

# NEW STUDENT ENROLLMENT

## *"WELCOME TO GORE PUBLIC SCHOOLS"*

Students desiring to enroll in the Gore Public Schools system must be accompanied by a legal parent or legal guardian. Only legal custodial parent may enroll a student.

Legal guardianship requires court certified documentation.

Parent or legal guardian will be asked to show photo identification.

Proof of citizenship (USA) may be required.

### AGE REQUIREMENTS

Pre-Kindergarten – 4 years of age on or before September 1st of the current school year.

GPS will take the first 20 in district resident applications for PreK.

A student applying after capacity is met or out of district will be placed on a waiting list.

Kindergarten – 5 years of age on or before September 1st of the current school year.

First Grade – must be 6 years of age on or before September 1st of the current school year.

### DOCUMENTS REQUIRED TO ENROLL YOUR CHILD

#### Verification of Residency

1) Sequoyah County Assessor's Office printout of address

OR

Filed Homestead Exemption form

OR

2) One of the following with legal parent or legal guardian's name listed:

copy of utility bill, phone bill, rent receipt, lease agreement or driver's license with physical address

– PO Box is not acceptable

#### Birth Certificate (no hospital footprints, please)

Students enrolling in Gore Public School must use their legal name as listed on the birth certificate. Using a name other than the one shown on the birth certificate requires legal documentation as proof of change.

#### Immunization Record

All series must be completed or up-to-date

Age Levels	Required Number of Doses					
<u>Lower Elementary</u> Grades P4-5	5 DTP	4 Polio	3 Hepatitis B	2 MMR	2 Hepatitis A	1 Varicella (Chicken Pox)
<u>Upper Elementary</u> Grade 6	5 DTP	4 Polio	3 Hepatitis B	2 MMR	2 Hepatitis A	1 Varicella (Chicken Pox)
Grades 7 & 8	5 DTP (Min.)	4 Polio (Min.)	2 or 3 Hepatitis B	2 MMR	2 Hepatitis A	1 Tdap
<u>High School</u> Grades 9-12	3 DTP	3 Polio	2 or 3 Hepatitis B	2 MMR	2 Hepatitis A	

#### Social Security Card

#### CDIB/Blue Tribal Membership Card (if applicable)

#### Withdrawal Form, Final Report Card, Progress Report Card

#### Transcript

High School Students must provide a transcript from previous school

**GORE PUBLIC SCHOOLS STUDENT ENROLLMENT INFORMATION**

Full Legal Name _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>		Entry Date _____ Grade _____
Date of Birth _____		Has student been retained: Yes ___ No ___ Grade _____
Place of Birth _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>City</span> <span>State</span> <span>Country</span> </div>		Social Security Number _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or More Races (Non-Hispanic)	Student has participated in the following programs: <input type="checkbox"/> Special Education Disability _____ <input type="checkbox"/> SPED Resource Lab/Class <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Remedial Classes <input type="checkbox"/> Gifted & Talented Program <input type="checkbox"/> Johnson O'Malley (JOM) Program <input type="checkbox"/> National Honor Society
Certificate Degree of Indian Blood (CDIB) Card <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe _____		
Resident of UMBR Circle of Care: <input type="checkbox"/> Yes <input type="checkbox"/> No		

**LEGAL PARENT / LEGAL GUARDIAN INFORMATION**

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

I hereby certify to the following (check all the apply):

- I am the custodial parent documented with birth certificate and/or court issued documentation naming me as the custodial parent/guardian.  
 Student lives at the home of the custodial parent or legal (court appointed) guardian.  
 We are legal residents of Gore School District with documentation provided (utility bill provided),  
 Or we have received a legal transfer from \_\_\_\_\_ School District.

The information given above is true and correct to the best of my knowledge. Signature of legal parent or legal guardian \_\_\_\_\_

Last School Attended _____ Address _____ City/State/Zip _____ School Phone _____	Did student complete withdrawal for school? Yes ___ No ___ Is student currently under suspension for former school? Yes ___ No ___ If yes give dates of suspension _____
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### EMERGENCY INFORMATION

If the legal parent/legal guardian of student cannot be reached, the following person is the next emergency contact:

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Contact Phone# \_\_\_\_\_

### RELEASE INFORMATION

Please list ONLY the people AUTHORIZED to check your student out of school. Photo identification will be required. Any changes to this list must be submitted in writing by the legal parent/legal guardian.

NAME	RELATIONSHIP TO STUDENT	CONTACT #

### MEDICAL INFORMATION

I, the undersigned, do hereby authorize officials of the Gore Public Schools District to contact directly the persons named in this document and do authorize the below listed physician to render such treatment as may be deemed necessary in an emergency for the health of said student. In the event physicians, other persons named in this document or legal parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid student. I will not hold the Gore Public Schools District financially responsible for the emergency care and/or transportation for said student.

Doctor	Contact #
List of medical conditions, allergies or any additional information.	

