



North Rock Creek Elementary

New Student Enrollment Requirements 2023-2024

Please provide the following required documents:

- **Current Utility Bill**
- **Parent/Guardian Driver's License**
- **Birth Certificate**
- **Immunization Records**
- **Social Security Card or Number**
- **CDIB Card (if applicable)**
- **New Student Enrollment Packet**



North Rock Creek Schools

Enrollment Form 2023-2024

Today's Date: _____

Student Name: _____
Last First Middle

Date of Birth: _____ Age: _____ years _____ months Student's Gender: Male / Female

Student's Social Security Number: _____

Home Phone with Area Code: _____

Grade Level: CougarCare Pre-K Ktg 1 2 3 4 5 6 7 8 9 10 11 12

Address: _____

City: _____ State: _____ Zip: _____

Ethnicity: Is the student Hispanic or Latino? Yes / No

What is the student's race?

_____ White _____ American Indian or Alaskan Native
_____ Black or African American _____ Native Hawaiian/Other Pacific Islander
_____ Asian _____ Spanish American

Who has custody/guardianship of this student (if different from Father and Mother)?

Father/Guardian's Name: _____
Last First

- ☐ Has custody
- ☐ Lives with
- ☐ School Pickup

Father/Guardian's Day Phone: _____

Father/Guradian's Employer: _____

Father/Guradian's Home/Cell Phone: _____

Parent/Guardian Email: _____

Mother/Guardian's Name: _____
Last First

- ☐ Has custody
- ☐ Lives with
- ☐ School Pickup

Mother/Guardian's Day Phone: _____

Mother/Guardian's Employer: _____

Mother/Guardian's Home/Cell Phone: _____

Transportation: _____ Car _____ Bus

IEP Student: _____ Yes _____ No

If yes, what areas did the student receive services? _____

Siblings: _____ Yes _____ No Name(s)/Grade(s): _____

Parent/Guardian Signature: _____ Date: _____

Media Release Disclaimer: Please contact your site principal if your child's name and/or photograph CANNOT be publicized in school newsletters, newspapers, web-site, and/or other social media outlets.

Emergency Contact/Medical Information

*****PLEASE DO NOT LIST FATHER OR MOTHER*****

Contact #1: _____
Last Name First Name

Relationship to Student: _____

Phone Number: _____ Email: _____

Phone Type (*circle one*): Daytime Home Mobile Work

Please check ALL that apply:

- ☐ Has Custody
- ☐ Lives With
- ☐ School Pickup

Contact #2: _____
Last Name First Name

Relationship to Student: _____

Phone Number: _____ Email: _____

Phone Type (*circle one*): Daytime Home Mobile Work

Please check ALL that apply:

- ☐ Has Custody
- ☐ Lives With
- ☐ School Pickup

Contact #3: _____
Last Name First Name

Relationship to Student: _____

Phone Number: _____ Email: _____

Phone Type (*circle one*): Daytime Home Mobile Work

Please check ALL that apply:

- ☐ Has Custody
- ☐ Lives With
- ☐ School Pickup

Special Medical Considerations:

Allergies / Food Allergies:



North Rock Creek Public Schools

Authorization to Transfer Education Records

TO: _____
School District/Agency

Street Address/P. O. Box City State Zip Code

Phone #

In accordance with the Family Education Rights and Privacy Act (FERPA), 34,CFR 9931, Transfer of education records is requested for:

Name of Child Date of Birth Grade

Request for education records include, but not limited to: health, grades, cumulative, discipline records, and special education records. Transfer of student records including disciplinary records, must be made in a timely manner, within three business days of receipt of request, under state law (70 O.S. 24-101.4). I also grant permission to transfer records to institutions of higher learning through Parchment transfer exchange.

Parent/Guardian Signature Date

The student intends to enroll or is enrolled in our district. Therefore, please send records to:

North Rock Creek School
Attention: Registrar
42400 Garrett's Lake Road
Shawnee, OK 74804

From: _____
Signature of School District Official

Pre-K -12th Grade Phone # (405) 275-3473

PK-4th Grade Fax # (405) 273-7368

5th-6th Grade Fax # (405) 878-1819

7th-8th Grade Fax # (405) 878-6796

9th-12th Grade Fax # (405) 878-1370

Education records are maintained and released in accordance with the Family Education Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with 34 CFR.

