

WILSON ELEMENTARY SCHOOL

STUDENT INFORMATION FORM

Date _____

Name _____ Sex _____ Age _____ Entering Grade _____

Address _____ Home Phone # _____

City _____ State _____ Zip _____

Birth date _____ Birthplace _____

CDIB [roll number] (if applicable) _____ Soc. Sec. # _____

Are you of Hispanic/Latino culture or origin? Yes _____ No _____

If no, what is your race? (Circle all that apply)

- a. American Indian or Alaskan Native
- b. Asian
- c. Black/African American
- d. Native Hawaiian or Other Pacific Islander
- e. White.

The McKinney-Vento Act defines *homeless children and youths* as “individuals who lack a fixed, regular, and adequate nighttime residence”. This definition also includes: “Children and youths who are sharing the housing of other persons due to the loss of housing, economic hardships, or a similar reason”. Please mark the box below indicating your child’s homeless status:

Yes, my child qualifies as “homeless”. No, my child does not qualify as homeless”.

Guardian _____ Guardian _____

Relationship to Student _____ Relationship to Student _____

Employer _____ Employer _____

Employer Phone # _____ Employer Phone # _____

Cell # _____ Cell # _____

Emergency Contact

Name _____ Relation _____

Phone # _____

Emergency medical attention is sometimes required while a child is under school supervision. If your child is injured or becomes ill, the following approval will allow us to administer first aid to your child or have him/her treated by your physician or hospital. Please fill out one form for each child attending Wilson Public School.

Student's Name _____

Emergency Phone _____ **Home Phone** _____

Doctor _____ **Dr's. Phone #** _____

Hospital _____ **Hospital's Phone #** _____

I give my permission to the administrators and teachers of Wilson Public School I-7 to administer first aid/or transport my child to the above named doctor and/or hospital.

Parent/Guardian Signature _____ **Date** _____

I give my permission to the administrators and teachers of Wilson Public School I-7 to administer non-aspirin pain reliever to my child (Tylenol or Acetaminophen).

Parent/Guardian Signature _____ **Date** _____

Parental Consent for Student Transport

My child _____, **has my permission to ride with and/or be picked up by the following people:**

Name _____ **Relationship to Child** _____

Name _____ **Relationship to Child** _____

Name _____ **Relationship to Child** _____

Name _____ **Relationship to Child** _____

I understand that for the protection of the students, the administration may feel it necessary to refuse to allow anyone to pick up a child if the parent/guardian has not given proper consent in writing.

Parent/Guardian Signature _____ **Date** _____

WILSON PUBLIC SCHOOL, I-7

8867 Chestnut Rd.
Henryetta, OK 74437
(918) 652-3374 Phone
(918) 652-8140 Fax

Parents and Guardians,

Welcome to Wilson Public School. We are very excited about spending the school year together with you and your child. Our mission at Wilson is to provide each student with a challenging and enjoyable academic year. We strive to educate our children in a safe and positive environment. To afford this type of atmosphere, the Wilson School Board has established a corporal punishment (spanking) policy. The policy states that corporal punishment may be used if necessary. While we do try every effort to encourage positive behavior and correct problem behavior before it starts, there may exist a time that will require the use of corporal punishment. In that instance, we will need your permission to enforce the Wilson School Board policy. Please check the box below with which you feel most comfortable.

- The school has my permission to administer corporal punishment if necessary.**
- I wish to be contacted prior to the school administering corporal punishment to my child.**
- Under no circumstance do I want the school to administer corporal punishment to my child. I understand that by denying permission, the remaining alternative is suspension, which does not allow missed work to be made up.**

Parent/Guardian Signature _____ **Date** _____

Student's Name _____

SCHOOL BUS RULES

Please read carefully and observe the following school bus rules:

- 1. Keep all parts of your body inside the bus at all times.**
- 2. Keep aisle clear at all times.**
- 3. Do not throw objects in or out of the bus.**
- 4. Food, drink, and tobacco are not allowed on the bus.**
- 5. Remain in your seat while the bus is in motion.**
- 6. No horseplay or fighting on the bus.**
- 7. Never tamper with the bus or any of its equipment.**
- 8. Treat the bus and its equipment as you would valuable furniture.**
- 9. Remain in your seat during road emergencies except when it may be hazardous to your safety or as directed by the bus driver.**
- 10. Remember, loud talking, laughing, or unnecessary confusion diverts the driver and may result in a serious accident.**

GYM RULES

The following rules must be observed at all times:

- 1. Only tennis shoes with non-marking soles are allowed on the gym floor.**
- 2. Absolutely no shoes with any type of cleats will be allowed on the gym floor.**

Thank you, in advance, for following all of these rules.

Wilson School
8867 Chestnut Road
Henryetta, OK 74437
(918) 652-3374 Phone
(918) 652-8140 Fax

CONSENT FOR RELEASE OF STUDENT INFORMATION

_____ School
_____ Address
_____ City/State/Zip

REGARDING:

Name of Student _____ Grade _____

Date of Birth _____ Place of Birth _____

The above named student is presently enrolled in Wilson School I-7. Please send a transcript of this student's records including the following:

1. Transcript of all work completed including credits to date.
2. Withdrawal grades (Numeric grades, please).
3. Standard and Psychological test records.
4. Health and Immunizations records.
5. Confidential information.

