

CENTRAL PUBLIC SCHOOLS ENROLLMENT INFORMATION

School Year: _____

Student Information

Full Legal Name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> First Middle Last </div>	Entry Date _____ Grade _____
Alternate First Name _____ Last _____	SSN (Optional - For Student Information System) _____
Date of Birth _____	Required Documents: (office use only) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card <input type="checkbox"/> Updated Shot Record <input type="checkbox"/> CDIB Card (if applicable) <input type="checkbox"/> Legal Documents (if applicable)
Place of Birth _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"> City State Country </div>	
Email Address _____	
Student's Cell Phone Number _____	

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native Hawaiian or Pacific Islander	Student has participated in the following programs: <input type="checkbox"/> Special Education (IEP) <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> Title I <input type="checkbox"/> ELL (English Language Learner) <input type="checkbox"/> Gifted & Talented Program <input type="checkbox"/> Retain/Repeat a grade <input type="checkbox"/> My child has not received any of the services listed.
Certificate Degree of Indian Blood (CDIB) Card: <input type="checkbox"/> Yes Tribe _____ <input type="checkbox"/> No		

Check all that apply:

- Student is a resident of the Central School District.
- Student lives at the home of the custodial parent(s).
- Student has never attended public school in the State of Oklahoma.
- A transfer student from _____ School District.
- Student and/or parent live with _____. Relationship to student _____.
- Student lives with a court appointed or legal guardian.
- Student is under Suspension or Expulsion from previous school district attended.

Parent/Guardian Verification:
 I verify the address given is the legal residential address of the above named student and the parent/guardian with whom they reside.

Signature of Legal Parent/Guardian _____ Date _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 (Primary Contact)	Parent/Guardian #2 (Secondary Contact)
Name _____	Name _____
Relationship to Student _____	Relationship to Student _____
Mailing Address _____	Mailing Address _____
City/State/Zip _____	City/State/Zip _____
Physical (911) Address _____	Physical (911) Address _____
Cell Phone _____	Cell Phone _____
Email Address _____	Email Address _____
Employer _____ Work Phone _____	Employer _____ Work Phone _____

EMERGENCY CONTACTS (USED ONLY WHEN PRIMARY AND SECONDARY CONTACTS ARE UNAVAILABLE)

1 st Contact Name (other than above) _____ Relationship to Student _____ Phone _____	2 nd Contact Name (other than above) _____ Relationship to Student _____ Phone _____
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CENTRAL PUBLIC SCHOOLS ENROLLMENT INFORMATION

Last School Attended _____ Address _____ City/State/Zip _____ School Phone _____ Registrar email _____ Date Records Requested _____ Received _____	INTERNET CONNECTIVITY INFORMATION Do you have internet in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, is internet access available? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a device in your home that can access the internet? (desktop computer, laptop, tablet, smartphone, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, do you plan to purchase a device? <input type="checkbox"/> Yes <input type="checkbox"/> No
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STUDENT ALERTS

MEDICAL <input type="checkbox"/> Diabetic <input type="checkbox"/> Allergies (describe) _____ <input type="checkbox"/> Other issues (describe) _____	PUBLISHED MATERIALS PERMISSION <input type="checkbox"/> Student's name and/or picture is allowed to be published in school yearbook, newspapers or school website/social media. <input type="checkbox"/> DO NOT ALLOW student's name and/or picture to be published.
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Any changes in transportation should be made prior to student leaving for school each day. Emergency changes in transportation must be made prior to 2:30pm in order to ensure student and teacher receive the message. Never leave a message or voicemail concerning changes in transportation as they may not be retrieved until after buses have left school.

