

SPERRY PUBLIC SCHOOLS STUDENT ENROLLMENT INFORMATION 2024-2025

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Student's Full Name (First, Middle, Last) as shown on Birth Certificate				"Goes By" Name	
Gender	DOB	Grade	Age	Student Cell Phone	

Physical Address of Student: _____

Mailing Address: (if different from above) _____

Ethnicity (Select One)	Race (Select All That Apply)	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> African American or Black	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Native American Indian/Alaskan Native	<input type="checkbox"/> Asian
	<input type="checkbox"/> White	

Parents/Legal Guardians	
NAME OF PARENT/GUARDIAN	RELATIONSHIP
EMPLOYER	WORK PHONE
EMAIL ADDRESS	CELL PHONE
NAME OF PARENT/GUARDIAN	RELATIONSHIP
EMPLOYER	WORK PHONE
EMAIL ADDRESS	CELL PHONE
NAME OF PARENT/GUARDIAN	RELATIONSHIP
EMPLOYER	WORK PHONE
EMAIL ADDRESS	CELL PHONE

Emergency and Pickup Information: In case of illness or emergency, if parents cannot be reached, who should we call? We will only release your child to those listed with 'Yes' marked under pickup rights.

Full Name of Contact	Relationship to Child	Cell Phone	Phone #2	Pickup Rights		Emergency Call Only	
				Yes	No	Yes	No

Please check Yes or No	Y	N	Please check Yes or No	Y	N
Is this student on an IEP?			Has this student qualified as gifted/talented?		
Does this student have a 504 medical plan?			Is this student in Foster Care?		

Transportation

Does the student live more than 1.5 miles from the school? Yes No

How will the student get home from school? Walk Car Rider Bus Bus # _____

Student's full name: _____

Home Language
Is a language other than English used in your home? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what other language? _____
*Due to state requirements, all new students must submit a completed "Home Language Survey."

American Indian Registration
1. Does your child have any degree of American Indian ancestry? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. If Yes, What Tribe(s)? _____ (Please complete Title VI Student Eligibility Certification Form)
3. Do you or your child have a CDIB card? Yes <input type="checkbox"/> No <input type="checkbox"/> Number: _____
4. Who Has a CDIB Card? <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Child (Please provide photocopy)

School Information
Does your student reside in the Sperry School District? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, what district? _____
What school district did the student attend previously? _____

Health Information
My child is currently taking the following prescription medications: _____
In case of serious accident/illness when parents or emergency contacts cannot be reached, do we have your permission to take your child to an appropriate medical facility? Yes <input type="checkbox"/> No <input type="checkbox"/>
Hospital Choice? _____
Has this child been issued a Medicaid number? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, the number is _____
*If you do not want your child to participate in yearly health screenings, please notify your child's school in writing within the first week of school.

Permission Requests	Yes	No
I give permission for my child to have access to the Sperry Public Schools network and to the internet.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for my child to participate in class field trips (information will be sent home prior to each trip.)	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for my child's picture to be used in school publications (website, newspaper, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

Siblings Currently Enrolled in Sperry Public Schools	
Full Name	Grade

Pursuant to the school laws of Oklahoma, Sperry Public Schools has adopted a Board Policy prohibiting the attendance of a student under suspension from another school until such time as the terms of the suspension have expired. The circumstances of an individual's suspension may be reviewed. By signing this form, I do hereby affirm that the student listed above is not currently under suspension from another school district. I also affirm that the facts stated herein are true. Any false statement subjects the above named student to immediate withdrawal.

Parent/Legal Guardian's signature: _____ Date: _____