

2010-2011

School Name

Student's Full Legal Name (Last, First, Middle) as shown on birth certificate

Student Demographic Information

NAME STUDENT GOES BY	STUDENT SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	CITIZENSHIP ___ US ___ OTHER	SEX
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Household Contact Information

Household Address: _____
Street Address City State Zip

Household Phone: _____

Guardians who live in this Household:

Relationship	Name of Contact	Email	Other Phone	Work Phone	Cell Phone	Parent Portal Access? Y/N

Please list names of student's brothers or sisters in the household

Name	Grade	School

Guardians and Emergency Contacts who do NOT live in the household: IF A PARENT/STEP-PARENT/GUARDIAN IS UNAVAILABLE, THE FOLLOWING PERSONS MAY PICKUP MY CHILD FROM SCHOOL IN CASE OF AN EMERGENCY. SUCH PERSON(S) SHALL BE CONTACTED IN THE CASE OF EMERGENCY, ILLNESS OR ACCIDENT. LIST NAME, RELATIONSHIP, AND PHONE NUMBER: (IN CASE OF EMERGENCY, ILLNESS, OR ACCIDENT TO THE ABOVE NAMED STUDENT, THE CHILD MAY BE TAKEN TO AN EMERGENCY HOSPITAL.)

Relationship	Name of Contact	Email	Other Phone	Work Phone	Cell Phone

IF PARENTS ARE DIVORCED, WHO HAS CUSTODY OR IS THERE JOINT CUSTODY?

NON-CUSTODIAL PARENT MAY HAVE ACCESS TO STUDENT INFORMATION UNLESS PROHIBITED BY THE COURT, THE SCHOOL MUST HAVE A COPY OF THE LEGAL DOCUMENT(S).

If the student resides in 2 households, please fill out an additional copy of this form with the other household information and attach it to this form.

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INDEPENDENT SCHOOL DISTRICT No. 129
 131 SOUTH FLOOD, NORMAN, OK 73069
 (405) 364-1339 FAX: (405) 366-5851

NORMAN PUBLIC SCHOOLS ENROLLMENT FORM

PLEASE PRINT ALL INFORMATION EXCEPT FOR SIGNATURE

GRADE	TEACHER/INSTRUCTOR	STUDENT ID NO.
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LAST SCHOOL ATTENDED (NAME, ADDRESS, CITY, STATE, ZIP)	HAS STUDENT EVER ATTENDED NORMAN PUBLIC SCHOOLS? (YES/NO) _____	IF YOUR CHILD HAS EVER ATTENDED NORMAN PUBLIC SCHOOLS, PLEASE STATE WHAT SCHOOL
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NORMAN PUBLIC SCHOOLS DO NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE OR OTHERWISE QUALIFIED HANDICAP.	ETHNICITY: CHECK ONLY ONE (STATE APPROVED CATEGORIES) <input type="checkbox"/> IN-AMERICAN INDIAN or ALASKAN NATIVE <input type="checkbox"/> H-HISPANIC <input type="checkbox"/> AS-ASIAN <input type="checkbox"/> P-PACIFIC ISLANDER <input type="checkbox"/> B-BLACK (NOT HISPANIC) <input type="checkbox"/> W-WHITE/OTHER
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MULTIRACIAL – FOR STATE REPORTING PURPOSES, THE ETHNIC CODES LISTED ABOVE ARE THE ONLY CATEGORIES THAT MAY BE SELECTED. HOWEVER, FOR STANDARDIZED TESTING, MULTIPLE ETHNICITIES MAY BE REPORTED. IF YOUR CHILD IS MULTI-RACIAL, PLEASE CHECK EACH ETHNIC CODE THAT IS VALID FOR THIS STUDENT:

CHECK ALL THAT APPLY:

<input type="checkbox"/> IN-AMERICAN INDIAN or ALASKAN NATIVE	<input type="checkbox"/> H-HISPANIC
<input type="checkbox"/> AS-ASIAN	<input type="checkbox"/> P-PACIFIC ISLANDER
<input type="checkbox"/> B-BLACK (NOT HISPANIC)	<input type="checkbox"/> W-WHITE/OTHER

PERMISSION IS HEREBY GIVEN FOR MY CHILD'S NAME, HOME PHONE NUMBER, ADDRESS, AND PARENTS' NAMES TO APPEAR IN A STUDENT DIRECTORY. YES/NO _____

PERMISSION IS HEREBY GIVEN FOR MY CHILD TO GO ON FIELD TRIPS. THE SCHOOL WILL SEND A NOTICE IN ADVANCE OF ANY FIELD TRIP. YES/NO _____

PERMISSION IS HEREBY GIVEN FOR MY CHILD TO HAVE ACCESS TO THE NORMAN PUBLIC SCHOOLS WIDE AREA NETWORK AND THE INTERNET, ACCORDING TO NORMAN PUBLIC SCHOOLS' POLICIES FOR INTERNET USE. YES/NO _____

DOES YOUR CHILD RECEIVE SPECIAL EDUCATION AND RELATED SERVICES THROUGH AN IEP? _____ SECTION 504 PLAN? _____

IS YOUR CHILD ATTENDING THIS SCHOOL ON A TRANSFER? IF YES, CHECK ONE - IN-DISTRICT? _____ OUT OF DISTRICT? _____

PHOTO/VIDEO RELEASE FORM

Please indicate below if you **will** or **will not** give permission for images of your child or images of his/her outstanding class work, art, or school products, captured during regular and special school activities through video, photo, and/or digital camera to be used by the following:

- District, School, or Teacher Website
- Channel 18
- Local news channels
- Local newspapers

First and last names of students may be used in the local newspaper. Last names or addresses of students will not be used in any of the other media without express permission by the parent.

Yes, images may be used.
 No, images may not be used.

Student Name (printed) _____

Student ID: _____

Grade: _____

This form must be approved by the parent/guardian before the photo can be used.

SIGNATURE OF PARENT OR GUARDIAN: _____ **DATE** _____
 EITHER PARENT MAY BE GUARDIAN; OTHERWISE, GUARDIAN IS THE PERSON LEGALLY APPOINTED AND RESPONSIBLE FOR THE CHILD. ALL INFORMATION ABOVE IS CORRECT AS OF THIS DATE.

SCHOOL USE ONLY

SCHOOL:	BUILDING CODE	SCHOOL YEAR	ENTRY DATE	ENTRY CODE	STUDENT ID NUMBER	
BIRTH CERTIFICATE ON FILE? Y/N	GRADE	TEACHER/INSTRUCTOR			BUS NO. (AM)	BUS NO. (PM)
WITHDRAWAL DATE AND CODE:		INTRA-DISTRICT SCHOOL:			PROOF OF RESIDENCY	