

Crutcho Public School Enrollment Checklist for 2018-2019

Student Name: _____

Grade: _____

- Enrollment Form
- Birth Certificate
- Shot records (Up to date)
- 2 Forms of Residency (Examples: Utility Bill or Lease)
- Copy of Parent or Guardians ID or Driver's License
- Copy of Handbook given to Parent or Guardian
- Medication Forms (if necessary)
- Confirmation of food allergies (if necessary)

How will student be getting to and from school?

- Bus 2
- Bus 4
- Bus 5
- Daycare

Name of Daycare _____

Daycare's Phone number: _____

- Car Rider (Names of those allowed to pick up the child(ren), should be listed on the enrollment form.)

****Please note: Student will not be enrolled until all requirements are met.****

District Use Only:

Teacher assigned: _____



CRUTCHO SCHOOL REGISTRATION FORM

Student ID # _____ Grade _____ Date _____
 Car / Daycare / Bus # _____ Teacher _____

Student Information

Student Last Name		First Name		Middle Initial		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Student Date of Birth	Age	Grade	Place of Birth	Social Security #			
Current Street Address			City, State	Zip Code			
Mailing Address (if different)			City, State	Zip Code			
Home Phone () ()		Cell Phone () ()		Work Phone () ()			
Parent E-Mail Address							

Day Care Information

Does your child attend daycare before or after school? Yes No
 Name of Daycare _____
 Phone # _____

Last School Attended

Name of School	Grade	Phone #	City	State
<input type="checkbox"/> Yes <input type="checkbox"/> No Has your child ever attended Crutcho Public Schools? When? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Is your child currently suspended or expelled from a public or private school? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child ever been retained? What grade? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Is your child receiving counseling services at this time?				

Family Information

Father/ Stepfather/ Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #	Work #
Mother/ Stepmother / Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #	Work #
Other Contact / Relationship	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #	Work #
Other Contact / Relationship	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #	Work #

Health Information

Check all that apply: Medicaid Number _____

Diabetic Insulin Dependent
 Asthma Uses an Inhaler
 Seizures Uses Seizure Medication
 Allergies Uses an Epinephrine Pen
 Needs Medications during school hours (must complete medication form)
 Physical Disabilities
 Additional Details: _____

Gifted and Talented Program

My child was enrolled in Gifted and Talented at his/her previous school.
 Yes No

Special Education

Check any areas of Special Education in which your child received services at the previous school.

504 Plan
 Deaf/Hard of Hearing Speech
 Vision Issues Other _____
 Special Classes for Math or Reading
 My Child has NEVER attended a special education classes

Ethnic Origin / Race

Hispanic Yes No

American Indian/Alaska Native Pacific Islander
 Asian White, Caucasian
 Black, African American Two or More Races
 Student's First Language: _____
 Language(s) spoken at home: _____

My signature certifies that all the information on this form is true and accurate. I understand changes in address, telephone, medical issues, and/or emergency contacts must be reported to the school within 24 hours for the safety of my child.

Parent / Guardian Signature _____ Date _____



CRUTCHTO SCHOOL REGISTRATION FORM

Student ID # _____ Grade _____ Date _____
 Car / Daycare / Bus # _____ Teacher _____

List all Other Children Living in Your Home

Child's Name (last, first)	Grade	Date of Birth	School

Emergency Contacts: May be called if your child is ill, has a medical emergency, or needs to be picked up for discipline issue.

Contact Name _____ Relationship _____ Primary Phone # _____
 Work # _____ Alternate Phone # _____

Contact Name _____ Relationship to child _____ Primary Phone # _____
 Work # _____ Alternate Phone # _____

Contact Name _____ Relationship to child _____ Primary Phone # _____
 Work # _____ Alternate Phone # _____

SPECIAL CUSTODY ALERT - A copy of the court order must be provided.

By court order this child should NOT be released to _____.

- I understand that per the Crutchto Public School Handbook, "Students are responsible for the proper use and care of property "therefore, I agree to be responsible for any lost textbooks and/or library books. (Initials) _____
- Photographs of my child and/or my child's work may be published for special events. Yes No
- My child may participate in school fundraisers. Yes No
- My child may participate in all school sponsored fieldtrips. Yes No
- I have received the Student Handbook and Parent/Teacher/Student Compact. (Initials) _____

STUDENT INFORMATION

Name of Student: _____ Grade: _____
 Last Name First Name Middle Name
 Date of Birth: _____ School: _____ Student ID # _____ Gender: Male _____ Female _____
 MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? Yes _____ No _____

Select one or more of the following races:
 _____ African American/Black _____ American Indian/Alaskan Native _____ Asian
 _____ Native Hawaiian/Pacific Islander _____ Caucasian/White

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 so, what language? _____
5. Does the parent/guardian need translated materials? Yes _____ No _____ If so, 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 / Guardian Signature

SCHOOL USE ONLY

Please have test score documentation available for the Regional Accreditation Officer to review.

- Other language than English indicated TWO OR MORE times on questions 1 – 3 above. The student is classified as "more often" and automatically qualifies as bilingual on the accreditation report.
- Other language than English indicated ONLY ONCE on questions 1 – 3 above. The student is classified as "less often" and only qualifies as bilingual on the accreditation report if he or she meets one of the following (any selection below REQUIRES appropriate documentation):
 - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool.
 - 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).
 - 3. Scored at or below the 35th percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS		Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool

Date(s) Norm Reference Test (NRT)	Name of the NRT	Reading Total Composite Score(s) %

From Above:
 Question 1: Reference WAVE code 1036
 Question 2: Reference WAVE code 1037
 Question 3: Reference WAVE code 1038

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 in to a school district. Please print legibly.

Student Legal Name: _____
First Last

Student Date of Birth: _____
Month Day Year

Student Gender – Please check one: Male Female

Did the student participate in any of the following programs? Please indicate by checking YES or NO for each statement.

PROGRAMS	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		

School Year 2018-2019
Economically Disadvantaged Application

This application should be completed even if your student attends a Community Eligibility Provision or Provision School.

School: Crutch Grade: _____ Student Number: _____

Student Name: _____

Please select the income range that represents the total gross income:

- | | | |
|---|---|--|
| <input type="radio"/> Less than \$22,311 | <input type="radio"/> Between \$45,510 and \$53,243 | <input type="radio"/> Between \$76,442 and \$84,175 |
| <input type="radio"/> Between \$22,311 and \$30,044 | <input type="radio"/> Between \$53,243 and \$60,976 | <input type="radio"/> Between \$84,175 and \$91,908 |
| <input type="radio"/> Between \$30,044 and \$37,777 | <input type="radio"/> Between \$60,976 and \$68,709 | <input type="radio"/> Between \$91,908 and \$99,641 |
| <input type="radio"/> Between \$37,777 and \$45,510 | <input type="radio"/> Between \$68,709 and \$76,442 | <input type="radio"/> Between \$99,641 and \$107,374 |

Please select the total number of people in your household:

- | | | |
|---------------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> One (1) | <input type="radio"/> Five (5) | <input type="radio"/> Nine (9) |
| <input type="radio"/> Two (2) | <input type="radio"/> Six (6) | <input type="radio"/> Ten (10) |
| <input type="radio"/> Three (3) | <input type="radio"/> Seven (7) | <input type="radio"/> Eleven (11) |
| <input type="radio"/> Four (4) | <input type="radio"/> Eight (8) | <input type="radio"/> Twelve (12) |

Signature: I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school.

Sign Here: _____ Date: _____

Print Name: _____

For Office use only:

Qualified

Not Qualified