

**ENROLLMENT CHECKLIST**  
**PACKET MUST BE COMPLETE**

NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ NEW STUDENT: \_\_\_\_\_

If you do not reside in the Bowlegs District you must apply for and have a transfer approved **before** enrollment.

**New Student**

- ORIGINAL BIRTH CERTIFICATE
- UPDATED IMMUNIZATION RECORD
- CDIB CARD/TRIBAL CARD
- COPY OF SOCIAL SECURITY CARD
- PROOF OF ADDRESS (electric or water bill with your name)
- EMERGENCY TELEPHONE NUMBERS
- COPY OF PARENT DRIVER LICENSE

**Returning Student**

- EMERGENCY TELEPHONE NUMBERS – UPDATED
- PROOF OF ADDRESS (electric or water bill with your name)
- COPY OF PARENT DRIVER LICENSE – UPDATED

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All Athletes must have current physicals  
on file with A.D.

Please request a physical packet.  
All forms must be signed by parent or  
guardian.

7<sup>th</sup> grade students must provide proof of Tdap vaccine booster before they will be allowed to begin classes. **NO EXCEPTIONS!**

GRADE: \_\_\_\_\_

\_\_\_\_\_ New Enrollment

\_\_\_\_\_ Re Entry/Update Information

**STUDENT ENROLLMENT/INFORMATION FORM**

Date of Enrollment: \_\_\_\_\_

\*Is the student a resident of Bowlegs Public school District?

Yes \_\_\_ or No \_\_\_

If "No" what district do they live in? \_\_\_\_\_ Must provide proof of residency: Utility Bill or if residing with another a signed and approved affidavit (available in office)

Student's Name:

\_\_\_\_\_  
(Last) (First) Middle  
DOB: \_\_\_/\_\_\_/\_\_\_\_\_ Place of Birth: \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

Gender: M / F

Are you of Hispanic Origin? YES or NO

Race: (circle all that apply)

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

\*CDIB card must be on file for Native American students receiving JOM services

Resident Address (Physical): \_\_\_\_\_

City: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Last School attended: \_\_\_\_\_,

City/State: \_\_\_\_\_

<b>OFFICE USE ONLY</b>
Student No: _____
Entry Code: _____
Birth Auth.: _____
Immun. Records: Y / N
Spec. Ed. Services: Y / N
HS Only
___ Core; ___ College



**Bowlegs Public Schools**  
**Authorization for Medical Care of a Minor**

I, \_\_\_\_\_ the undersigned parent or person having legal custody or the legal guardian of \_\_\_\_\_.

DO HEREBY AUTHORIZE Bowlegs Public Schools Administration and/or Coaching Staff 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 law of the State of Oklahoma.

IN GIVING THE CONSENT I 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 in such situation, I will not be able to knowledgeably evaluate and choose among the available alternate treatments or procedures if any, or to evaluate the risk attendant upon each, and the risks attendant to foregoing all treatment in such situations. I authorize a physician, surgeon, or dentist to exercise his/her professional judgement and assess the situation, choose the necessary treatment from any available alternatives, and to render such care deemed necessary for the health or safety of the above named minor. I further understand that I will be responsible for any and all medical and/or dental expense incurred, and that the person requesting treatment for the above named minor nor the school can be held liable for said expenses.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Treatment Information**

Minor's Birth Date: \_\_\_\_\_ Date of Minor's Last Tetanus Shot: \_\_\_\_\_  
Minor's Doctor (Name and #): \_\_\_\_\_  
Minor's Allergies: \_\_\_\_\_  
Medication Minor is taking: \_\_\_\_\_  
Minor's Medical History: \_\_\_\_\_

THIS FORM IS DESIGNED IN ACCORDANCE WITH THE OKLAHOMA LAW. GIVES PERMISSION FOR A PHYSICIAN OR DENTIST TO PROVIDE NECESSARY CARE TO A CHILD WHOSE PARENTS ARE NOT IMMEDIATELY AVAILABLE. ALL BLANKS SHOULD BE FILLED IN. THIS CONSENT IF THE CARE OF THE CHILD IS ENTRUSTED TO A PERSON UNDER 18 YEARS OF AGE. THE FORM SHOULD ALWAYS BE LEFT WITH AN ADULT. DO MAIL IT TO A HOSPITAL. \*HOSPITAL EMERGENCY DEPARTMENT PREFERENCE (IF CIRCUMSTANCES ALLOW).



## Bowlegs Public Schools Parental Authorization to Administer Medications

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Bowlegs Public Schools encourages parents to give medication at home and on a schedule other than during school hours. This form **must be completed** and is only good for the **current** school year. **Parents must provide all medications in original container except those listed below. Medication sent without written parent permission will not be given.** Complete a new form for each medication or for changes.