Please mail/fax as soon as possible to the address below. Thank you.

Registrar
Wilson School I-7
8867 Chestnut Road
Henryetta, OK 74437
(918) 652-8140 Fax

I hereby authorize _____ School to release all of the above listed records to
WILSON SCHOOL I-7.

_____ Date _____ Parent Signature

The above information is requested in accordance with Public Law 93-380, the Federal Law protecting the privacy of students' records.

**U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE IX STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title IX, 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 from the Act 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 which contains at least the child's name, the name of the tribe, band or group, and your dated signature, your child cannot be counted by the school for funding under the Act. This form will become part of your child's school record and will not need to be completed every year. The information on this 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 tribes, bands, or groups terminated since 1940, and those recognized by the State in which they 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) and 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) Organized Indian Group
 Federally Recognized, State meeting #5 of the
 including Alaska Native Recognized Terminated 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:

A. Membership or enrollment number _____ **OR**

B. 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 _____

WILSON SCHOOL I-7

ADMINISTRATION

ANDREA JAMES, Superintendent
TENA PAGE, Elementary Principal
VERNIE THOMAS, High School Principal

8867 Chestnut Road
Henryetta, OK 74437
(918) 652-3374

BOARD MEMBERS

JIMMY FLOYD, Board President
PAM GAINES, Vice-President
TRAVIS MOORE, Clerk
THOMAS HARJO, Deputy-Clerk
DAWNYELL MCKINNEY, Member

INCOME SURVEY

This survey is designed to gather income information about our current enrollment. The results of this survey will be used to participate in a Federal Government program for computer networking technology. Please complete the survey, even if you do not plan to participate in any of the programs that are listed. **All names will be kept confidential.**

1. Please list all students (first and last names) in your family that will be enrolled in school this school year.

2. Does your family participate in any of the following programs (please circle "yes" if so, or "no" if you do not participate);

- | | |
|--|------------|
| a. Medicaid | (Yes) (No) |
| b. Food Stamps | (Yes) (No) |
| c. Supplementary Security Income | (Yes) (No) |
| d. Federal Housing Assistance or Section 8 | (Yes) (No) |
| e. Low-Income Home Energy Assistance Program | (Yes) (No) |

3. For the following household sizes, is your family's income equal to or less than the following figures? First, find the correct household size, and then **circle yes if your income is equal to or less than the following totals.** Please leave the table blank if you do not match any of the categories and income ranges.

Household Size	Annual Income	Monthly Income	Income Match
1.....	\$20,665.....	\$1,723.....	Yes
2.....	\$27,991.....	\$2,333.....	Yes
3.....	\$35,317.....	\$2,944.....	Yes
4.....	\$42,643.....	\$3,554.....	Yes
5.....	\$49,969.....	\$4,165.....	Yes
6.....	\$57,295.....	\$4,775.....	Yes
7.....	\$64,621.....	\$5,386.....	Yes
8.....	\$71,947.....	\$5,996.....	Yes

For household sizes greater than 8, please add \$7,326 to the Annual Income column per additional family members.) Circle **YES** here if you meet these guidelines for household sizes greater than 8.

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

Signature

Date

Joy Hoffmeister
State Superintendent of Public Instruction
Oklahoma State Department of Education

2018-2019 HOME LANGUAGE SURVEY FOR 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: _____

Race: Black Alaskan /American Indian Asian /Pacific Islander Hispanic White

Parents/Guardian's Name: _____

Parent's/Guardian's Address: _____

Street City Zip Code

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

1. Is a language other than English used in your home, i.e., Spanish, Native American, etc? Yes No
If **NO**, go to number 9 and 10. If **YES**, what is that language? _____
2. Is that language spoken **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. Was your child born in a country other than the United States (U.S.)? Yes No
6. If **NO**, go to number 9 and 10. If **YES**, when did your child **FIRST** enter the U.S.? Month and Year: _____
7. If your child was born in another country, how many years did your child attend school **OUTSIDE** the U.S.? _____
8. If your child was born in another country, what was the date your child first enrolled in U.S. schools? _____
9. Parent/Guardian Signature: _____
10. Date: _____

FOR SCHOOL USE ONLY

THIS FORM MUST BE COMPLETED EVERY YEAR WITH CURRENT TEST DATA

- If a language other than English is spoken more often (see question #2), the student qualifies as bilingual on application for accreditation.
- If a language is spoken less often, student qualifies as bilingual on application for accreditation if he or she meets one of the following:
 - Scores 35% or below on norm-referenced test (NRT) on the composite reading score.
 - Scores limited knowledge or unsatisfactory on Reading Oklahoma Core Curriculum Tests (OCCT).
 - Designated Limited English Proficient on the ACCESS for ELLs.

Documentation of test results for students who marked less often:

NRT Test Date: _____ Name of the NRT: _____ Reading Total Composite Score: _____

Reading OCCT Test Date: _____ Score on Reading OCCT: Limited Knowledge Unsatisfactory

ACCESS for ELL's Test Date: _____ Score on ACCESS for ELLs: _____

ACCESS for ELL's Placement Test Date: _____ Score on ACCESS for ELL's Placement Test: _____

Pre-K Language Screening Tool Date: _____ Score on Pre-K Language Screening Tool: _____