Student Health History

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Student's Name: | Date: |
| Grade: | D.O.B. |
| Parent/Guardian: | |
| Address: | |
| Home Phone: | Work Phone: |
| Cell Phone: | Emergency Phone: |
| Insurance Company | Policy/Group # |
| Physician's Name & Phone: | |
| Hospital Emergency Dept. Preference: | |
| Dentist's Name & Phone: | |
| Daily Medications (names & dosage) Include those taken at home. <i>If taken at school, School Medication Authorization form must be completed and be on file at school.</i> | |

Please circle if your child has any of the following problems Yes/No

| | | | | | |
|--------------------------|------------|-----------|-------------------------|------------|-----------|
| Skin Problems | Yes | No | Birth Defect | Yes | No |
| Behavior/Mental Problems | Yes | No | Blood Disorder | Yes | No |
| Bowel Problems | Yes | No | Cancer | Yes | No |
| Ear/Hearing Problems | Yes | No | Eye/Vision Problems | Yes | No |
| Headaches | Yes | No | Wear Glasses | Yes | No |
| Heart Problems | Yes | No | Witness/Victim of Abuse | Yes | No |
| Kidney/Urinary Problems | Yes | No | Muscle or Bone Problems | Yes | No |
| Neurological Problems | Yes | No | Physical Restrictions | Yes | No |

Please circle Yes/No to the following questions.

1. Does your child have a LIFE THREATENING ALLERGY? Yes No

Please list type of allergy: _____

Does your child have an Epicene? Yes No

2. Does your child have a non-life threatening food allergy? Yes No

Please list type of food allergy: _____

Note: To change or substitute foods served in the cafeteria a Doctor's note is needed.

3. Does your child have asthma? (Includes seasonal asthma) Yes No

Note: Please provide a rescue inhaler (box with prescription label) and spacer chamber (if required) for your child to keep at school.

4. Does your child have diabetes? Yes No

5. Does your child have seizures? Yes No

Please explain:

Is there any further health information that might affect your child's education?

This information will be shared with staff members who have contact with your child.

Authorization for Medical Care of a Minor

I _____ the undersigned parent or person having
(Please print parent/guardian name)

legal custody or the legal guardian of _____ do hereby
(Please print minor's name.)

authorize North Rock Creek School to consent to any x-ray examination, 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 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 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 upon each, and the risks attendant to foregoing all treatment; in such situations, I authorize a physician, surgeon, or dentist, to exercise his professional judgment and assess the 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 and safety of the above named minor.

(Date) (Parent/Guardian Signature) (Phone)

(Address) (City) (State) (Zip)



North Rock Creek Public Schools RELEASE & INSURANCE NOTIFICATION FORM

This form shall be signed before a student may participate in a school sponsored activity.

I, _____, legal parent or guardian, of
_____, a student at North Rock Creek School,

do hereby give consent for the coach or sponsored for the coach or sponsor of any North Rock Creek School event in which my child might be participating, to summon and sign for (in lieu of my person), emergency medical treatment in the event the child is injured or becomes ill. I will not hold this person liable when acting in good faith in the best interest of my child.

Signature of Parent or Guardian

Date

Day Phone

Cell Phone

Evening Phone

Dear Parent/Guardian:

North Rock Creek School assumes no financial responsibility for the medical cost of an accident occurring to a student while participating in a school-sponsored sport or athletic event.

(An accident insurance program is offered for your convenience. The Insurance Company compensates neither the school nor any school official.)

I understand this form is to acknowledge that I have information regarding NRCS policy pertaining to accidental injury and student accident insurance.

Student's Name

Student's Grade

School Year 2023-2024

Parent's/Guardian's Signature

HEALTH RELEASE FORM

Student's Name – Please Print

Last _____ First _____ MI _____

Gender _____ Grade _____

Permission is hereby given for my child to receive health screening by a designee of North Rock Creek School.

| | | |
|-----------------|-----------|----------|
| Vision | Yes _____ | No _____ |
| Hearing | Yes _____ | No _____ |
| Speech/Language | Yes _____ | No _____ |

Legal Parent's or Legal Guardian's Signature

Date

For Official Use Only:

Hearing Results= Date _____

| | |
|-----------------|------------------|
| <u>Left Ear</u> | <u>Right Ear</u> |
| Pass/Fail | Pass/Fail |

Comments _____

Signature _____

Vision Results= Date _____

(Screening provided by *Prevention of Blindness*)

| | | |
|--------|-----------------|------------------|
| Near = | <u>Left Eye</u> | <u>Right Eye</u> |
| | Pass/Fail | Pass/Fail |

Comments _____

Signature _____

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

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 _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, 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 on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

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 3W238, Washington, D.C. 20202-6335

SCHOOL YEAR:

HOME LANGUAGE SURVEY



STUDENT INFORMATION

Student Name: _____ Grade: _____
Last Name First Name Middle NameDate 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.

NORTH ROCK CREEK PUBLIC SCHOOLS ACCESS POLICY

TERMS AND CONDITIONS FOR USE OF INTERNET

Please read the following carefully before signing this document. This is a legally binding document.

Internet access is now available to students and teachers in the North Rock Creek Public Schools District. We are very pleased to bring this access to North Rock Creek Public Schools and believe the Internet offers vast, diverse, and unique resources to both students and teachers. Our goal in providing this service to teachers and students is to promote educational excellence in the North Rock Creek Public Schools district by facilitating resource sharing, innovation, and communication.

The Internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. Students and teachers have access to:

- (1) electronic mail communication with people all over the world.
- (2) information and news.
- (3) public domain and shareware of all types.
- (4) discussion groups on a plethora of topics ranging from diverse cultures to the environment to music to politics.
- (5) access to many university catalogs.

With access to computers and people all over the world also comes the availability of material that may not be considered to be of educational value in the context of the school setting. North Rock Creek and the Oklahoma Department of Education have taken available precautions to restrict access to inappropriate materials. However, on a global network it is impossible to control all materials, and an industrious user may discover inappropriate information.

Internet access is coordinated through a complex association of government agencies, and regional and state networks. The smooth operation of the network relies upon the proper conduct of the end users who must adhere to strict guidelines. These guidelines are provided here so that you are efficient, ethical, and legal utilization of the network resources. If a North Rock Creek Public Schools user violates any of these provisions, their access will be terminated and future access could be denied. The signature(s) at the end of this document is (are) legally binding and indicates the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance.

Internet – Terms and Conditions

- (1) Acceptable Use – The purpose of NSFNET, which is the backbone network to the Internet, is to support research and education in and among academic institutions in the U.S. by providing access to unique resources and the opportunity for collaborative work. School use must be in support of education and research and consistent with educational objectives. Use of other organization's network or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to, copyrighted material, threatening or obscene material, or material protected by trade secret. Use for product advertisement or political lobbying is also prohibited. Use for commercial activities is generally not acceptable.
- (2) Privileges – The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. Each student who receives access will participate in a discussion with a North Rock Creek Public Schools faculty member pertaining to the proper use of the

network. The system administrators and teachers will deem what is inappropriate use and their decision is final. The district may deny, revoke, or suspend specific user access.

- (3) Netiquette – You are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to the following:
 - (a) Be polite. Your messages should not be abusive to others.
 - (b) Use appropriate language. Do not swear, use vulgarities, or any other inappropriate language.
 - (c) Do not reveal your personal address, phone numbers, or the addresses and/or phone numbers of students or colleagues.
 - (d) Illegal activities are strictly forbidden.
 - (e) Note that electronic mail (E-Mail) is not guaranteed to be private. People who operate the system to have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
 - (f) Do not use the network in such a way that you would disrupt the use of the network by other users.
 - (g) All communications and information accessible via the network should be assumed to be private property.
- (4) North Rock Creek Public Schools and the Oklahoma State Department of Education make no warranties of any kind, whether expressed or implied, for the service it is providing. North Rock Creek Public Schools and the Oklahoma State Department of Education will not be responsible for any damages suffered. This includes loss of data resulting from delays, nondeliveries, misdeliveries, or service interruptions caused by negligence, errors, or omissions. Use of any information obtained via the North Rock Creek Public Schools network or the Oklahoma State Department of Education is at the user's own risk. The North Rock Creek Public Schools District is not responsible for the accuracy or quality of information obtained.
- (5) Security – Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem on the Internet, you must notify a teacher who will in turn notify a system administrator. Do not use another individual's account without written permission from that individual. Attempts to access the Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the Internet.
- (6) Vandalism – Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy hardware data of another user, Internet, or any agencies or other networks that are connected to the NSFNET Internet backbone. This includes, but is not limited to, the uploading or creation of computer viruses.
- (7) Exception of Terms and Conditions – All terms and conditions as stated in this document are applicable to North Rock Creek Public Schools and the Oklahoma Stated Department of Education, in addition to NSFNET. These terms and conditions reflect the entire agreement of the parties and supersedes all prior oral or written agreements and understandings of the parties. These terms and conditions shall be governed and interpreted in accordance with the laws of Oklahoma and the United States of America.

INTERNET ACCESS AGREEMENT

Student/User Full Name: (Please Print) _____

Grade: _____

I understand and will abide by the Terms and Conditions for Internet access, which can be found at www.nrcps.org. I further understand that any violation of the regulations 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.

Student/User Signature: _____ Date: _____

PARENT OR GUARDIAN (If you are under the age of 18, a parent or guardian must also read and sign this agreement): As the parent or guardian of this student, I have read the Terms and Conditions for Internet access. I understand that this access is designed for educational purposes and that North Rock Creek Public Schools and the Oklahoma State Department of Education have taken available precautions to eliminate controversial material. However, I also recognize it is impossible for North Rock Creek Public Schools and the Oklahoma State Department of Education to restrict access to all controversial materials and I will not hold North Rock Creek Public Schools or the Oklahoma State Department of Education responsible for materials acquired on the network. Further, I accept full responsibility for the supervision if and when my child's use is not in a school setting. I hereby give my permission to grant access for my child and verify that the information contained on this form is correct.

Parent or Guardian (Please Print): _____

Signature: _____ Date: _____



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- ✓ Available anywhere
- ✓ Easy to use
- ✓ Private & Secure



No more paper applications to complete and return to the school office. Apply for meal benefits online from the privacy of your home, or anywhere with an internet connection. **Visit www.MySchoolApps.com**