

VERDEN ELEMENTARY SCHOOL ENROLLMENT FORM

Student Information - School Year 2022-23

Child's Name _____ DOB _____ Grade _____

SS# _____ Home Phone# _____ Student Cell# _____

Mailing Address _____

Physical Address _____

Choose One: Walker/Car Rider _____ OR Bus Rider _____ (Bus # _____)

Choose One: Lives less than 1.5 miles from school _____ OR Lives more than 1.5 miles from school _____

Name of Previous school attended if not Verden _____

Mother/Guardian _____ Home Phone# _____

Cell# _____ Employer _____ Employer# _____

Mailing Address _____

Physical Address _____

E-mail Address _____

Father/Guardian _____ Home Phone# _____

Cell# _____ Employer _____ Employer# _____

Mailing Address _____

Physical Address _____

E-mail Address _____

Emergency Contact (Different from parent/guardian)

Name _____ Relationship _____

Home# _____ Cell# _____ Employer# _____

Has your child been retained? _____

If so, what grade & year? _____

Student Information

Who can sign legal documents at school? _____

Who can pick up your child from school? _____

(Please also state the relation. (Grandparent, Aunt, Brother/Sister, Friend))

Race: Please check the racial or ethnic identity of your child.

State & City of Birth Place: _____

Check all that apply. You are not required to answer this question.

Mother's Maiden Name: _____

____ Caucasian (White) ____ African American
____ Asian ____ Pacific Islander
____ American Indian or Native Alaskan

Please **check one:** ____ Hispanic ____ Non-Hispanic

Please **check all** services that your child has participated in:

____ A childcare program licensed pursuant to the tiered licensing system established by the Department of Human Services.
____ The Sooner Start program operated by the State Department of Education.
____ The Oklahoma Parents as Teachers 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.

Please check any of the following programs your child has participated in:

____ Special Education ____ Speech ____ Title I
____ Gifted/Talented ____ Others, please list _____

Please list any other information we should know about your child _____

**VERDEN PUBLIC SCHOOLS
CORPORAL PUNISHMENT FORM**

STUDENT: _____

(Select the options below that apply)

_____ I do **NOT** give my permission for the above named student to receive corporal punishment.

_____ I give my permission for the above named student to receive corporal punishment. I understand that corporal punishment shall only be administered by

certified personnel. The corporal punishment will only be administered in the school office (coach, principal, teacher, etc.) out of the presence of other students. No more than two swats will be administered per school day. The swats shall be administered with reasonable force by a wooden paddle on the buttocks area of the student. I

understand that I will be notified immediately, in writing, if the named student receives corporal punishment.

_____ I have read and discussed with my child the discipline policy in my child's handbook

Parent Signature _____

Date _____

**VERDEN PUBLIC SCHOOLS
CONSENT & RELEASE FOR
PHOTOGRAPHY / VIDEOTAPING / ADVERTISING**

DATE: _____

I, _____ the parent/guardian of

_____ do hereby consent to the photographing/

videotaping/advertising of my child while he/she is involved in any school activity during

the present year. I also consent the release of my child;s name, both verbally and in

print, when used in connection with said photography, videotaping or advertising. I do

hereby release and waive any and all claims, demands or objections against the school,

in connection with or arising out of the said photography/videotaping.

Parent Signature

Date

Authorization for Verden School to Administer Medication

I hereby authorize a school administrator, or a designated school employee, to administer prescription medication that has been provided by parent/guardian of my child.

I hereby authorize a school administrator, or a designated school employee, to administer non-prescription medication that has been provided by parent/guardian of my child. This must be completed in order to give your child Tylenol, cough drops or any other form of non-prescription drug.

Student's Name _____

Parent/Guardian

Signature _____ Date _____

Authorization for Medical Care of a Minor

I do hereby authorize Verden Public Schools, or their designee, TO CONSENT TO any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Oklahoma.

IN GIVING THIS CONSENT: RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, and that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant to foregoing all treatments in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health or safety of the above named minor.

