

<b>COLLINSVILLE PUBLIC SCHOOLS ENROLLMENT</b>				GRADE _____		<input type="checkbox"/> <b>THIS IS NEW INFORMATION</b>		
Legal Last Name:		First Name:		Middle Name:		Preferred Name:		
Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No		Race: <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander		Gender M / F	Birth Date / /	Birth Place (City, State, Country)		
Has Student Ever Attended Collinsville Public Schools <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Last Grade Attended	Year Attended	School District Last Attended: School Name: _____ City: _____ State: _____			<b>Is student under disciplinary action from previous school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Address Information</b> (Enter Street, City, State, Zip -- If physical address is different from mailing, enter both addresses)								
Physical Address (Residence)				Mailing Address (if different from physical)			County	Bus #
<b>Parent/Guardian Contact Information</b> (Enter information in order of contact preference)								
<b>1<sup>st</sup> Contact Parent/Guardian</b>				<b>Relationship</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other		<b>Does this student have current Special Education records? (IEP or 504 Plan)</b>  <b>Please check one.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last Name _____ First Name _____		1 <sup>st</sup> Contact: <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Has Custody <input type="checkbox"/> Access to Records <input type="checkbox"/> Pick-up Rights <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Lives With Employer:		Work Phone: _____ Cell Phone: _____ Home Phone: _____ Email: _____				
<input type="checkbox"/> Member Armed Forces _____ <input type="checkbox"/> Active Duty								
<b>2<sup>nd</sup> Contact Parent/Guardian</b>				<b>Relationship</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other		<b>Does this student reside in permanent housing?</b>  <b>Please check one.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Last Name _____ First Name _____		2 <sup>nd</sup> Contact: <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Has Custody <input type="checkbox"/> Access to Records <input type="checkbox"/> Pick-up Rights <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Lives With Employer:		Work Phone: _____ Cell Phone: _____ Home Phone: _____ Email: _____				
<input type="checkbox"/> Member Armed Forces _____ <input type="checkbox"/> Active Duty								
<b>EMERGENCY CONTACTS</b>								
<b>3<sup>rd</sup> Emergency Contact Name</b>				<b>4<sup>th</sup> Emergency Contact Name</b>				
<input type="checkbox"/> Can Pick-Up		Relation to Student: _____ Phone: _____		<input type="checkbox"/> Can Pick-Up		Relation to Student: _____ Phone: _____		
<b>STUDENT MESSENGER AUTOMATED NOTIFICATIONS</b>				I <input type="checkbox"/> <b>GIVE</b> / <input type="checkbox"/> <b>DENY</b> permission to receive Student Messenger automated calls via the following methods:  Phone: _____ Phone: _____ Email: _____ Email: _____ <i>Student Messenger may be used to notify parents/guardians of the following: school closings, upcoming events, emergency situation at school, absences, or any other notice related to school that District officials determine should be communicated by an automated telephone message.</i>				
<b>FOR OFFICE USE ONLY</b>				<b>The information provided is true and accurate to the best of my knowledge.</b>				
Student ID#:		Teacher:		Parent/Guardian Signature _____ Date _____  Updated by _____ Date _____				
Transfer Status	Approval Status	Transportation Status Codes						
<input type="checkbox"/> Open	_____	<input type="checkbox"/> Not Transported <input type="checkbox"/> < 1.5 <input type="checkbox"/> > 1.5 <input type="checkbox"/> Emergency <input type="checkbox"/> Special <input type="checkbox"/> Other						

**If you do not want your child to participate in yearly health screenings, please notify your child's school in writing within the first week of school.**

If your child is allergic to anything, please list here:

Please list any medical conditions the school should know about (i.e., seizures, heart condition, asthma)

**I authorize treatment of the above named child by the staff of the hospital emergency room**  Yes  No

**In the event school is dismissed early due to severe weather, my child is to:** \_\_\_\_\_

Please mark **GIVE / DENY** for each of the following permissions related to the use of photographs of your child:

*For the newspaper*  GIVE /  DENY; *School Website*  GIVE /  DENY; *Yearbook*  GIVE /  DENY; *Social Media / Internet*  GIVE /  DENY

I  GIVE /  DENY permission for my child to participate in class field trips (*information will be sent home prior to each trip*)

I  GIVE /  DENY permission for my child to have access to the internet.

**American Indian Registration**

Do you have any degree of American Indian ancestry?  Yes  No

Do you have a CDIB card?  Yes, # \_\_\_\_\_  No

*\*If yes, please request the Title VII Student Eligibility Verification*

**Transportation Information**

Does your child live more than a mile and half (1.5 miles) from the school he/she attends?  Yes  No

How does your child normally get home from school? (*please check one*)  Walk  Car Rider  Bus # \_\_\_\_\_

The Asbestos Hazard Emergency Response Act of 1986 (AHERA) requires the inspection of all buildings in the school district for asbestos. The district has complied with this act. A management plan documenting these inspections is on file for public review upon appointment.

Pursuant to the School Laws of Oklahoma, Collinsville Public Schools has adopted a Board Policy prohibiting the attendance of a student under suspension from another school, until such time as the terms of the suspension have expired. The circumstances of an individual's suspension may be reviewed. By signing this form, I do hereby affirm that the student listed above is not currently under suspension from another school district. I, also, affirm that the facts stated herein are true. Any false statements subjects the above named student to immediate withdrawal.

**For School Use Only**

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

\_\_\_\_\_  
*Date*