so, what language? _____
- Does the parent/guardian need translated materials? Yes _____ No _____ If so, what language? _____
- 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 refer to the documentation available for the current accreditation cycle 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.
 - ☐ 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

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

Initial Enrollment Prior Participation Form

Student Information

The following information should be completed by the parent or guardian of the student. This information is collected on a student's initial enrollment into a school district. Please print legibly.

Student Legal Name: _____
First Middle Last

Student Date of Birth: _____
Month Day Year

Student Gender - Please check one: Male ☐ Female ☐

Did the student participate in any of the following programs? Please indicate by checking YES or NO for each statement.

PROGRAM	YES	NO
A childcare program that is licensed pursuant to the tiered licensing system established by the Department of Human Services (a DHS licensed childcare program)		
The Sooner Start program operated by the State Department of Education		
The Oklahoma Parents as Teachers (OPAT) program operated by the State Department of Education		
The Children First program operated by the State Department of Health		
Any child abuse prevention program operated by the State Department of Health		
Any federally funded Head Start program		

Meeker 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 Meeker 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: _____

MEEKER ELEMENTARY SCHOOL
2023-2024

PLEASE READ ATTACHMENTS AND INITIAL THE FOLLOWING:

Corporal Punishment:

_____ I **WILL** allow corporal punishment to be used on my child.

_____ I **WILL NOT** allow corporal punishment to be used on my child

Picture Release:

_____ I **WILL** allow a picture of my child to be placed on Meeker Elementary's Facebook page, Classroom Communication App (Remind, Dojo, etc.).

_____ I **WILL NOT** allow a picture of my child to be placed on Meeker Elementary's Facebook page, Classroom Communication App (Remind, Dojo, etc.).

Drug Free:

_____ I have seen and understand the Meeker Board of Education Drug Policy.

Attendance Policy:

_____ I have seen and understand the attendance policy for Meeker Elementary School.

Bullying Policy:

_____ I have seen and understand the bullying policy for Meeker Elementary School.

Student's Name: _____ Grade: _____

Student's Signature: _____

Parent/Guardian Signature: _____

Meeker Public Schools

Parental Authorization for Dispensing Medications

2023-2024

I, _____, am the parent with legal custody or the legal guardian of _____, a student attending Meeker Elementary School. This student requires medication at intervals during the school day.

I hereby give my consent and authorize the school authorities to:

_____ Administer a non-prescription medicine which I am hereby supplying you. The medicine is to be administered in accordance with attached written instructions.

_____ Administer a filled prescription medication which I am hereby supplying you. The medicine is to be administered in accordance with the instructions on the label.

_____ Administer a filled prescription medication which I am hereby supplying you. The medicine is to be administered in accordance with attached, written instructions from the physician.

Please initial next to which incidental medications you would allow your child to receive, if necessary, while at school.

_____ Triple Antibiotic Ointment (Neosporin)

_____ Hydrogen Peroxide (First Aid)

_____ Antiseptic Spray (First Aid)

_____ Calamine Lotion (Skin Itching)

_____ Hydrocortisone Cream (Skin Itching)

_____ None, I do not allow any of these medications to be administered to my child.

Please list ANY known medication allergies or allergies for the student.

If none please write "No known allergies."

Please list ANY known MEDICAL conditions your child has that we need to be aware of:

I understand that under state law, the board, the school district or 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.

Parent/Legal Guardian: _____ Date: _____

Parent/Legal Guardian Phone Number: _____

Meeker Elementary School
Chromebook Agreement
2023-2024

Each student from Pre-K to 5th grade has to have this form filled out and on file for each year. Please mark if you need or do not need a Chromebook.

Meeker Public School assigns to the student the use of the following equipment and accessories:

Equipment	Damaged Equipment Cost	Lost/Stolen Equipment
Chromebook	\$40 to \$289	\$159 to \$289
Charger	\$33	\$33

Each student will be assigned a Chromebook for the school year in their classroom. If for any reason the student will not be in class for a period of time their Chromebook will be checked out to them.

Parent/Guardian responsibilities and Permission

I am authorizing the assignment of a mobile device to my child. I understand that the device is to be used as a tool for learning and that my child will comply with the Meeker Board of Education policies relating to online instruction (EHDF) and internet use policy (EFBCA). I understand the three-layer approach when my child is using the device. I will help ensure the safe and timely return of the device within the loan period. I also understand that I am financially responsible for any willful, malicious, or accidental damage to the device. I understand that my child may lose future loan privileges of the device if it is either damaged or not returned in a timely manner. Stolen devices must be accompanied by a written Police Report.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Student Responsibilities and Permission

I agree to take care of the device while it is in my possession. I will not throw, drop, or damage it in any way. I will not give the device to another student for his/her use. I will use the device in the appropriate manner. I agree to return the device in good condition at the conclusion of the loan period.

