

Verden High School

Ph. 405-453-7836

High School Principal: Kevin McLendon

kmclendon@verdenschools.org

High School Secretary: Terrie Boyer

tboyer@verdenschools.org

IMPORTANT

You can sign up to receive phone notifications on our school website: **verdenschools.org**

Go to the bottom of the page

Click on "Sign up for our Newsletter" on the right side.

VERDEN HIGH SCHOOL
Enrollment Form 20__-20__

Child's Name _____ DOB _____ Grade _____

SS# _____ Place of Birth _____ Sex: Male _____ Female _____

Primary Phone # _____ Student's Cell # _____

Mailing Address _____

Physical Address _____

Name of previous school attended in not Verden _____

Mother/Guardian _____ Home Phone # _____

Cell Phone # _____ E-mail Address _____

Mailing Address _____

Physical Address _____

Employer _____ Work # _____

Father/Guardian _____ Home Phone # _____

Cell Phone # _____ E-mail Address _____

Mailing Address _____

Physical Address _____

Employer _____ Work # _____

Emergency Contact (Different from parent/guardian) _____

Name _____ Relationship _____

Home # _____ Cell # _____ Work # _____

Who can sign legal documents at school? _____

Who can pick up your child from school? _____

Race: Please check all that apply.

____ Caucasian (White) ____ African American ____ Asian

____ American Indian or Native Alaskan ____ Pacific Islander

Please Check One: ____ Hispanic ____ Non-Hispanic

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

____ Special Ed ____ Speech ____ Title I ____ Gifted/Talented ____ Other

Do you grant permission for photos of student to be published on the school website, Facebook, & other media outlets used by the district? Yes ____ No ____

Corporal Punishment:

____ 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.

Student Information Release:

Please check below if you do NOT want your child's address, phone number, or other school information released to agencies such as career technology centers, colleges, or universities.

____ I do NOT authorize to release my child's information.

Parent/Guardian 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 the parent/guardian of my child.

I hereby authorize a school administrator, or a designated school employee to administer non-prescription medication. This must be completed in order to give your child Tylenol, cough drops or any other form of non-prescription drug.

Parent/Guardian _____ Date _____
Signature _____

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, I RECOGNIZE AND UNDERSTAND that in situation where the 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 judgement determines to be necessary for the health or safety of the named minor.

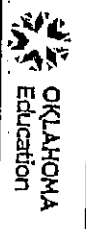
Minor's Name _____ Minor's Birth Date _____
Minor's Doctor _____ Doctor's Phone # _____
Minor's Allergies _____ Date of Last Tetanus Shot _____
Medicine Minor is Taking _____

Does your child have Asthma and on an inhaler? Yes _____ No _____
Does your child have any food allergies? Yes _____ No _____

Parent/Guardian _____
Signature _____ Date _____

20__ - 20__

HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS



STUDENT INFORMATION

Name of Student: _____ Last Name _____ First Name _____ Middle Name _____ Grade: _____

Date of Birth: MM/DD/YYYY _____ School: _____ Student ID # _____ Gender: Male _____ Female _____

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 _____

STUDENT USE ONLY
 Please have test score documentation available to the Regional Accreditation Office Director.

- 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, Alternate ACCESS for ELLs, 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 39th percentile (or equivalent) composite reading score on the most recently administered state approved norm-referenced test (NRT). Qualifying score must not pre-date the start of the spring semester of the previous school year.

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS ACCESS for ELLs or Alternate ACCESS Test	Score(s) for Kindergarten ACCESS ACCESS for ELLs or Alternate ACCESS	Date of WIDA Screener or K-WAPT/W-APT or WIDA MODEL	Score(s) for WIDA Screener or K-WAPT/W-APT or WIDA MODEL	Score(s) on ELA OSTP			
				Below Basic	Basic	Proficient	Advanced
	1.						
	1.						
	1.						
Composite / Overall Score							
Composite / Overall Score							

Date(s) of ELA OSTP	Score(s) on ELA OSTP	Date of the Oklahoma Pre-K Language Screening Tool				Composite Pre-K Language Screening Tool %
		Below Basic	Basic	Proficient	Advanced	
Composite / Overall Score						

Date(s) Norm-Referenced Test (NRT)	Name of the NRT	Composite Percentile Score(s)

Question 1: Reference WAVE code 7036
Question 2: Reference WAVE code 7037
Question 3: Reference WAVE code 7038

**Verden High School
Parent-School Compact**

8th grade

Schools, families, and students benefit when they all take collective responsibility for quality education. When a partnership exists and each partner fulfills his/her responsibilities, student learning improves. The term school community refers to teachers, students, families, other school staff and community members. The signatures below indicate our support of and commitment to the following responsibilities:

Administrative Responsibilities

1. Through collaborative decision making, create with the involvement of staff, families, students and the community, a compelling school vision and quality educational program with high standards that are widely understood and embraced by the school community.
2. Provide instructional leadership to ensure appropriate instructional practices, high academic standards, student support, and the delivery of a quality core curriculum to all students.
3. Provide a safe, orderly and positive teaching/learning environment.
4. Provide appropriate professional development for staff, families and students to improve teaching and learning and to support collaborative partnerships with families and the community.
5. Maintain open two-way communication between the home and school.
6. Respect the school, students, staff and families.

Teacher Responsibilities

1. Through collaborative decision making with colleagues, families and students, create a school vision and quality educational program with high standards that are widely understood and embraced by the school community.
2. Endeavor to motivate my students to learn. Provide appropriate and varied classroom instruction that actively involves students, and maintain high standards within each subject.
3. Provide a safe, orderly, and caring classroom environment conducive to learning.
4. Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community.
5. Establish two-way communication with families about student progress in school.
6. Respect the school, students, staff and families.

Family Responsibilities

1. Through collaborative decision making, participate with school staff and students in creating a compelling school vision and quality educational program with high standards that are widely understood and embraced by the school community.
2. Communicate the value of education, and provide home support and monitoring of student academic work and progress in school.
3. Establish a schedule with my child for study time, television viewing, peer activities and out-of-school time.
4. Participate in training opportunities with staff that help to improve teaching and learning both at home and at school.
5. Communicate regularly with the school.
6. Respect the school, staff, students, and families.

Student Responsibilities

1. Through collaborative decision making, participate with parents and school staff in creating a compelling school vision and quality educational program with high standards that are widely understood and embraced by the school community.
2. Produce quality work that meets the high standards of each class.
3. Attend school regularly, on time, and with completed homework. Follow agreed schedule and home/school rules.
4. Participate in school activities with my parents and teachers that help to improve teaching and learning both at home and at school.
5. Tell parents honestly what is happening at school and help to maintain two-way communication.
6. Respect the school, staff, students, and families.

Principal _____

Teacher _____


Parent Guardian

Student _____

Returned and filed at school this _____ day of _____, 20____.