

Tulsa Public SCHOOLS

Enrollment Form (REVISED 7-23-2010)

(please complete 1 per child)

Student's Legal Last Name	Legal First Name	Legal Middle Name
Date of Birth	Social Security Number	Student's Current Age: _____ Student's Current Grade: _____
Mother's Name (from Birth certificate)	Father's Name (from Birth certificate)	Birth Country, City, & State
Ethnicity: Is the student of Hispanic or Latino culture or origin? Yes _____ No _____		
Race: (Please Circle All that Apply) <i>White</i> <i>Black or African American</i> <i>Asian</i> <i>American Indian or Alaskan Native</i> <i>Native Hawaiian or other Pacific Islander</i>		Gender: (Please Circle One) <i>Male</i> <i>Female</i>
Student lives with: (Circle One) <i>Both parents</i> <i>Mother</i> <i>Father</i> <i>Court Guardian/DHS</i> <i>Other</i>		Exclude Directory Information? All Publications? Yes _____ Military Only? Yes _____
Does the student receive Medicaid Benefits? Yes _____ No _____		If yes, list Medicaid #
Name and Address of last school attended:		
Name: _____ Street Address: _____		
City: _____ State: _____ Zip: _____		
Has the student ever attended Tulsa Public Schools? Yes _____ No _____ Student ID#: _____		
If yes, when and where? Year _____ Grade _____ School _____		
Has the student been identified for any type of special service(s)? (Check all that apply)		
_____ Gifted/Talented _____ Special Ed (IEP) _____ English Language Learner _____ 504		

Is the student currently under suspension or assigned to an alternative placement? Yes _____ No _____

Pursuant to the School Laws of Oklahoma, a student under suspension from another school is prohibited from enrolling in Tulsa Public Schools until such time as the terms of the suspension have been met or the suspension has 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 in this enrollment form are true and that I am the parent or legal guardian of the above named student. The student resides with me and our residence is in the Tulsa Public Schools District (unless on an approved out of district transfer). I have received a copy of the District Behavior Response Plan.

(Parent or Guardian Signature)

(Date)

CONTACT INFORMATION: (legal parent/guardian)

Name of Legal Parent/Guardian #1	Home Address: Street	Home Address: City, State, Zip
Housing Addition/Apartment Name:	Mailing Address: Street	Mailing Address: City, State, Zip
Home Phone:	Cell Phone:	Work Phone:
E-mail address:	Has custody? Yes _____ No _____ Joint? _____ Sole? _____	Place of Employment:

Name of Legal Parent/Guardian #2	Home Address: Street	Home Address: City, State, Zip
Housing Addition/Apartment Name:	Mailing Address: Street	Mailing Address: City, State, Zip
Home Phone:	Cell Phone:	Work Phone:
E-mail address:	Has custody? Yes _____ No _____ Joint? _____ Sole? _____	Place of Employment:

TRANSFER INFORMATION:

Was your child approved for a transfer this school year? Yes _____ No _____
If yes, was the transfer an out of district transfer? Yes _____ No _____

AUTOMATIC E-MAIL INFORMATION FOR PARENT/GUARDIAN:

Check all automatic e-mail reports that you wish to receive:		
_____ Summary of current grades and attendance		
_____ Detailed report of attendance		
_____ Detailed report showing all assignment scores for each class		
_____ School announcements		
How often do you want these reports sent? _____ Weekly _____ Every 2 weeks _____ Monthly _____ Daily		
Spanish Report card? Please Check: Yes _____		
E-mail Address #1 for Notification:	E-mail Address #2 for Notification:	E-mail Address #3 for Notification:

EMERGENCY CONTACT INFORMATION (Please include any Daycare Facilities Allowed to Pick up):

Name #1 (First Last):	Allowed to pick up? _____ Yes _____ No	Relationship:
Home Phone:	Work Phone:	Cell Phone:

Name #2 (First Last):	Allowed to pick up? _____ Yes _____ No	Relationship:
Home Phone:	Work Phone:	Cell Phone:

Name #3 (First Last):	Allowed to pick up? _____ Yes _____ No	Relationship:
Home Phone:	Work Phone:	Cell Phone:

Name #4 (First Last):	Allowed to pick up? _____ Yes _____ No	Relationship:
Home Phone:	Work Phone:	Cell Phone:

Name #5 (First Last):	Allowed to pick up? _____ Yes _____ No	Relationship:
Home Phone:	Work Phone:	Cell Phone:

Doctor's Name:	Phone Number:
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Dentist's Name:	Phone Number:
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Hospital Preference:	Phone Number:
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Please list all known medical conditions, limitations/restrictions, allergies (food/drug/other), and any current medications: _____ _____ _____ _____

OTHER FAMILY INFORMATION – PLEASE LIST ANY OTHER SIBLINGS OR STEPCHILDREN ENROLLED IN TPS:

TPS Enrolled Family Members:

Name (First Last):	School:	Grade:
Name (First Last):	School:	Grade:
Name (First Last):	School:	Grade:
Name (First Last):	School:	Grade:

Under School Age Family Members:

Name (First Last):	Pre-School – if applicable:	Age:
Name (First Last):	Pre-School – if applicable:	Age:
Name (First Last):	Pre-School – if applicable:	Age:

CURRENT PROTECTIVE ORDERS CONCERNING THE STUDENT OR PERSONS NOT AUTHORIZED TO PICK UP (LEGAL DOCUMENTATION REQUIRED IF THIS APPLIES TO A PARENT OR GUARDIAN):

Name (First Last):	Court Order Number	Expiration Date:
Name (First Last):	Court Order Number	Expiration Date:

OFFICE USE ONLY:

_____ Proof of Residency Submitted

_____ Immunization Records Submitted

_____ Child Nutrition (Lunch) Form

_____ Video Release Form completed

_____ Acceptable Use of Internet and Computer usage Form completed

_____ ACE College Ready Curriculum Opt Out Letter (High School only)

_____ Birth Certificate Submitted

_____ Prior School Records Submitted

_____ Home Language Survey completed

_____ Vision Screening Submitted

_____ Initial Prior Participation Survey Form completed (Pre-K, KG & 1st grade only)

Bus Route # _____

Assigned Teacher _____