

# CLAREMORE PUBLIC SCHOOLS

## STUDENT ENROLLMENT INFORMATION 2011-2012

Grade \_\_\_\_\_ ID # \_\_\_\_\_  
Transfer \_\_\_\_\_ Affidavit of Residency \_\_\_\_\_  
Date Enrolled \_\_\_\_\_

**OFFICE USE ONLY**

### STUDENT INFORMATION

Student's Legal Name: \_\_\_\_\_  
Last First Middle (Preferred Name)  
Student's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing address (if different from above): \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone #: (\_\_\_\_) \_\_\_\_\_ Student Cell Phone # (if applicable): (\_\_\_\_) \_\_\_\_\_  
SSN: \_\_\_\_\_ Student Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F  
Ethnic origin: \_\_\_ African American/Black \_\_\_ American Indian or Alaskan Native \_\_\_ Asian \_\_\_ Caucasian/White  
\_\_\_ Hispanic/Latino \_\_\_ Native Hawaiian or Other Pacific Islander  
Place of Birth: \_\_\_\_\_ If born outside of U.S., entry date in U.S.: \_\_\_\_\_  
Country/State & City First date in U. S. schools: \_\_\_\_\_

Name:

### PARENT/GUARDIAN INFORMATION

Student resides with (circle one): Mother Father Mother/Father Mother/Stepfather Father/Stepmother Grandparent  
Other \_\_\_\_\_ Who has legal custody? \_\_\_\_\_  
*Court documents declaring custody must be in this child's school file.*  
Parent/Guardian 1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
(First Name) (Last Name)  
Employer \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ Cell phone # (\_\_\_\_) \_\_\_\_\_  
Email address: \_\_\_\_\_  
Parent/Guardian 2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
(First Name) (Last Name)  
Employer \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ Cell phone # (\_\_\_\_) \_\_\_\_\_  
Email address: \_\_\_\_\_

Grade:

### HEALTH/EMERGENCY INFORMATION

Local adults other than parent/guardian we could notify in an emergency/illness and/or to whom we can release your child:  
Name \_\_\_\_\_ Phone #'s (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name \_\_\_\_\_ Phone #'s (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name \_\_\_\_\_ Phone #'s (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_  
Please indicate if your child wears corrective lenses, hearing aid, orthopedic devices, prostheses, etc. \_\_\_\_\_  
Please indicate any serious illness or physical disability i.e., allergies, asthma, epilepsy, diabetes, heart disease.  
\_\_\_\_\_  
My child is currently taking the following prescription medication: \_\_\_\_\_  
Student's physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Do you give consent for listed physician or ER physician to treat your child in your absence? Yes / No  
In case of serious accident/illness when parents cannot be contacted, do we have your permission to take your child to an appropriate medical facility? Yes / No Hospital choice? \_\_\_\_\_  
If your child is covered by Health Insurance, please list provider: \_\_\_\_\_ / Member #: \_\_\_\_\_

**AMERICAN INDIAN REGISTRATION**

Do you have any degree of American Indian ancestry? Yes / No      Do have a CDIB card? Yes / No # \_\_\_\_\_  
**If yes, please complete Title VII Student Eligibility Certification**

**HOME LANGUAGE SURVEY**

Is a language other than English spoken in your home? Yes / No      If yes, what language? \_\_\_\_\_  
**If yes, please complete 2011-2012 Home Language Survey**

**SCHOOLS ATTENDED**

Has student ever attended Claremore Public Schools? Yes / No      If yes, last date attended: \_\_\_\_\_

Has student withdrawn from previous school? Yes / No      If yes, date withdrawn: \_\_\_\_\_

Name and address of last school attended: \_\_\_\_\_

Phone # of previous school attended: (\_\_\_\_) \_\_\_\_\_

Grade:

**OTHER CHILDREN IN HOME OR CURRENTLY IN CLAREMORE PUBLIC SCHOOLS:**

Name

School & Grade

_____	_____
_____	_____
_____	_____
_____	_____

**PERMISSION REQUESTED**

YES - NO      I give permission for my child to have access to the Claremore Public Schools network and the Internet

YES - NO      I give permission for my child's picture to be used in school publications (websites, newspaper, RSU media, etc.)

YES - NO      I give permission for my child to participate in class fieldtrips. (Information 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.

Name:

YES - NO      Does your child live more than a mile and a half (1.5 miles) from the school he or she attends?

How does your child usually get home from school? (Circle one)    Walk    Car Rider    Bus # \_\_\_\_\_

Child Care/Daycare – List provider: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

YES – NO      Does your child reside in the Claremore school district? If no, what district? \_\_\_\_\_

YES – NO      Is your child a Transfer Student? If yes, what district? \_\_\_\_\_

**I verify that the information provided is accurate.**

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

\_\_\_\_\_  
Date