



# FRIEND SCHOOL ENROLLMENT FORM



Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_ Gender M or F

Residential Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Please check one:  rents or owns a home/ rents an apartment  other *(If other, please take a questionnaire.)*

Home/Cell Phone \_\_\_\_\_ Student Cell #(if applicable) \_\_\_\_\_

Birth Date \_\_\_\_\_ Age on Aug. 1st \_\_\_\_\_ Birth Place \_\_\_\_\_

Does your child reside in the Friend School District? \_\_\_\_\_ If no, what district? \_\_\_\_\_

Bus rider? Yes- No Bus # \_\_\_\_\_ Travel by car? Yes- No Has permission to walk home? Yes- No

Directions to home (new students only) \_\_\_\_\_

\*NEW STUDENTS - Name/phone of school attended last year \_\_\_\_\_

<b>ETHNICITY(culture/origin):</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not of Hispanic Origin	<b>RACE (Check all that apply)</b> <input type="checkbox"/> American Indian or Alaskan Native Tribe _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White or Caucasian <input type="checkbox"/> Asian
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### PARENTS/GUARDIANS:

Name	Relationship	Place Employed	Work Phone	Cell Phone

### LIST ALL PARTIES/ PHONE # AUTHORIZED TO PICK UP YOUR CHILD OTHER THAN PARENT/GUARDIANS:

Name	Cell Phone	Name	Cell Phone

Yes - No	Does your child have food allergies, if yes, list food(s) _____
Yes - No	Does your child use a name other than his/her legal name? If so, what is it _____
Yes - No	Are there any legal documents concerning child custody of which the school should be aware? (ie. divorce decree, custody documents, foster parent documents, name change, guardianship, etc.) Please attach copies.
Yes - No	If you answered yes to the question above, who has primary custody? _____ Relationship to the child _____
Yes - No	Do you use a language other than English in your home? If so, what is it? _____
Yes - No	Permission is given for my child to participate in and travel to class field trips.
Yes - No	Permission is given for my child to participate in and travel to athletics/extracurricular events.
Yes - No	Permission is given for my child to take medication I provide to the school.
Yes- No	I have received a copy of the Friend School Handbook

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**FRIEND SCHOOL  
EMERGENCY AUTHORIZATION**

**Minor's Information**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

City

State

Zip

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

Prescribed Medications: \_\_\_\_\_

Medical History: \_\_\_\_\_

**Parent/Guardian Information (Name of Person to whom Minor is entrusted)**

Father/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In case of emergency, illness, or accident to the above-named minor, the school is authorized to proceed as indicated below. Please check all approved actions.

- Take Minor to the nearest Emergency Hospital or Urgent Care Facility.
- And contact other persons listed below in case of emergency. (besides parents/guardian)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Statement of Consent**

I, the undersigned parent or guardian of the minor listed above, having legal custody and/or guardianship, DO HEREBY AUTHORIZE FRIEND PUBLIC SCHOOL TO CONSENT TO any x-ray examination, anesthetic, 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 THIS 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 that 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/her professional judgment and assess the risks of the incident to and choose the necessary alternative and render such care and perform such treatment as he/she determines to be necessary for the health and safety of the above minor.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



Friend Public School

## Parent Authorization to Administer Medication

I am the parent or legal guardian of \_\_\_\_\_, a student attending Friend School. This student may require medication at intervals during the school day. I am supplying either the over-the-counter or prescription medication, in the original container, with the student's name and instructions clearly marked.

### **Over-the-Counter Medication**

I authorize and give my consent to the school office or other designated school employees to administer over-the-counter medicines that I have provided in the original container with the student's name and instructions clearly marked.

- Yes  
 No

### **Prescription Medication**

I authorize and give my consent to the school office or other designated school employees to administer a filled prescription medication, which may include asthma inhalers and/or anaphylaxis medications, which I am supplying in accordance with the directions, to be administered as listed on the prescription label on the container.

- Yes  
 No

### **Self-Administered Medication**

I authorize and give my consent to the school to allow my child/student to self-administer an inhaled asthma medication and/or an anaphylaxis medication. **I must provide written direction from a physician which includes a diagnosis and permission for self-administration.**

- Yes  
 No

I understand that under state law, the Friend Board of Education, the Friend School District, or the employees of Friend School District shall not be liable to the student or the student's parents/guardians for civil damages for any personal injuries to the student which result from the acts or omissions of school employees in administering the medication I have authorized.

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Parent or Legal Guardian

Date

**Medication must be brought to the school by a parent or legal guardian and in the original container with the student's name and instructions clearly marked.**



**Friend Public School  
Communication & Publication  
Permission Form**

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Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

Pictures and video recordings are frequently taken of your child to use with the classroom as well as for public education/awareness purposes. Please circle if we have your permission:

- |     |    |   |
|-----|----|---|
| Yes | No | I give permission for my child's photo/video to be used only for classroom purposes.          |
| Yes | No | I give permission for my child's name/photo/video for community publication.                  |
| Yes | No | I give permission for my address/phone number to be given to parents for invitation purposes. |

In the event that your child will be included in a yearbook, class/school picture, school website, school Facebook page/social media, please circle if we have permission:

- |     |    |  |
|-----|----|--|
| Yes | No | I give permission for my child's name/photograph to be in the class/school picture.      |
| Yes | No | I give permission for my child's name/photo/video to be posted on Facebook/Social Media. |
| Yes | No | I give permission for my child's name/photo/video to be posted on the website.           |
| Yes | No | I give permission for my child's name/photo to be in the yearbook                        |

Communication with families is key to creating a successful learning environment. Friend School uses TeacherEase for our student information system and grading. The use of TeacherEase is a great way for parents to stay involved in their child's academic progress. Please fill out the information below.