MORNING TRANSPORTATION <input type="checkbox"/> Car Rider <input type="checkbox"/> Car Driver <input type="checkbox"/> Bus Rider <input type="checkbox"/> Other _____	AFTERNOON TRANSPORTATION <input type="checkbox"/> Car Rider <input type="checkbox"/> Car Driver <input type="checkbox"/> Bus Rider <input type="checkbox"/> After School Program <input type="checkbox"/> Other _____
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PICK-UP RIGHTS ALLOWED Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____	PICK-UP IS NOT ALLOWED Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____ Name _____ Relationship _____
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CORPORAL PUNISHMENT

Central Public Schools has a policy, which allows corporal punishment. To prevent any misunderstanding in discipline for your child, please check the appropriate response below.

Yes, my child may receive corporal punishment. No, my child may NOT receive corporal punishment.

As parent/guardian of the above student, I hereby give my written permission to receive automated calls/texts/emails to the numbers and emails I have provided.

_____	_____	_____
Print Name	Signature	Date

I agree to the following Central Public School policies, which are on the District's website - www.centralps.k12.ok.us:

- Handbook (Paper copy will be provided to all students within the first 2 weeks of school)
- Internet Acceptable Use (Parent Resources Tab)
- Wireless Telecommunication Devices (Parent Resources Tab)

Parent/Legal Guardian Signature _____ Date _____

Student Signature _____ Date _____

Central Public Schools
Medication Administration Guidelines
School year 20__ - 20__

Providing protection for students, as well as our staff, is of utmost importance in administration of medication at school.

The following restrictions apply to medication given during school hours (8:15 AM - 3:15 PM).

Central Public School will administer medication under the following conditions:

- Medications that are prescribed once or twice daily should be given at home and not sent to school, unless prior arrangements have been made with the school nurse.
- All prescription medication must have a prescription label with the child's name, the name of the drug, and the instructions for how the drug is to be given. You may request that the pharmacist dispense two bottles with the medication, one with the amount needed for school and one for home.
- Non-prescription medication may be sent with the child's name on the bottle and may be administered ONLY with completed consent form from parent or legal guardian AND written instructions from student's physician.
- Medication will be administered by the school nurse or a school employee assigned to the task by the building principal.
- It is the responsibility of the student to come to the office for medication at the prescribed times. Under state law, the Board of Education, the school district, or employees of the district shall not be liable to the student or the student's parent or guardian for civil damage for any personal injuries to the student which result from acts or omissions of school employees in administering the medication.
- Each school year, a new consent form must be signed by the parent/guardian for any prescription and non-prescription medication a student is to receive. We realized that your child may be taking the same medication as the previous year, but **we still must have a new consent form signed for the current year.**
- Students are permitted to carry a prescribed inhaler, anaphylaxis medication, or replacement pancreatic enzyme medication at all times with parental permission and a signed form from the student's physician stating the student has been trained on how to administer medication.

Statement of Authorization & Consent

Student Name: _____ Birth Date: _____ Grade: _____

SS# _____ Home Phone# _____ Cell Phone# _____ Work Phone# _____

Please list any known allergies:

Is there any known medical or physical condition that the doctor or school should know prior to treatment?

- In case of an emergency, and I cannot be reached: I give my permission for a member of Central Public Schools' faculty or administration to take my child to the doctor or hospital for treatment as necessary.
- I will be responsible for any Doctor or Hospital bill that is due to the emergency treatment if my child.
- I understand and have read the Medication and Administration Guidelines Policy.

Parent/Guardian Signature: _____ Date: _____

**Emergency Medical Consent and Liability Waiver
for Epinephrine or Albuterol Administration**

Oklahoma Senate Bill #381, allows schools to stock epinephrine for life-threatening allergic reactions and albuterol for respiratory emergencies, such as asthma. Anaphylaxis is a severe allergic reaction which can be life-threatening. It can occur within minutes to hours after exposure to the allergen. Respiratory emergencies, such as asthma, can occur after an exposure to an allergen, temperature changes, or colds and viruses.

In accordance with this law, Central School has provided training for selected staff to administer epinephrine for a life-threatening allergic reaction or albuterol for a respiratory emergency, such as an asthma episode.

Please complete the form below if you wish for your child to receive emergency treatment with epinephrine or albuterol should the situation arise. You will be notified should an emergency occur, but this allows us to treat your child.