### Prescription Medication

Medication: \_\_\_\_\_ Reason: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) to be given: \_\_\_\_\_

Dates to administer: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

If medication is PRN (as needed) Reason to give: \_\_\_\_\_

How often: \_\_\_\_\_

### Over-The Counter Medication

Medication	Time of Day	Amount to be Taken	Reason for Taking	Side Effects	Duration

Allergies: \_\_\_\_\_

### Over-The-Counter Medications available at school

For the treatment of minor injuries or discomfort, only the following over the counter medications are available for use with parent permission: **antibiotic ointment, aloe vera gel, anti-itch cream, hydrocortisone cream, Tylenol/ibuprofen.**

If you do not wish for your child to receive any of the above over the counter medication, please list:

\_\_\_\_\_

To be completed by Parent/Guardian understand that all medication must be in original container with label intact. If medication is not properly labeled, it will not be given. I give permission for the school employee to administer medications according to Bowlegs policy. I understand that under State Law, The Board of Education, the school district or the employee of the district shall not be liable to the student which results from the act of omissions in administrating the medicine I hereby authorize or from the self-administration of medication by the student. I also understand that any medication not picked up by the parent at the end of the school year will be destroyed according to the FDA guidelines. I have provided the most current and accurate health information for my child. I understand that any health information that is pertinent for the safety and education of my child may be shared with school personnel who have the need to know. Health information is considered confidential. My child may receive the above over the counter medication, unless otherwise noted.

Parent/Guardian Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

INTERNET ACCESS CONDUCT AGREEMENT

I, \_\_\_\_\_, understand and will abide by the District’s Computer Use Regulations, Acceptable Use Policy, and Code of Conduct for Internet access (EFBCA; and EFBCA-R1). I further understand that any violation of these rules is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken.

User’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Status: Student \_\_\_\_\_ Staff \_\_\_\_\_ Patron \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent or Guardian (If applicant is under 18 years of age, a parent or guardian must also read and sign this agreement.) As the parent or guardian of this student, I have read the district’s Computer Use Regulations, Acceptable Use Policy, and Code and Conduct for Internet access. I understand that the school district is providing the access for educational purposes only and hereby give my permission to grant access for my child.

Parent or Guardian (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This agreement is valid for the \_\_\_\_\_ school year only.



## E-Rate Household Survey Spring/Fall 2019

Your Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Circle your household size below, then answer the following questions:

Household size (circle one)	Est. Annual Income (As reported to IRS)	Monthly Income	If paid Two times per mo.	If paid every Two Weeks	Weekly Income
1	\$ 21,775	\$ 1,815	\$ 908	\$ 838	\$ 419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Each add'l family Member add:	7,696	642	321	296	148

Is your income equal to or less than any of the amounts listed next to the number you circled?

Yes \_\_\_ No \_\_\_

Are your children eligible for free or reduced lunches, breakfasts snacks or milk at their school(s)?

Yes \_\_\_ No \_\_\_

Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP)- food stamps?

Yes \_\_\_ No \_\_\_

Does your family qualify for medical assistance under Medicaid?

Yes \_\_\_ No \_\_\_

Is your family receiving Supplementary Security Income (SSI)?

Yes \_\_\_ No \_\_\_

Does your family receive housing assistance (section 8)?

Yes \_\_\_ No \_\_\_

Does your family receive home energy assistance (LIHEAP)?

Yes \_\_\_ No \_\_\_

**2. Please list all students in your household that attend school. (Enter the grade they will be entering in Fall, 2019. Write on back to list more if needed.)**

Name \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_  
 Name \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_  
 Name \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_  
 Name \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_

**3. Certification: I certify that the above information is, to the best of my knowledge, true and complete.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



# Impact Aid Survey form

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of School:    Bowlegs Elementary            Bowlegs High School            Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_    Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_    Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Is the address of the above student located on Federal Property?  
(Including Tribal low rent housing or Tribal Housing)  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, complete "A" below)  
If property is paid off, please check No
2. Is Parent/Guardian of the above student a civilian, employed on Federal Property?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, complete "B" below)  
Examples: Carl Albert, BIA, Chickasaw Enterprises, TAFB, Seminole Gaming, Seminole Nation, etc...
3. Is the Parent/Guardian of the above student, a member of the Uniformed Services?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, complete "C" below)

**A. FEDERAL PROPERTY:**

In whose name is the property under? \_\_\_\_\_

Name of Federal Property: \_\_\_\_\_

Location: \_\_\_\_\_

**B. CIVILIAN PROPERTY:**

Name of Parent/Guardian who work on Federal Property: \_\_\_\_\_

Name of Federal Property: \_\_\_\_\_

Address of Federal Property: \_\_\_\_\_

**C. UNIFORM SERVICES:**

Information of Parent/Guardian who is on full time active duty:

Name: \_\_\_\_\_ Branch of Service \_\_\_\_\_

Rank/Rating \_\_\_\_\_ Serial Number: \_\_\_\_\_

THIS IS TO CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Parent/Guardian: \_\_\_\_\_

# Initial Enrollment Prior Participation Form

## Student Information

The following information should be completed by the parent or guardian of the student. This information is collected on a student's initial enrollment into a school district. Please print legibly.

