Verden High School
Ph. 405-453-7836

High School Principal: Rodd Beer
rbeer@verdenschools.org

High School Secretary: Terrie Boyer
tboyer@verdenschools.org

*IMPORTANT*

You can sign up to receive phone notifications on our school website: verdenschools.org
Go to the bottom of the page
Click on “Sign up for our Newsletter” on the right side.
VERDEN HIGH SCHOOL
Enrollment Form 20__-20__

Child's Name______________________ DOB_________ Grade________

SS#_____________ Place of Birth_____________ Sex: Male____ Female____

Primary Phone #_________________ Student's Cell #____________________

Mailing Address____________________________________________________

Physical Address____________________________________________________

Name of previous school attended in not Verden __________________________

Mother/Guardian__________________ Home Phone #____________________

Cell Phone #____________________ E-mail Address_____________________

Mailing Address____________________

Physical Address____________________

Employer____________________ Work #____________________

Father/Guardian__________________ Home Phone #____________________

Cell Phone #____________________ E-mail Address_____________________

Mailing Address____________________

Physical Address____________________

Employer____________________ Work #____________________

Emergency Contact (Different from parent/guardian)

Name____________________ Relationship____________________

Home #____________________ Cell #____________________ Work #____________________
Who can sign legal documents at school?

Who can pick up your child from school?

Race: Please check all that apply.

___Caucasian (White) ___African American ___Asian

___American Indian or Native Alaskan ___Pacific Islander

Please Check One: ___Hispanic ___Non-Hispanic

Please check any of the following programs your child has participated in:

___Special Ed ___Speech ___Title I ___Gifted/Talented ___Other

Do you grant permission for photos of student to be published on the school website, Facebook, & other media outlets used by the district? ___Yes ___No

Corporal Punishment:

___ I do NOT give my permission for the above named student to receive corporal punishment.

___ I give my permission for the above named student to receive corporal punishment.

Student Information Release:

Please check below if you do NOT want your child’s address, phone number, or other school information released to agencies such as career technology centers, colleges, or universities.

___ I do NOT authorize to release my child’s information.

Do you grant permission for ACT scores to be added to your child’s transcript?

___Yes ___No

Parent/Guardian
Signature_________________________________ Date_________________
Authorization for Verden School to Administer Medication

I hereby authorize a school administrator, or a designated school employee to administer prescription medication that has been provided by the parent/guardian of my child.

I hereby authorize a school administrator, or a designated school employee to administer non-prescription medication. **This must be completed in order to give your child Tylenol, cough drops or any other form of non-prescription drug.**

Parent/Guardian
Signature ____________________________ Date ________________

Authorization for Medical Care of a Minor

I do hereby authorize Verden Public Schools, or their designee, 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 advise of a physician, surgeon or dentist licensed under the laws of the State of Oklahoma.

IN GIVING THIS CONSENT: RECOGNIZE AND UNDERSTAND that in situations where the named minor requires 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, to evaluate the risks attendant to foregoing all treatments in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health or safety of the named minor.

Minor’s Name __________________________ Minor’s Birth Date ________________

Minor’s Doctor __________________________ Doctor’s Phone # _____________

Minor’s Allergies __________________________ Date of Last Tetanus Shot ____________

Medicine Minor is Taking ____________________________________________

Parent/Guardian
Signature ____________________________ Date ________________

Does your child have Asthma or an inhaler? ___Yes  ____No

If your child has a food allergy please request a medical form to be completed by a Dr. and returned to school.
STUDENT INFORMATION

Name of Student: __________________________
Last Name: __________________________
First Name: __________________________
Middle Name: __________________________
Grade: __________________________

Date of Birth: ___________ School: ___________
MM/DD/YYYY Student ID #: __________________________
Gender: Male ______ Female ______

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/DD/YYYY

Data (MM/DD/YYYY)  Parent / Guardian Signature

SCHOOL USE ONLY

☐ Other language than English indicated TWICE 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 she or he 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 ELs, Alternate ACCESS for ELs, WIDA Screener, WIDA MODELS, K-WAP, I-WAP 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 25th percentile (or equivalent) composite reading score on the most recently administered state approved norm-referenced test (NRT).

Qualifying scores 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

<table>
<thead>
<tr>
<th>Date(s) of Kindergarten ACCESS</th>
<th>Score(s) on Kindergarten ACCESS</th>
<th>Date of WIDA Admin.</th>
<th>Score(s) on WIDA MODELS</th>
<th>Score(s) on ELA/DSTP</th>
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<th>Date(s) of ELA/DSTP Test</th>
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<tr>
<td>Below Basic</td>
<td>Basic</td>
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<tr>
<td>Proficient</td>
<td>Advanced</td>
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<td>Below Basic</td>
<td>Basic</td>
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</tbody>
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Question 1: Reference WAVE code 1039
Question 2: Reference WAVE code 1037
Question 3: Reference WAVE code 1038
Schools, families, and students benefit when they all take collective responsibility for quality education. When a partnership exists and each partner fulfills his/her responsibilities, student learning improves. The term school community refers to teachers, students, families, other school staff and community members. The signatures below indicate our support of and commitment to the following responsibilities:

Administrative Responsibilities
1. Through collaborative decision making, create with the involvement of staff, families, students and the community, a compelling school vision and quality educational program with high standards that are widely understood and embraced by the school community.
2. Provide instructional leadership to ensure appropriate instructional practices, high academic standards, student support, and the delivery of a quality core curriculum to all students.
3. Provide a safe, orderly and positive teaching/learning environment.
4. Provide appropriate professional development for staff, families and students to improve teaching and learning and to support collaborative partnerships with families and the community.
5. Maintain open two-way communication between the home and school.
6. Respect the school, students, staff and families.

Teacher Responsibilities
1. Through collaborative decision making with colleagues, families and students, create a school vision and quality educational program with high standards that are widely understood and embraced by the school community.
2. Endeavor to motivate my students to learn. Provide appropriate and varied classroom instruction that actively involves students, and maintain high standards within each subject.
3. Provide a safe, orderly, and caring classroom environment conducive to learning.
4. Participate in professional development opportunities that improve teaching and learning and support the formation of partnerships with families and the community.
5. Establish two-way communication with families about student progress in school.
6. Respect the school, students, staff and families.

Family Responsibilities
1. Through collaborative decision making, participate with school staff and students in creating a compelling school vision and quality educational program with high standards that are widely understood and embraced by the school community.
2. Communicate the value of education, and provide home support and monitoring of student academic work and progress in school.
3. Establish a schedule with my child for study time, television viewing, peer activities and out-of-school time.
4. Participate in training opportunities with staff that help to improve teaching and learning both at home and at school.
5. Communicate regularly with the school.
6. Respect the school, staff, students, and families.

Student Responsibilities
1. Through collaborative decision making, participate with parents and school staff in creating a compelling school vision and quality educational program with high standards that are widely understood and embraced by the school community.
2. Produce quality work that meets the high standards of each class.
3. Attend school regularly, on time, and with completed homework. Follow agreed schedule and home/school rules.
4. Participate in school activities with my parents and teachers that help to improve teaching and learning both at home and at school.
5. Tell parents honestly what is happening at school and help to maintain two-way communication.
6. Respect the school, staff, students, and families.

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<tr>
<th>Principal</th>
<th>Teacher</th>
<th>Parent/Guardian</th>
<th>Student</th>
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Returned and filed at school this ___ day of ________________, 20_.