

Enrollment of NEW STUDENTS of Lawton Public Schools

IF ANY of the situations ***below*** apply to you: You must ***first*** visit Student Services, (580)355-2214 before going to the Enrollment Center (580)248-7704. ***Both*** are located at 102 E Gore Blvd. in the Frederick Douglass Professional Development & Special Services Center.

- **If you are not** the legal parent of the student being enrolled, you must obtain a **CUSTODY AFFIDAVIT** from Student Services.
(You will be required to present ID and documentation for guardianship).
- **If you are not** a resident of Lawton and are living with someone else, you must obtain a **RESIDENCY AFFIDAVIT** from Student Services.
(You and the person you are living with, will be required to have *cell phone bills, bank statements, driver's license, doctor bills, or general mail are not proof of residency).
- **If your child** has been out of school for 10 or more days (not including summer, holidays, or snow days) you must obtain a **PERMISSION TO ENROLL** from Student Services.
(You will be required to present ID, lease or mortgage statement, and a utility bill, *cell phone bills, bank statements, driver's license, doctor bills, or general mail will not be accepted).
- **If you live** outside the Lawton Public School district but want your child to attend LPS, you must apply for a **TRANSFER** from Student Services.

A transfer application does not guarantee school placement.

If ***none*** of the above situations apply to you, please go to the Centralized Enrollment Center. You ***must*** provide the following documents at the time of enrollment:

- **PROOF OF RESIDENCY** – lease/mortgage statement of utility bill showing service in your/ spouse's name at the address of enrollment (*cell phone bills, bank statements, driver's license, doctor bills, or general mail are **not** accepted*)
- **BIRTH CERTIFICATE**
- **SHOT RECORDS** – All vaccinations must be up to date according to Oklahoma State Immunization Requirements. Please be sure your child has had **Hep A** and ****a new requirement for all 7th graders one dose of Tdap is required.*** You **cannot** enroll without these.
- **Pre-K students** – Must be 4 years old ON or BEFORE Sept. 1, 2012

We will NOT be able to enroll your student without proper documents.

For continuous updates check the LPS Website at lawtonps.org, Fidelity cable, channel 17, or Ft. Sill channel 2

Lawton Public Schools Enrollment Form

| | | | | |
|--------------------|-----------------------|----------------------------------|----------------|--------------|
| School Use Only | IEP _____ 504 _____ | GT _____ | ID# _____ | School _____ |
| Today's Date _____ | Enrollment Date _____ | W/D Date _____ | W/D Code _____ | |
| Transported Yes No | Bus# or Daycare _____ | Lives on Federal Property Yes No | Teacher _____ | |

Student Information

Student Must be Enrolled under their Legal Name

| | | | | |
|----------------------------|---------------------|--|-------------------|--------------------------------------|
| Last Name _____ | First Name _____ | Middle Name _____ | | |
| Grade Level _____ | Date of Birth _____ | Preferred Name _____ | Gender F M | Student's Mother's Maiden Name _____ |
| Primary Phone Number _____ | Age _____ | City and State or Country of Student's Birth _____ | | |

Ethnicity Please Answer BOTH Questions

1. Is this Student of Hispanic culture or origin? Yes No 2. What is the Student's race? Please circle one or more of the following:

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

Student's Physical Address

| | | | |
|--------------------|--|-------------------|-------------------------|
| House Number _____ | N NW NE S SW SE W E Direction (please circle one) | Street Name _____ | Apt or Lot Number _____ |
| City _____ | State _____ | Zip Code _____ | County _____ |

Mailing Address (Only if different from Physical Address)

| | | | |
|-----------------------|--|-------------------|----------------------|
| Mailing address _____ | N NW NE S SW SE W E Direction (please circle one) | Street Name _____ | Apt/Lot Number _____ |
| City _____ | State _____ | Zip Code _____ | County _____ |

Student's 1st Parent or Guardian Information

| | | | |
|------------------|------------------|------------------------------------|-----------------------------|
| Last Name _____ | First Name _____ | Relationship to student _____ | |
| Home Phone _____ | Work Phone _____ | Date of Birth _____ | Military Rank _____ |
| Cell Phone _____ | Employer _____ | Y N Is job on Federal Property? | Employer/Work Address _____ |

