

Verden High School

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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 you 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, or 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: _____ 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

- What is the dominant language **most often** spoken by the student? _____
- What is the language **routinely** spoken in the home, regardless of the language spoken by the student? _____
- What language was **first** learned by the student? _____
- Does the parent/guardian need **interpretation** services? Yes _____ No _____ If so, what language? _____
- Does the parent/guardian need **translated** materials? Yes _____ No _____ If so, what language? _____
- 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, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT 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 35th percentile (or equivalent) composite reading score on the most recently administered state approved norm-referenced test (NRT). Qualifying score 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

Date(s) of Kindergarten ACCESS, ACCESS for ELLs, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs, or Alternate ACCESS	Date of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL
	Composite / Overall Score		Composite / Overall Score
	1.		1.
	1.		
	1.		

Date(s) of ELA OSTP	Score(s) on ELA OSTP
	Below Basic Basic Proficient Advanced
	Below Basic Basic Proficient Advanced
	Below Basic Basic Proficient Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score
	%

Date(s) Norm-Reference Test (NRT)	Name of the NRT	Composite / Percentile Score(s)

Question 1: Reference WAVE code 1036
 Question 2: Reference WAVE code 1037
 Question 3: Reference WAVE code 1038

Verden High School
Parent-School Compact

8th grade

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.

Principal

Teacher

Parent/Guardian

Student

Returned and filed at school this _____ day of _____, 20_____.