I, the undersigned, do hereby authorize the school nurse or any employee of Central School, trained in the identification of anaphylaxis and respiratory emergencies, to render treatment to my child should they show signs of anaphylaxis or a respiratory emergency while at school.

I understand that under the state law, the board of education, Central School, or any employees of the district shall be immune from civil liability for damages resulting from the administration of epinephrine or albuterol in accordance with this consent form. I also acknowledge that I will not hold the district financially responsible for the emergency care and/or transportation for said child.

Yes, you may treat my child for any life-threatening reaction, with epinephrine (EpiPen or Epi-Pen Jr).

Yes, you may treat my child for any respiratory emergency, such as asthma, with an albuterol inhaler.

Student's Name

Date of Birth

Contact Number

Contact Number

Parent/Guardian Signature

Date

ED 506 Form
Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

Student Information

Name of the Child _____ Date of Birth _____ Grade level _____

Name of School _____ School District _____

Tribal Membership

The individual with Tribal membership is the (select only one): child child's parent child's grandparent

If the individual with Tribal membership is **not** the child listed above, name the individual (parent/grandparent) with tribal membership: _____

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- 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.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). _____

Attestation Statement

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____ Date _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, 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 on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335



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
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	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



CENTRAL PUBLIC SCHOOL

STUDENT RESIDENCY QUESTIONNAIRE

School Year

PLEASE READ CAREFULLY AND COMPLETE FULLY

No student or family will be discriminated against based upon any of the information provided in this form. The information you provide is confidential. The answers you give will help us determine the services your student may be eligible to receive under the McKinney-Vento Act.

Student Name:		Date of Birth:
School:		Grade:
Person Completing This Form:	Relation to Student:	Phone:
Current Address:		How Long?

	Yes	No
1. Is this current address a temporary living arrangement?		
2. Is this temporary living arrangement due to loss of housing, economic hardship, or domestic violence?		
3. Is the student being enrolled by someone other than parent or legal guardian?		
4. Is the student an unaccompanied youth (not living with a parent or legal guardian)?		
5. Is the student a Foster Child or waiting for Foster Placement?		

If you answered **NO to ALL questions**, please sign and date below. Submit form to school personnel.

➡ Parent/Guardian Signature: _____ Date: _____

If you answered **YES to ANY question above**, please complete the remainder of this form.

Please select the option that best describes your current living situation:

- With more than one family in a house or apartment. # Bedrooms: _____ # People: _____
- In a motel/hotel due to lack of alternative, adequate accommodations. Name of motel: _____
- In a shelter/transitional housing. Name of agency: _____
- In a house, building, or trailer WITHOUT running water, electricity, or gas.
- Living with family or friends because you are an unaccompanied youth (not living with parent or legal guardian).
- In a car, campground, abandoned building, or other public place not intended for regular habitation.
- Wherever I can find a place to stay at night.

Please list **all children** (under 21 y/o) currently living with you, including those not yet old enough for school enrollment.

First and Last Name of Child	Relationship to Student	Date of Birth	Grade	School Name

I certify that the information provided above is correct and accurate.

➡ Signature of Person Completing this form: _____ Date: _____

OSSAA ELIGIBILITY RECORD FORM FOR STUDENTS IN GRADES 7-12
(TO BE FILLED OUT BY THE STUDENT AND PARENT AND FILED IN PRINCIPAL'S OFFICE)

NAME OF STUDENT (PRINT) _____ Grade _____ Birth date _____ Age _____

Student's Current Address _____

Last School attended _____ Last School Address _____ Zip _____

NOTE: STUDENT AND PARENT MUST SIGN BELOW AND EXPLAIN ALL "YES" ANSWERS FROM BELOW ON BACK OF FORM.