Is 1st contact's home address the same as the student's? Y N Address if different: _____

1st Contact's Email Address _____

Student's 2nd Parent or Guardian Information

| | | | |
|------------------|------------------|------------------------------------|-----------------------------|
| Last Name _____ | First Name _____ | Relationship to student _____ | |
| Home Phone _____ | Work Phone _____ | Date of Birth _____ | Military Rank _____ |
| Cell Phone _____ | Employer _____ | Y N Is job on Federal Property? | Employer/Work Address _____ |

Is 2nd contact's home address the same as the student's? Y N Address if different: _____

2nd Contact's Email Address _____

EMERGENCY CONTACT OTHER THAN 1st OR 2nd CONTACT

| | | | |
|--|-------------------------------|------------------|------------------------|
| Last Name _____ | First Name _____ | Home Phone _____ | Additional Phone _____ |
| Permission to release student to this Contact? Y N | Relationship to student _____ | | |

Please Turn Over and Continue on Back

Additional Enrollment Information

Name of School last attended _____

Grade _____

Last Date of Attendance _____

Phone Number _____

Fax Number _____

Address City and State of last School _____

Students Name at Last School if Different (Adoption, Marriage, Name Change)

Has this student ever attended Lawton Public Schools? _____

Yes

No

If yes, which Lawton Public School? _____

What year? _____

Is this the first school year student has entered the 9th grade? Yes No N/A

1st year in 9th? _____

Home Language Survey

Is a language other than English spoken at home? Yes No

List any language other than English spoken in the home.

Does the student speak a language other than English? Yes No

Please list all Siblings attending Lawton Public Schools

Student Name

Grade and School Attending

Allowed to pick up Sibling?

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Additional contacts not listed on the front who are authorized to pick student up from school

Name

Relationship to Student

Home Phone

Work Phone

Cell Phone

Medical Information

Does this student require ANY medication during school hours?

Doctor or Clinic Information in case of Emergency

List any current medications, allergies or illnesses:

Dr's Name

Phone

Please Circle Yes or No to give the school Permission to:

Call Doctor

Treat

Call Ambulance

Yes

No

Yes

No

Yes

No

Consent for Emergency Medical Treatment

I _____ hereby give consent for emergency treatment for _____

Parent/Guardian Name

Student Name

a student _____

Please transport student to: _____

School Name

Hospital Choice

If Parent or Guardian cannot be reached please call: _____

name

Home Phone

Work Phone

Cell Phone

Other Phone

X Parent/Guardian Signature:



Janet Barresi
State Superintendent of Public Instruction
Oklahoma State Department of Education



20__ - 20__ HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS

Name of Student: _____
Last Name First Name Middle Name

Student ID #: _____ Gender: Male Female

School Site: _____ Grade: _____

Date of Birth: _____ Place of Birth (City/State/Country): _____

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 or Other Pacific Islander White

Parent's/Guardian's Name: _____

Parent's/Guardian's Address: _____
Street City Zip Code

Parent's/Guardian's Telephone Number: (____) _____ Cell Phone: _____

1. Is a language **other than English** used in your home to communicate? Yes No

If NO, go to numbers 6 and 7. If YES, what is that language? _____

2. Is that language spoken in the home MORE OFTEN than English? LESS OFTEN than English?

3. What language is spoken by adults in the home? _____

4. What was the first (1st) language your child learned to speak? _____

5. What was the date (month and year) your child first enrolled in a school in the United States? _____

6. Parent/Guardian Signature: _____

7. Date: _____

FOR SCHOOL USE ONLY

THIS FORM MUST BE COMPLETED EVERY YEAR WITH CURRENT TEST DATA FOR STATE ACCREDITATION.

If a language other than English is spoken MORE OFTEN (see question #2), the student automatically qualifies as **bilingual** on application for accreditation.

OR
If a language is spoken LESS OFTEN, student qualifies as **bilingual** on application for accreditation if he or she meets ONE OF THE FOLLOWING:

- 1. Scores 35% or below on norm-referenced test (NRT) on the composite reading score.
- 2. Scores limited knowledge or unsatisfactory on Reading Oklahoma Core Curriculum Tests (OCCTs).
- 3. Designated Limited English Proficient on an Oklahoma English language proficiency assessment: WIDA ACCESS for English language learners (ELLs) Test, WIDA Placement Test (including K W-APT, W-APT, and Kindergarten MODEL), or the Oklahoma Pre-K Language Screening Tool.

