

VARNUM PUBLIC SCHOOLS ENROLLMENT FORM

STUDENT ID # (office use) _____ SSN _____ - _____ - _____

LEGAL FIRST NAME _____ MIDDLE NAME _____ LEGAL LAST NAME _____

RACE: Primary _____ C- Caucasian AA- African American H- Hispanic O/A- Oriental/ Asian NA- Native American
 Secondary _____
 Other _____

GENDER: **M** or **F** (please circle one)

DATE OF BIRTH _____ BIRTH PLACE (CITY) _____ STATE _____ COUNTRY _____

Has the student previously attended VarnumPublic Schools? _____ Yes _____ No

GRADE _____ ENTRY DATE _____ LAST SCHOOL ATTENDED _____ CITY _____ STATE _____

TRANSPORTATION: BUS #/ _____

Directions to home: _____

MEDICAL INFORMATION

Special Medical Considerations (asthma, allergy, epi-pen, etc.)

Does your child use an inhaler or take any medications that the school would need to administrate? _____ Yes _____ No

SIBLINGS ATTENDING VARNUM PUBLIC SCHOOLS:

<u>Siblings Full Name</u>	<u>Grade</u>

EDUCATIONAL SERVICES QUESTIONNAIRE:

- | | YES | NO |
|---|-------|-------|
| 1. Has your child ever been placed in Gifted and Talented? | _____ | _____ |
| 2. Has your child ever been evaluated for Special Education? | _____ | _____ |
| 3. Does your child have a disability and/or IEP? | _____ | _____ |
| 4. Has your child ever received special services? | _____ | _____ |
| 5. Has your child been served by 504? | _____ | _____ |
| 6. Has your child ever been placed in a resource or remedial class? | _____ | _____ |
| 7. Does your child receive speech services? | _____ | _____ |
| 8. Does your child receive Occupational Services? | _____ | _____ |
| 9. Does your child receive Physical Therapy Services? | _____ | _____ |
| 10. Is there a special teacher that assists your child with homework, changes in classes or personal reasons? | _____ | _____ |
| 11. Is a language other than English used in your home? | _____ | _____ |

If yes please see office for additional form

Parent/Guardian Signature _____

I understand that typing my name constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Parent/ Guardian/ Emergency Contact Information Student's Name: _____

If student does not live with both parents custody papers must be on file with school.

If applicable I have all legal/custody papers on file with school. **Parent/ Guardian Signature** _____

Student lives with: Mother and Father Mother Father Guardian Other _____

Who has legal custody of student: Mother and Father Mother Father Guardian

If you checked Guardian do you have legal custody? Yes No **If no please see office.**

Is the Parent/Guardian physical and mailing address the same? If no **mailing address** is _____

List contacts in preference order for notification. Parent/Legal guardians must be listed as first contacts.

<p>Contact 1: Legal Last Name _____ Legal First Name _____ Parent/Guardian ____Y____N Address: _____ City _____ State _____ Zip Code _____ Home Phone _____ Cell Phone _____ Work Phone _____ What number do you prefer to be contacted on? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Employer _____ Email Address _____ Relationship to student _____</p>
<p>Contact 2: Legal Last Name _____ Legal First Name _____ Parent/Guardian ____Y____N Address: _____ City _____ State _____ Zip Code _____ Home Phone _____ Cell Phone _____ Work Phone _____ What number do you prefer to be contacted on? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Employer _____ Email Address _____ Relationship to student _____ If not parent or guardian does this person have permission to pick-up student ____</p>
<p>Contact 3: Legal Last Name _____ Legal First Name _____ Parent/Guardian ____Y____N Address: _____ City _____ State _____ Zip Code _____ Home Phone _____ Cell Phone _____ Work Phone _____ What number do you prefer to be contacted on? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Employer _____ Email Address _____ Relationship to student _____ If not parent or guardian does this person have permission to pick-up student ____</p>
<p>Contact 4: Legal Last Name _____ Legal First Name _____ Parent/Guardian ____Y____N Address: _____ City _____ State _____ Zip Code _____ Home Phone _____ Cell Phone _____ Work Phone _____ What number do you prefer to be contacted on? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work Employer _____ Email Address _____ Relationship to student _____ If not parent or guardian does this person have permission to pick-up student ____</p>

Parent's Contact Information

Emergency Contact Information

Parent Permission

Student's Name: _____

Date formed filled out: _____

Authorize Varnum Public Schools personnel may administer to my child:

Hearing Test Yes / No Initial _____

Vision Test Yes/ No Initial _____

Field Trip Permission:

I, _____ the undersigned parent / guardian do hereby give permission for my child to participate in school endorsed activities and field trips.

Signature: _____

I understand that typing my name constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Student Hand Book: I am aware that the student handbook can be found online at www.varnum.k12.ok.us or I can request a copy from the school office.

Signature: _____ please select how you will access the handbook: online received copy

Attendance Policy: I am aware that school starts at 8:00 a.m. and that my child needs to check into the office if he/she arrives after this time. **It is my responsibility to call the school to inform them for my student's absence.** I understand that I need to provide doctor notes and any other documentation that the school asks for to excuse my child absence.

Signature: _____

I understand that typing my name constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Permission to Use Student's Photograph

During the course of the academic year, Varnum Public Schools may wish to use photographs of Varnum Students on the school bulletin boards, in educational publications general media releases, or on the school web site. Any such photographs would highlight the student(s) either demonstrating learning techniques or participating in approved school activities.

Student's Name: _____

Student's Grade: _____

____ I/We consent to the use of my child's image; such use may include all Varnum School Publications (print, online, video, etc.). Such photographs would highlight the students either demonstrating learning techniques, participating in approved school activities or involvement in school activities.

____ I/We **DO NOT** consent to the use of my child's image ever; this use includes all Varnum School Publications (print, online, video, etc.), with the exception of Varnum School Yearbook photographs and individual classroom website pictures.

Signature: _____

I understand that typing my name constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Internet Usage Permission:

I understand the "Policy and Guidelines for Use of Computing and Network Resources" policy for internet usage at Varnum Public Schools can be located on the school's website or I can request a copy.

____ Yes I give my student permission to use the Internet according to Varnum Public Schools policy.

____ No I do not give my student permission to use the internet

Signature _____

I understand that typing my name constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.