My Student **WILL** need a device: _____

My Student **WILL NOT** need a device: _____

Student Name (Print): _____

Student Signature: _____

Date: _____

Type of Device and Serial Number: _____

Meeker Elementary School
Internet Access Conduct Agreement
2023-2024

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.

Date: _____

User's Name (Print Clearly): _____

User's Signature: _____

Status: STUDENT X STAFF _____ PATRON _____

I am 18 or older _____ I am under 18 X

If I am signing this policy when I am under 18, I understand that when I turn 18, this policy will continue to be in full force and effect and agree to abide by this policy.

Parent or Guardian: (If applicant is under 18 years of age, a parent or guardian must also read and sign 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's 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 Date 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 or his/her violation of the foregoing policy. Further, I accept full responsibility for supervision of my child's ward's use of his/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 to access the school district's computer network and the Internet.

Parent/Guardian (Print Clearly): _____

Signature: _____

Main Phone Number: _____

Date: _____

MEEKER ELEMENTARY PARENT-SCHOOL COMPACT

It is important that families and schools work together to help students achieve high academic standards. Through a process that included teachers, families, students, and community representatives, the following are agreed upon roles and responsibilities that we as partners will carry out and utilize to support student success in school and in life.

As a STAFF MEMBER, I will provide your child with every opportunity to learn and grow by:

- ✓ Maintaining a quiet and organized workplace;
- ✓ Having a high expectation of myself and my students;
- ✓ Giving instruction and assignments appropriate for the skill and development required by state and district standards;
- ✓ Monitoring students work on a daily basis to ensure success and progress; and
- ✓ Reporting regularly to parents with returned work, written notices, and conferences.

As a STUDENT, I will keep my focus on what is important in meeting my goal of learning by:

- ✓ Being in class on time, every day, with my homework in hand and prepared to work;
- ✓ Allowing the teacher to teach and everyone in class to learn;
- ✓ Completing my work on time and accurately;
- ✓ Keeping my hands, feet, objects, and comments to myself; and
- ✓ Respecting others and their property.

As a PARENT/GUARDIAN, I will support Meeker Elementary School's programs and activities that give my child the optimum opportunity for learning by:

- ✓ Expecting my child to complete daily homework assignments independently and discuss his/her results for improved learning, and check for a timely return to school;
- ✓ Accentuating the positive events at school and help my child resolve issues of concern and conflict;
- ✓ Supporting the discipline policy and reinforcing the highest expectations of the school staff;
- ✓ Reading to and listening to my child read daily as a way of building a lifelong interest and joy of reading;
- ✓ Seeing that my child gets adequate rest and is in school on time with a positive outlook;
- ✓ Attending conferences to discuss my child's progress and attending events which showcase my child's work and learning experiences; and
- ✓ Providing and maintaining accurate information on my child's records for contact.

Parent/Guardian:		Date:	
Student:		Date:	
Teacher:		Date:	
Principal:		Date:	

Meeker Elementary School
Disaster Release Form
2023-2024

Student's Last Name: _____ First Name: _____

911 Address: _____
Street City State Zip Code

Mother's Name	Primary Phone	Cell Phone	Work Phone
Father's Name	Primary Phone	Cell Phone	Work Phone
Guardian's Name	Primary Phone	Cell Phone	Work Phone

If I/we are unable to pick up our child, I/we designate the following three people to whom my child may be released in case of emergency:

Name	Primary Phone	Cell Phone	Work Phone
Name	Primary Phone	Cell Phone	Work Phone
Name	Primary Phone	Cell Phone	Work Phone

Release statement: I authorize release of my son/daughter to any adult with whom he/she feels comfortable.

Circle One: Yes No

Parent/Guardian Signature

.....
Medical Alert:

Condition: _____
Medication: _____
Condition: _____
Medication: _____

Please send to school at least three full day's dosage of each medicine and include a letter from your physician giving the principal or designee permission to administer this medicine in the time of emergency.

.....
Please list a friend or family member, who lives out of state, which we can call with information in case local telephone service is interrupted.

Name: _____ Phone: _____

.....
FOR SCHOOL USE ONLY

The student was released to: _____ By: _____
Date: _____ Time: _____ (AM) (PM) Destination: _____