Treatment Information:

Minor's Birth Date _____

Minor's Doctor _____ Phone# _____

Minor's Allergies _____

Medicine Minor is Taking _____

Date of Minor's Last Tetanus Shot _____

If your child has a food allergy please request a Medical form to be completed by a Dr., and returned to school.

Self-Medication Form for Asthma Inhalers

The undersigned, _____ (parent/guardian) is the parent or legal guardian of _____ (student) who attends Verden Public School.

By the signature below, Parent/Guardian understands and agrees to the following:

1. Parent hereby authorizes Student to self-administer inhaled asthma medication pursuant to the guidelines set forth in District Policy 720.1.

2. Parent has read, understands and agrees to the provisions and regulations of District Policy 720.1, *Student Self-Administration of Inhaled Asthma Medication*, and understands that violation of the terms and conditions set forth in that Policy by either Student or Parent may result in revocation of Student's permission to self-administer inhaled asthma medication at school.

3. Parent has provided to the District a written statement from Student's physician indicating that Student has asthma and is capable of, and has been instructed in the proper method of, self-administration of inhaled asthma medication.

4. Parent acknowledges the following statement:

"The District, its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by the student."

5. Parent has read, understands and agrees to the provisions and regulations of District Policy 720, *Dispensing Medications*, and understands that violation of the terms and conditions set forth in that Policy by either Student or Parent may result in revocation of Student's permission to self-administer inhaled asthma medication at school.

6. Parent has been given a copy of District Policy 720.1, *Student Self-Administration of Inhaled Asthma Medication*; a copy of District Policy 720, *Dispensing Medication* and any accompanying signed forms; and a copy of this signed Parental Authorization form.

(Parent/Legal Guardian)

Date _____

STUDENT-STAFF COMMUNICATIONS
Parent/Guardian Notification and Permission Form

It is the policy of Verden Public Schools to restrict the communication between staff and students with regard to telephone, email, instant messaging, texting, and social networking via Internet, unless express written consent is granted from a student's parent or guardian. Parents/guardians are encouraged to contact the school administration regarding any violations of this policy.

I, _____, authorize the staff members of Verden Public Schools to communicate with my child, _____, outside the school setting for issues related to the following:

- _____ Schoolwork, Homework, Assignments
- _____ Extracurricular Activities

I approve communication through the following methods (check any that apply):

- _____ Home Telephone
- _____ Cell Telephone
- _____ Texting
- _____ Email
- _____ Instant Messaging
- _____ Social Networking (Facebook, Twitter, etc.)

_____ I do **NOT** authorize Verden Public Schools or its staff to communicate with my child outside the school setting. Please contact me to relay information to my child.

Dated this _____ day of _____, 20_____.

Parent/Guardian Signature

INTERNET ACCESS AGREEMENT

I have read, understand, and agree to abide by the terms of the Verden Schools Network and Internet Acceptable Use Policy and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the computer network and/or Internet, I understand that my access privilege may be revoked and disciplinary action may be taken.

User's Full Name: (Please Print): _____

Address: _____

Home Telephone: _____ Alternate Telephone _____

User's Signature _____

Parent or Guardian (For users under 18 years of age):

As a 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 Verden Schools Network and Internet Acceptable Use Policy and Internet Safety Policy for student access to the computer network and the Internet. I understand that access is being provided to the student 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 or ward's responsibility for abiding by the policy. I am, therefore, signing this policy and agree to indemnify and hold harmless the school and the school district against all claims, damages, losses, and costs, of whatever kind that may result from my child or ward's use of his or her access to such networks or his or her violation of the policy. I hereby give permission for my child or ward to access the Verden schools computer network and the Internet.

Parent or Guardian (Please Print): _____

Address: _____

Home Telephone: _____ Alternate Telephone _____

Signature _____

Verden Elementary School
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 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 student 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 being 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 Verden 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 Signature

Date

Student Signature

Date

Teacher Signature

Date

Principal Signature

Date

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

Student Name: _____

Demographic/Client ID #: _____
(For School/Day Care receiving PHI to fill out)

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: _____
(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