Documentation of a test result for students who marked **LESS OFTEN**:

| | | | | | |
|---|-------------------------|---|----------------|--------------|----------|
| 1. NRT Test Date: | Name of the NRT: | Reading Total Composite Score: | | | |
| 2. Reading OCCT Date: | Score on Reading OCC T: | Limited Knowledge | Unsatisfactory | Satisfactory | Advanced |
| 3. ACCESS for ELLs Test Date: | | Score on ACCESS for ELLs: | 1 | 2 | |
| WIDA Placement Test (K W-APT, W-APT, or Kindergarten MODEL) Date: | | Score on K W-APT, W-APT, or MODEL: | 1 | 2 | |
| Oklahoma Pre-K Language Screening Tool Date: | | Score on Pre-K Language Screening Tool: | | | |

Composite Score 1 Literacy Score 2

Note: Have test score documentation available for regional accreditation officer review.

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or 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 October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

_____ Federally Recognized, State Organized Indian Group
_____ Including Alaska Native _____ Recognized _____ Terminated _____ Meeting #5 of the
_____ Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): _____ Child _____ Child's Parent _____ Child's
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ OR

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

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 3E200, Washington, D.C. 20202-6335.



Lawton Public Schools

Student Residency Questionnaire 2014-2015

| | | |
|----------------|--------|---------------|
| | | Student ID: |
| 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 (due to economic hardship or loss of housing)

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.

| First and Last Name of Student | Female/Male | Date of Birth | Grade | School Name |
|--------------------------------|-------------|---------------|-------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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:** _____

PLEASE SEND THIS ORIGINAL FORM TO THE OFFICE OF FEDERAL PROGRAMS

School Name: _____

Grade: _____

**Initial Enrollment Prior Participation Form
Student Information**

The following information should be completed by the parent/legal guardian of the student. This information is collected on any Pre-Kindergarten, Kindergarten, or 1st Grade student upon their initial enrollment into a public school district. Please print legibly.

Student Legal Name: _____
Last Name First Name

Student Date of Birth: _____
Month Day Year

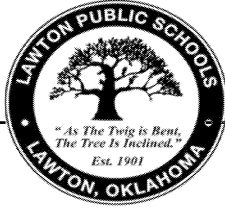
Student Gender: _____ Male _____ Female

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 Education | | |
| Any federally funded Head Start program | | |

Parent/Legal Guardian Signature

Date



LAWTON PUBLIC SCHOOLS

Educational Services Division Kindergarten Parent Questionnaire

Name of Student: _____

Parent/Guardian: _____

School: _____

Family Information

Family composition:

_____ Older Brother(s) _____ Older Sister(s)
_____ Younger Brother(s) _____ Younger Sister(s) _____ Others Living in Home

Language Spoken at home:

Medical History

Check only those that apply

Premature Birth:

_____ Yes _____ No

Childhood Illnesses:

_____ Asthma _____ Allergies
_____ Headaches _____ Ear Infections _____ Accidents
Other: _____

Vision:

_____ Wears Glasses _____ Holds Books Close _____ Sits close to TV

Hearing:

_____ Hearing difficulties _____ Sits Close to TV _____ Says "What" repeatedly

Child Development

Is Able to:

_____ Dress Self _____ Wash & dry hands _____ Care for own toileting needs

Eating Habits:

_____ Poor _____ Fair _____ Good _____ Overeats

Sleeping Habits:

_____ Soundly _____ Fitful _____ Naps

Gross Motor:

_____ Throws a Ball _____ Catches a Ball _____ Rides a Tricycle _____ Rides a Bicycle

Fine Motor:

_____ Draws _____ Scribbles _____ Colors _____ Plays with Blocks
_____ Prefers Right Hand _____ Prefers Left Hand

Social/Emotional Development:

_____ Highly Active _____ Quiet _____ Easily Upset _____ Interacts with Others

Attention:

_____ Follows Directions _____ Stays on Task _____ Listens to Stories

Language:

_____ Easily Understood _____ Understands Simple Directions