YES NO

1. Before September 1 will you be 14 years of age for 7th grade, 15 years of age for eighth grade, 16 years of age for ninth grade, or 19 years of age for high school participation? (Rule 1)
2. Have you missed school more than 10% of the school days taught for this 18-week grading period? (Rule 2)
3. Did you fail any classes during the last 18-week grading period? (Rule 3 & 4)
4. Are you currently failing any class? (Rule 3)
5. Were you ineligible to participate at any time during the last 18-week grading period? (Rules 3 & 4)
6. Have you done anything to jeopardize your amateur status such as receiving cash or merchandise connected with an athletic activity? (Rule 5)
7. Have you completed all 12th grade requirements for high school graduation? (Rule 6)
8. Have you failed any semesters (received no credit for the semester) since the time you entered the 7th grade? (Student's are generally limited to participating in athletics during the 7th grade and the five school years that follow consecutively after that school year- Rule 7)
9. Since entering 7th grade have you ever home-schooled or had an interruption in consecutive semesters of the educational tract?
10. Are you now or have you ever repeated any grade since entering the 7th grade? (Rule 7)
11. Do you live with someone now other than whom you lived with last school year? (Rule 8)
12. Do you live with someone other than your parents? (Rule 8)
13. Do you live with only one parent? (Rule 8)
14. Do you live outside this school district? (Rule 8)
15. Is more than one residence owned, rented or maintained by your parents or guardian? (Rule 8)
16. Are there other family members in grades K-12 attending a different school district other than the district you are now attending?
17. Have you ever participated at any school outside the district in which both parents had residence? (Rule 8)
18. Have you, your parents, or your guardians ever been influenced in any manner by anyone in this school district to attend this school to engage in athletics? (Rule 9)
19. Have you ever been granted athletic eligibility on the basis of an OSSAA hardship waiver? (Rule 20)
20. Were you on an approved foreign exchange program last year? (Hardship Waiver Manual-X)
21. Were you suspended, expelled, or under discipline at the previous school attended? (Rule 4)
22. Were you or your parents having a conflict with a coach, teacher, or administrator at the time you left your previous school? (Hardship Waiver Manual VI-E-2)

Each of the undersigned also acknowledge and agree that identifying information about the above---mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measures to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

If the above guidelines are not satisfied for athletic eligibility, the student may be ineligible for one year. (See Rule 8)
INCORRECT INFORMATION COULD CAUSE ELIGIBILITY TO BE REVOKED AND COULD RESULT IN THE FORFEITURE OF CONTESTS IN WHICH THE STUDENT HAS PARTICIPATED IN ADDITION TO OTHER PENALTIES.

(Student)

(Date)

(Coach)

(Date)

(Parent/Guardian)

(Date)

PLEASE EXPLAIN ALL "YES" ANSWERS IN THE SPACE BELOW.

FOR SCHOOL USE ONLY

TO BE COMPLETED AND CERTIFIED BY SCHOOL ADMINISTRATION

Each school must have the following information on file:

1. Copy of this eligibility record form. (Send copy to OSSAA office with hardship request.)
2. Physical examination, Concussion and Head Injury Acknowledgement and an annual parent consent form.
3. Attendance record for current 18-week grading period. (Rule 2)
4. Transcript and any other documentation regarding student's eligibility status.

If the student answers no to all of the above questions, you can be reasonably assured he/she is eligible (residence) to participate at your school. This is only an aid to the administrators concerning new students in your school system and does not automatically guarantee a student is eligible. If the student answers yes to any of the questions, further examination is required to determine eligibility status. NOTE: Any outstanding athlete transferring to your district should not be certified for athletic participation without complete information being obtained from all sources concerning the student's athletic eligibility.

Based on the above questions

(student's name - PRINT _____ is eligible is not eligible

to participate at (school) _____ for the school year 20____ 20_____.