Signature of Legal Parent/Legal Guardian: \_\_\_\_\_

### NOTIFICATION OF NON-DISCLOSURE OF STUDENT INFORMATION

- I as Legal Parent/Legal Guardian DO give permission for my student's photo and/or name to be published in:  
     \_\_\_\_\_ GPS Yearbook    \_\_\_\_\_ GPS Website/GPS Facebook    \_\_\_\_\_ Local Newspapers
- I as Legal Parent/Legal Guardian DO NOT give permission for my student's photo and/or name to be published in:  
     \_\_\_\_\_ GPS Yearbook    \_\_\_\_\_ GPS Website/GPS Facebook    \_\_\_\_\_ Local Newspapers

### ACTIVITY/FIELD TRIP PERMISSION

- I as Legal Parent/Legal Guardian DO give permission for my student to travel by school transportation on school activities/trips. I further understand that my student will be held under the guidelines of the Gore Student Handbook and faces disciplinary measures for misconduct. I further consent to emergency medical treatment for my student if necessary.
- I as Legal Parent/Legal Guardian DO NOT give permission for my student to travel by school transportation on school activities/trips.

### STUDENT LOCKERS

- I as Legal Parent/Legal Guardian acknowledge and understand that:
- Student lockers are the property of the Gore Public Schools District.
  - Student lockers remain at all times under the control of the Gore Public Schools District.
  - Students are expected to assume full responsibility for their assigned school locker.
  - Gore Public Schools District retains the right to inspect student lockers for any reason at any time without notice, without student consent and without a search warrant.

**STUDENT PARKING AGREEMENT**

I as Legal Parent/Legal Guardian acknowledge and understand that:

- Students are permitted to park on school premises as a matter of privilege, not of right.
- Gore Public Schools retains authority to conduct routine patrols of student parking lots and inspections of the exteriors of student vehicles on school property.
- Gore Public Schools may inspect the interior of a student's vehicle whenever a school authority has reasonable suspicion to believe illegal or unauthorized materials are contained inside the vehicle.
- Such patrols and inspections may be conducted without notice, without student consent and without a search warrant.
- Failure of access to the interior of a student's vehicle upon request of a school official may subject the student to school disciplinary action including, but not limited to, loss of school parking privileges.

**STUDENT HANDBOOK**

"Respect and Responsibility" is the theme that governs the conduct and behavior of Gore Public Schools' students.

In our GPS Handbook you will find information regarding our regulations, educational goals and objectives, curricular activities, clubs and organizations. Also, general discipline policies are listed.

By signing below you as Legal Parent/Legal Guardian are acknowledging and agreeing that your student will to abide by all GPS regulations as outlined in GPS Handbook.

All above information will be valid for the duration of my student's attendance at Gore Public Schools unless written notification is provided.

\_\_\_\_\_  
Signature of Legal Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

I agree to the following Gore Public School policies available on the District's website at [www.gorepublicschools.org](http://www.gorepublicschools.org):

- Wireless Telecommunication Devices
- Internet Acceptable Use

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_



# GORE PUBLIC SCHOOLS

## TITLE PROGRAMS COMPACT

Compacts are voluntary agreements between families and schools. Gore Public School's philosophy is that families, students and school staff should work in partnership to help each student reach his/her potential. As partners we agree to the following:

As a Student I will:

- Believe that I can learn and will learn.
- Read for at least 30 minutes five days a week.
- Come to class on time, ready to learn and with assignments completed.
- Set aside time every day to complete my homework.
- Know and follow the school and class rules.
- Follow the school's uniform dress code.
- Regularly talk to my parents and my teachers about my progress in school.
- Respect my school, classmates, staff and family.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

As a Legal Parent/Guardian of a Gore Public School student I will:

- Talk to my child regularly about the value of education.
- Communicate with the school when I have a concern.
- Monitor TV viewing and make sure that my child reads every day.
- Make sure that my child attends school every day, on time and with homework completed.
- Support the school's discipline and uniform dress code.
- Monitor my child's progress in school.
- Make every effort to attend school events, such as parent/teacher conferences and open house.
- Ensure that my child gets adequate sleep, regular medical attention and proper nutrition.
- Participate in school, home and community sponsored activities to meet my agreed upon responsibility of 40 hours a year.
- Participate in shared decision making with school staff and other families for the benefit of students.
- Respect the school, students, staff and families.

Legal Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

As a Teacher I will:

- Provide high quality curriculum and instruction.
- Communicate high expectations for every student.
- Endeavor to motivate my students to learn.
- Teach and involve students in classes that are interesting and challenging.
- Participate in professional development opportunities that improve teaching, learning and support the formation of partnerships with families and the community.
- Enforce rules equitably and involve students in creating a warm and caring learning environment in class.
- Communicate regularly with families about their child's progress in school.
- Provide assistance to families on what they can do to support their child's learning.
- Participate in shared decision making with other school staff and families for the benefit of students.
- Respect the school, students, staff and families.

Teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_

GORE PUBLIC SCHOOL  
STUDENT'S PLACE OF RESIDENCE

\_\_\_\_\_  
Name of Student

Please provide directions to the place of residence for the above student. If necessary, please draw a map showing the exact location.

Place of residence:

\_\_\_\_\_  
\_\_\_\_\_

Directions to residence:

\_\_\_\_\_  
\_\_\_\_\_

Map to residence:

Please check one of the following:

- Student resides under 1.5 miles from the school site
- Student resides over 1.5 miles from the school site

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Student Name: \_\_\_\_\_

OSIIS ID #: \_\_\_\_\_

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 redisclosure 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



**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 \_\_\_\_\_



District Name and Logo	<b>STUDENT RESIDENCY QUESTIONNAIRE</b>	School Year
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**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: \_\_\_\_\_

SCHOOL YEAR:

# HOME LANGUAGE SURVEY



## STUDENT INFORMATION

Student Name: \_\_\_\_\_ 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

Please select one or more of the following races:

- African American/Black
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Pacific Islander
- Caucasian/White

The purpose of the following questions is to help determine if a student's exposure to a language other than English may make them eligible to receive additional English Learner (EL) supports.

- 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 YES, in what language? \_\_\_\_\_
- Does the parent/guardian need translated materials? YES  NO  If YES, in what language? \_\_\_\_\_
- What was the date the student first enrolled in a school in the United States? \_\_\_\_\_  
MM/YYYY

\_\_\_\_\_ Date (MM/DD/YYYY)

\_\_\_\_\_ Parent or Guardian Signature

## SCHOOL USE ONLY

The response of a language other than English to any or all of questions #1, #2, and #3 above should prompt local review of the student's potential EL identification and assessment history in the state Accountability Reporting application. If no previous EL history is present, the student must be administered a state-approved screening tool to determine their EL status.

If this HLS will be used for the purposes of Non-EL Bilingual qualification, please indicate one of the following:

A language other than English is indicated **TWO OR MORE TIMES** in questions #1, #2, and #3 above. The student is considered "more often" and has previously demonstrated English language proficiency on the PKST\* or WIDA assessment:

Assessment Name:	<input type="text"/>	Year Assessed:	<input type="text"/>	Score:	<input type="text"/>
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A language other than English is indicated **ONE TIME** in questions #1, #2, and #3 above. The student is considered "less often" and has demonstrated English language proficiency on the PKST\* or WIDA assessment. The student's PKST\* or WIDA assessment score and additional qualifying score is noted on the attached "Less Often" Non-EL Bilingual Qualification Form.

\*A PKST score is valid only for a student's pre-K year(s). Regardless of the PKST score earned, a student administered the PKST must be administered the WIDA K Screener at the outset of kindergarten. To qualify a student as Non-EL Bilingual beyond their pre-K year, a student must either demonstrate initial proficiency on the WIDA K Screener or subsequently on the K ACCESS or ACCESS assessment.



**GORE SCHOOLS TECHNOLOGY EQUIPMENT USE AGREEMENT 2024-2025**

**GORE PUBLIC SCHOOLS**

“STRIVE TO ENGAGE AND CHALLENGE EVERY STUDENTS’ EDUCATION TODAY FOR TOMORROW”

Lower Elementary: (918)489-5638

UE/HS Campus: (918)489-5587

**GPS Technology Equipment Use Agreement**

Your student will be issued a district owned Chromebook for classroom use, if needed. Any loss or damage to a device while in your student’s care or damage caused to other school equipment by your student will be the responsibility of the student/parent. Students will not be issued replacement equipment until all costs are paid in full.

Students will not be issued replacement equipment until all costs are paid in full.

**Please complete either item 1, or 2, or 3 below and return it to the site secretary.**

1. My student has their own device and will not need a school issued device for online access.

I, \_\_\_\_\_, parent of \_\_\_\_\_,  
(Print Parent Name) (Print Student Name)

2. I agree to allow my student to be issued a Chromebook **for on and off campus use.** I agree to the terms and conditions stated in this agreement, to reimburse GPS for any loss or damage to the issued equipment, in full. This cost must be paid before a replacement can be reissued for student or staff use.

I, \_\_\_\_\_, parent of \_\_\_\_\_,  
(Print Parent Name) (Print Student Name)

3. I agree that my student may be issued a Chromebook for **on campus use only.** I understand that if the district moves to VIRTUAL or DL, I will be responsible for my students’ online learning and assignments that require an internet connected device at home.

3. I, \_\_\_\_\_, parent of \_\_\_\_\_,  
(Print Parent Name) (Print Student Name)

**I agree to abide by Gore Schools’ Technology Equipment Use Agreement.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----District Use Below this Line-----

Chromebook/charger ID: \_\_\_\_\_ Date: \_\_\_\_\_

Hot Spot/charger ID: \_\_\_\_\_ Date: \_\_\_\_\_