Student Legal Name: \_\_\_\_\_  
First Last

Student Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 Health.		
Any federally funded Head Start program.		

U.S. DEPARTMENT OF EDUCATION  
OFFICE OF INDIAN EDUCATION  
WASHINGTON, DC 20202

**TITLE VI STUDENT ELIGIBILITY CERTIFICATION**

Elementary and Secondary Education Act, Title VI, Part A, Subpart 1

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 for 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.***

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NAME OF CHILD \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_  
NAME OF TRIBE, BAND OR GROUP \_\_\_\_\_

Tribe, Band or Group is: (check one)

\_\_\_\_\_ Federally Recognized \_\_\_\_\_ State Recognized Terminated \_\_\_\_\_ Organized Indian Group (#5 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 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 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_

## JOM/INDIAN EDUCATION/TITLE I SURVEY NEEDS ASSESSMENT SURVEY

A.  CDIB  
 TRIBAL CARD \_\_\_\_\_ (tribe)

B. What do you feel are the most important needs of the Indian students in public school system?  
(Please indicate by placing a check mark to the left of the number)

- 1. Tutoring: Elementary  Secondary
- 2. Indian Cultural Programs
- 3. Counseling: High School  Jr. High  Elementary
- 4. Math Improvement
- 5. Classroom Aides
- 6. Home/School Aide
- 7. Reading Improvements
- 8. Educational Support (list) \_\_\_\_\_
- 9. India Studies Program in the Schools
- 10. More Parental Participation in the Schools
- 11. Career or Job Orientation and Information
- 12. Other Suggestions

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C. Rank the three most important needs (in order of priority):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

D. How do you think JOM funds could be used to meet the needs listed above:

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E. Please check the category/categories that describe you:

- Parent/Guardian
- Principal
- Teacher
- JOM Staff
- Committee Member
- High School Student
- Jr. High Student
- Elementary Student
- Other

# Permission form 2019-2020

Permission is hereby given for my child to go on the field trips:  Yes  No

Permission is hereby given for my child to have access to the Bowlegs Schools Network and the Internet under the regulations of Bowlegs Schools Policy:  Yes  No

I further understand that any violation of these rules is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken.

User's Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

I give my permission for my child's name; child's parent name(s); major field of study and class designation; extracurricular participation; achievement awards or honors; weight and height of a member of an athletic team or other team; student photograph; to be used in any local school publication, school yearbook, local newspaper, and/or local news release.

No- I do NOT give my permission      Parent Signature: \_\_\_\_\_  
 Yes- I do give my permission      Parent Signature: \_\_\_\_\_

I have received a copy of the student handbook: Yes    No

I have received a copy of the Meningococcal Meningitis Information: Yes    No

I have read and signed the Directory Information/FERPA: Yes    No

I understand that I am responsible for my child's lunch bill: Yes    No

I will make sure the lunch bill will be paid in full by the 15<sup>th</sup> of each month: Yes    No  
(Lunch bills will be mailed the 1<sup>st</sup> of every month)

I understand that cell phones/electronic device use is a privilege at Bowlegs Schools: Yes    No  
Cell phones/electronic devices may be used at only designated times. Any student having a cell phone out or in use at any unauthorized time will have said device confiscated. After having a device confiscated 2 times; the student will lose this privilege for the remainder of the quarter or semester depending upon administrator discretion. If the student brings a device to school after losing privileges lunch or in school detention will be used as consequence. Please see student handbook for further information.

I have given a copy of my photo ID to the staff for my child's file: Yes    No  
(the staff will need a copy of a photo ID of everyone on the contact list).

I have provided a copy of all documents such as guardianship papers, adoption papers, court orders, etc.: Yes    No

I understand that if I withdraw my child from Bowlegs Schools at any time during this school year, then I will make Sure that all text books, library books and sports uniforms, etc. are returned and lunch bill is paid in full: Yes    No

All accounts must be paid in full by the end of the school year: Yes    No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(My signature states that I understand what is proposed)

By signing below this gives us permission to send you automated calls through our School Messenger system.

I consent to receiving non-emergency School Messenger Calls from Bowlegs Public Schools at the telephone number(s) I have provided to the District.

Please contact us if you have any questions.  
(405) 398-4321

Student Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please list other children living in household with student:

1. \_\_\_\_\_ Grade: \_\_\_\_\_
2. \_\_\_\_\_ Grade: \_\_\_\_\_
3. \_\_\_\_\_ Grade: \_\_\_\_\_
4. \_\_\_\_\_ Grade: \_\_\_\_\_
5. \_\_\_\_\_ Grade: \_\_\_\_\_
6. \_\_\_\_\_ Grade: \_\_\_\_\_
7. \_\_\_\_\_ Grade: \_\_\_\_\_

Has this student been retained? Yes No

Year retained: \_\_\_\_\_

Grade retained: \_\_\_\_\_