**Please print neatly:**

#1 Parent/Guardian Name \_\_\_\_\_  
Parent/Guardian email \_\_\_\_\_

#2 Parent/Guardian Name \_\_\_\_\_  
Parent/Guardian email \_\_\_\_\_

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Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



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, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool (PKST).
  - 2. Scored Basic or Below Basic in ELA on the Oklahoma State Testing Program (OSTP).
  - 3. Scored at or below the 35<sup>th</sup> percentile (or equivalent) composite reading score on the most recently administered state approved norm-referenced test (NRT). Qualifying score must not pre-date the start of the spring semester of the previous school year.

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

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

Date(s) of ELA OSTP	Score(s) on ELA OSTP			
	Below Basic	Basic	Proficient	Advanced
	Below Basic	Basic	Proficient	Advanced
	Below Basic	Basic	Proficient	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	Composite / Percentile Score(s)

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		

## Friend School Student Enrollment Questionnaire

Student Name:		Today's Date:
Date of Birth:	Grade:	School:

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

**Where are you and your family currently living? Please check one of the boxes below.**

<p><b>Section A</b></p> <p><input type="checkbox"/> Rent/own my own home or apartment</p> <p><b>STOP:</b> <i>If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your own home or apartment, please continue to the next section.</i></p>
<p><b>Section B</b></p> <p><input type="checkbox"/> Doubled up (Living with another family/person due to economic hardship or similar reason.)</p> <p><input type="checkbox"/> Motel/Hotel: Name of Motel _____</p> <p><input type="checkbox"/> Transitional Housing: Name of Program _____</p> <p><input type="checkbox"/> Family/Youth Shelter: Name of Shelter _____</p> <p><input type="checkbox"/> Unsheltered (Examples: Living in a car, park, or a place without running water or electricity, etc.)</p> <p><input type="checkbox"/> Unaccompanied Youth (Student not currently residing with a parent or legal guardian.)</p> <p><input type="checkbox"/> I am currently looking for housing (not economic hardship)</p> <p><input type="checkbox"/> Other Please Explain: _____</p>
<p>Is your current living situation due to economic hardship or lack of alternative housing?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>
<p>How long do you anticipate living at this location? _____</p>

**If you checked a box in section B, in the space below please list all children currently living with you.**

First and Last Name of Student	Male or Female	Date of Birth	Grade	School Name

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child?     YES     NO

*The undersigned certifies that the information provided is correct and accurate.*

**(Print) Parent/Guardian or Adult Caring for the Student:** \_\_\_\_\_

**Relationship to the Student:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_



## Friend School Title I Parent Compact

### **As a school, we will:**

- Provide a high-quality effective learning environment that is safe and that enables the student to meet the State's student academic achievement standards be it in school or through distance learning
- Provide ongoing two-way communication between teachers and parents through parent-teacher-student conferences and frequent reports to parents
- Provide reasonable access to staff through an "open door" policy
- Provide opportunities for parents to volunteer and participate in their child's class and observe classroom activities
- Provide a mutually respectful relationship between all parties (students, parents, teachers, and volunteers)

### **As a parent, I will:**

- Support my child's learning by ensuring that he/she has proper rest and nutrition and attends school on time and on a regular basis or has a place to work at home if the option for distance learning has been chosen
- Support my child's learning by reading with him/her
- Help set a positive tone for learning with my child
- Strive to make positive use of my time with my child ("quality" one on one time)
- Participate in decisions relating to the education of my child through a mutually respectful relationship with school staff
- Provide a mutually respectful relationship between all parties (students, parents, teachers, and volunteers)
- Provide a time for homework completion ("perfect practice") or completion of work for distance learning
- Support my child's class/school (i.e. helping in class/school, volunteering in my child's classroom/school, communicating with my child's teachers, attending school events when possible, etc.)
- Ensure my child is in school and on time.

### **As a student, I will:**

- Proudly follow the behavioral expectations
- Ask questions when I am not sure about a lesson or an assignment
- Make good choices like paying attention in class/getting work complete in distance learning assignments, staying on task, doing my best, and working hard at my schoolwork
- Be in class on time each day.
- **Be the very best "Friend Falcon" that I can be each and every day!**

*We are Falcon Strong! Today Tomorrow Always!*

Parent Signature \_\_\_\_\_

Student Signatutre \_\_\_\_\_

School Representation Signature \_\_\_\_\_ *Susan Coble*

*Flyin' High with Falcon Pride*