(School Administrator Name and Title)

(Date)

OSIIS - Authorization to Use or Share Protected Health Information to School or Day Care

Student Name: _____ Demographic/Client ID #: _____

(For School/Day Care receiving PHI to fill out)

Date of Birth: _____

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to: _____

(Name of Person/Organization receiving PHI)

The information may be disclosed for the following purpose(s):

to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310: 535-1-3

Other: _____

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be **one year** from the date of my signature or upon the occurrence of the following event [e.g., child no longer enrolled in school/day care center]

Signature of Student or Legal Representative

Date

Description of Legal Representative's Authority

Student Transfer Application Form



Please See Transfer Policy & Information on Central Public School Website – <https://www.centralps.k12.ok.us/enrollment/student-transfer>

20 – 20
SCHOOL YEAR

COUNTY NAME

DISTRICT NAME

SENDING/RESIDENT DISTRICT (TRANSFER FROM)

COUNTY NAME

DISTRICT NAME

STUDENT INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

BIRTH DATE (MM/DD/YYYY)

GRADE LEVEL IN TRANSFER YEAR

10-DIGIT STATE ID STATE TESTING NUMBER (STN) OBTAINED FROM YOUR CHILD'S SCHOOL AND STARTS WITH 1-0-0.

Check here if first time entering a public school in Oklahoma

Individualized Education Program (IEP) Yes No

DATE OF IEP MEETING

Receiving District: If above answer is "yes," a representative from both districts must be present for an IEP conference to discuss the student's IEP needs. Applicable records must be submitted from the student's last school to the receiving district and shall be maintained by both districts in accordance with federal and state laws.

Sending District: A request for education records of a student who was enrolled in the district shall be fulfilled within three business days of the request. The records should include the student's disciplinary records and attendance information.

Please Note: An "IEP Service Agreement" does not constitute a transfer under the Education Open Transfer Act and should not be formalized by using this form.

Student Transfer Application Form



PARENT/LEGAL GUARDIAN MUST COMPLETE AND SIGN

FIRST AND LAST NAME

EMAIL

STREET ADDRESS

CITY

ZIP CODE

HOME PHONE

ALTERNATIVE PHONE

1. Is the parent/legal guardian requesting this open transfer a TEACHER* employed by this receiving district? Yes No

*A teacher is any person who is employed to serve as a district superintendent, principal, supervisor, counselor, librarian, school nurse, classroom teacher, or a school employee in any other instructional supervisory/administrative capacity.

2. Is the parent/legal guardian requesting this open transfer a member of the active uniformed military services of the United States and on full time active-duty status or active-duty orders? Yes No (If yes, provide active-duty documentation.)

3. Is the student currently in foster care? Yes No (If yes, provide foster care documentation.)

4. Is the student currently home schooled? Yes No

Pursuant to the provisions of the statutes of the State of Oklahoma, and the rules and regulations of the State Board of Education, this application is hereby made to permit the child listed on this form to transfer from their resident Sending District to the Receiving District as indicated on this form. The parent/guardian applicant verifies by their signature (below) that they are the custodial parent or legal guardian of the child listed above and hereby acknowledges that if this transfer is approved, the parent/guardian shall be bound by the Compulsory School Attendance Laws of Oklahoma rules and all regulations of the Receiving District named on this transfer application. Further, as the parent or guardian of the minor student named above, I acknowledge, agree, understand that pursuant to the Oklahoma Education Open Transfer Act 70 O.S. § 8-101.2 the Receiving District may deny the request for transfer based on a lack of capacity, an incident of student discipline as outlined in 70 O.S. § 24-101.3; and/or as a result of the student have a history of absences, which is defined as ten or more unexcused absences in one semester. 70 O.S. § 8-101(A-B). As such, I hereby authorize the Receiving District to access the education records of the student this transfer application is submitted on behalf of; provided, however, the authorization to access the education records is limited to those reasonably related and necessary to student discipline and attendance data.

SIGNATURE OF THE PARENT/GUARDIAN

DATE

DISTRICT USE ONLY

District has three business days to upload this transfer request into the transfer system. If there is documentation from question 2 or 3 above, please retain this information to upload into the transfer system.

Received by _____ District _____ at _____ on _____
DISTRICT EMPLOYEE RECEIVING NAME OF DISTRICT TIME DATE