Verden Elementary Information:

Elementary/Middle School Principal: Ms. Taylor
ttaylor@verdenschools.org
Elementary/Middle School Secretary: Mrs. Christy
cmcelroy@verdenschools.org

After providing an email address, you will be able to sign in to our system: **teacherease.com**

Also, you can sign up to receive phone notifications on our school website: **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?_____

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.

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

SCHOOL YEAR: ☐ **HOME LANGUAGE SURVEY** OKLAHOMA Education

STUDENT INFORMATION

Student Name: _____ 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** ☐

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.

OMB Control No. 1810-0021 (Exp. 06/30/2026)

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 _____