

# Verden Elementary

## Information:

Elementary/Middle School Principal: Ms. Taylor

**[ttaylor@verdenschools.org](mailto:ttaylor@verdenschools.org)**

Elementary/Middle School Secretary: Mrs. Christy

**[cmcelroy@verdenschools.org](mailto:cmcelroy@verdenschools.org)**

*After providing an email address, you will be able to sign in to our system: **[teacherease.com](http://teacherease.com)***

*Also, you can sign up to receive phone notifications on our school website: **[verdenschools.org](http://verdenschools.org)***

# VERDEN ELEMENTARY SCHOOL ENROLLMENT FORM

Student Information - School Year \_\_\_\_\_

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? \_\_\_\_\_

**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: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Caucasian (White)                 | <input type="checkbox"/> African American |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> 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:

- |  |  |                                  |
|--|--|----------------------------------|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Speech                    | <input type="checkbox"/> Title I |
| <input type="checkbox"/> Gifted/Talented   | <input type="checkbox"/> Others, please list _____ |                                  |

Please list any other information we should know about your child \_\_\_\_\_

**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

**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

## 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 \_\_\_\_\_

**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

**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 \_\_\_\_\_

SCHOOL YEAR: 

## HOME LANGUAGE SURVEY



## STUDENT INFORMATION

Student Name:  Grade:   
Last Name First Name Middle NameDate of Birth:  School:  Student ID#:  Gender: Male ☐ Female ☐  
MM/DD/YYYYIs the student of Hispanic or Latino culture or origin? YES ☐ NO ☐

Please select one or more of the following races:

- ☐
- African American/Black
- ☐
- American Indian/Alaskan Native
- ☐
- Asian
- 
- ☐
- Native Hawaiian/Pacific Islander
- ☐
- Caucasian/White

The purpose of the following questions is to help determine if a student's exposure to a language other than English may make them eligible to receive additional English Learner (EL) supports.

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 YES, in what language?
5. Does the parent/guardian need translated materials? YES ☐ NO ☐ If YES, in 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 or Guardian Signature

## SCHOOL USE ONLY

The response of a language other than English to any or all of questions #1, #2, and #3 above should prompt local review of the student's potential EL identification and assessment history in the state Accountability Reporting application. If no previous EL history is present, the student must be administered a state-approved screening tool to determine their EL status.

If this HLS will be used for the purposes of Non-EL Bilingual qualification, please indicate one of the following:

- ☐ A language other than English is indicated **TWO OR MORE TIMES** in questions #1, #2, and #3 above. The student is considered "more often" and has previously demonstrated English language proficiency on the PKST\* or WIDA assessment:

Assessment Name: Year Assessed: Score: 

- ☐ A language other than English is indicated **ONE TIME** in questions #1, #2, and #3 above. The student is considered "less often" and has demonstrated English language proficiency on the PKST\* or WIDA assessment. The student's PKST\* or WIDA assessment score and additional qualifying score is noted on the attached "Less Often" Non-EL Bilingual Qualification Form.

\*A PKST score is valid only for a student's pre-K year(s). Regardless of the PKST score earned, a student administered the PKST must be administered the WIDA K Screener at the outset of kindergarten. To qualify a student as Non-EL Bilingual beyond their pre-K year, a student must either demonstrate initial proficiency on the WIDA K Screener or subsequently on the K ACCESS or ACCESS assessment.

**ED 506 Form****Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant 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 level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**The individual with Tribal membership is the (select only one): ☐ child ☐ child's parent ☐ child's grandparent

If the individual with Tribal membership is not the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

- ☐ Federally Recognized Tribe
- ☐ State Recognized Tribe
- ☐ Terminated Tribe
- ☐ Alaska Native
- ☐ 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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- ☐ Membership or enrollment number establishing membership (if readily available) or
- ☐ Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**For Parent/Guardians:**

**Definitions:**

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

**Student Information:** Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

**Tribal Membership:** Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

**Attestation Statement:** Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

**Paperwork Burden Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335