

For Office Use Only

Student ID # _____
Entry Date _____
Grade/Teacher _____
Locker Number _____

Oak Grove School Enrollment Form

Today's Date

Student's Legal Name _____
Last Name, Suffix *First* *Middle*

Street Address _____
City *Zip*

Mailing Address Grade _____
City *Zip*

Phone Number for Automated Calls
(Also, please list this number below where applicable.): _____

Is student of Hispanic/Latino culture or origin? (Circle one.) Yes No

Date of Birth _____ Place of Birth _____ Gender M F
City *State* *Country*

Social Security Number _____ - _____ - _____ (not required)

Does your child use a name in class other than his/her legal first name? Yes No
If so, please let us know: _____

Student's Race (Circle one or more):

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

LEGAL GUARDIAN

Please check the statement below that applies to your child:

1. Child resides with: (Circle one)

Mother Father Mother/Father Mother/Stepfather Father/Stepmother

IF CHILD RESIDES WITH A CUSTODIAL PARENT, A COPY OF THE DIVORCE DECREE MUST BE PROVIDED.

2. Child resides with court-appointed legal guardian. The primary custodian is _____

A COPY OF THE COURT DOCUMENT MUST BE PROVIDED.

Parents / Guardians (living where the student resides):

Legal Male Guardian

Legal Female Guardian

Name _____

Relationship _____

Place of Employment _____

Work Phone/Cell Phone _____ / _____

Email Address _____

Emergency Contacts (to call when we are unable to contact the parents/guardians listed above/may pick up child):

	First Contact	Second Contact
Name	_____	_____
Relationship	_____	_____
Work Phone/Cell Phone	_____ / _____	_____ / _____

List of other children in this household who attend Oak Grove School:

Student's Name _____	Grade _____	Student's Name _____	Grade _____
Student's Name _____	Grade _____	Student's Name _____	Grade _____

REQUIRED DOCUMENTS

The following documents **MAY** be required for enrollment. Please indicate the documents you are providing today.

I am providing a copy of the following as proof of my physical residence as listed above:

_____ Deed _____ Rental Agreement/Receipt _____ Utility Bill Other (Specify) _____

I am providing a copy of:

_____ Immunization Records _____ Birth Certificate _____ Court Document Showing Custody/Guardianship
_____ Social Security Card _____ Proof of American Indian Tribal Membership

The last school my child attended was _____ and his/her last day of attendance at that school was _____.

Depending on your answers to the following questions and statements, you may need to complete additional forms.

How will/does your child usually get to and from school? (Circle one) Car Bus Daycare

YES NO Do you live more than a mile and a half (1.5 miles) from the school?
YES NO Do you reside in the Oak Grove School District?
If no, please list district name. _____
YES NO Was your child born in a country other than the USA?
If yes, what date did he/she first entered this country? _____
YES NO Does your child have any health problems or other concerns you would like us to know about? **If yes, please explain:** _____

YES NO Has your child participated in any special programs at school? **If yes, please circle all that apply.**

Gifted/Talented Speech OT/PT

Special Education (may include 504/IEP Other (Please describe.)_____

YES NO Has your child ever been retained? **If YES, what grade?** _____

YES NO Do you use a language other than English in your home? If yes, what language? _____
If yes, please fill out the Home Language Survey.

YES NO Does your child take medication on a regular basis? If yes, please list. _____

YES NO **I give permission for Oak Grove Schools to release "Directory Information" concerning my child for use in school publications and for the use of other educational institutions or agencies as it deems warranted. For example: school website, yearbook, local newspaper, etc.**

YES NO **I give permission for my child to participate in class field trips. Information on field trips away from the Oak Grove area will be sent home prior to each trip.**

YES NO **I give permission for my child to receive vision, hearing, and any other screening tests. These tests will be administered by health professional or qualified personnel.**

I, the undersigned, do hereby authorize officials of Oak Grove School to contact directly the persons named above in this document and do authorize the physician named below to render such treatment as may be deemed necessary in an emergency, for the health of my child.

Doctor _____ Phone _____

Hospital Choice _____ Phone _____

In the event physicians, other persons named in this document, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Legal Guardian's Signature

Date

**IF ANY OF THE INFORMATION YOU HAVE PROVIDED TODAY CHANGES,
PLEASE NOTIFY THE SCHOOL OFFICE AS SOON AS POSSIBLE.**

STUDENT INFORMATION SHEET 2017-2018

STUDENT (Please Print) _____

First

Middle Initial

Last

Home address _____

Street

City

Zip

Grade Entering _____ **Age** _____ **Date of Birth** _____

Bus rider (circle one) **YES** **NO**

Daycare provider's name _____

PARENT/GUARDIAN INFORMATION

Father/Guardian _____ **Cell** _____

Mother/Guardian _____ **Cell** _____

Father/Guardian Work _____ **Email** _____

Mother/Guardian Work _____ **Email** _____

Home Number _____

EMERGENCY CONTACT (Other than parent)

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____