



DEWAR PUBLIC SCHOOLS

STUDENT ENROLLMENT FORM

School Year 2026—2027

www.dewar.k12.ok.us

To be completed by
parent or guardian. All
Information Required!!!

Date: _____

Grade Entering: _____

☐ NEW ☐ UPDATE

STUDENT INFORMATION

Student has previously attended Dewar Public Schools: ☐ Yes ☐ No

Previous School Attended: _____

School Name / City / State / Telephone

Social Security Number: _____

Transported over 1.5 miles to school: ☐ Yes ☐ No

Does your child reside in Dewar School District? If no, what district? _____

Legal Name: _____

First

Middle

Last

Nickname

Ethnicity (check only one): ☐ Hispanic/Latino

☐ Not Hispanic/Latino

Race (check all that apply): ☐ Black

☐ American Indian

☐ Asian

☐ Pacific Islander

☐ White/Caucasian

If American Indian: Tribe: _____

Roll #: _____

Student Citizenship #: _____

Lives on restricted land: ☐ Yes ☐ No

☐ Male ☐ Female

Date of Birth: _____

Month / Day / Year

Place of Birth: _____

City / State / Country

If your child was born in other country, what date did he/she first enter the country? _____

First USA Enrollment Date: _____

Physical Address: _____

Street

City

State

Zip

Mailing Address: _____

(if different)

Street / PO Box

City

State

Zip

Home Phone: (_____) _____

(land line)

Student Cell Phone: (_____) _____

(optional)

Is either parent/guardian in the military or a civilian working on government property? ☐ Yes ☐ No

Do you use a language other than English in your home (this includes Native American Indian Languages? If yes, what _____

Student Permission to use Internet ☐ Yes ☐ No Student Picture Publish on web page ☐ Yes ☐ No Student Work Publish on web page ☐ Yes ☐ No

FAMILY #1 (Primary Residence)

Parent/Guardian 1: _____

First

Middle

Last

Relationship: _____

Email Address: _____

Cell Phone: (_____) _____

Work Phone: (_____) _____

Employer: _____

Parent/Guardian 2: _____

First

Middle

Last

Relationship: _____

Email Address: _____

Cell Phone: (_____) _____

Work Phone: (_____) _____

Employer: _____

Is the custody of this child decreed by courts? If yes who has primary custody? _____

Relationship: _____

Court documents
Need to be in
Child's file.

FAMILY #2

Parent/Guardian 2: _____

First

Middle

Last

Relationship: _____

Email Address: _____

Cell Phone: (_____) _____

Work Phone: (_____) _____

Employer: _____

Parent/Guardian 2: _____

First

Middle

Last

Relationship: _____

Email Address: _____

Cell Phone: (_____) _____

Work Phone: (_____) _____

Employer: _____

EMERGENCY CONTACTS	Contact 1: _____		Relationship: _____	
	<i>First</i>	<i>Middle</i>	<i>Last</i>	
	Email Address: _____		Cell Phone: (____) _____	
	Work Phone: (____) _____		Employer: _____	
	Contact 2: _____		Relationship: _____	
	<i>First</i>	<i>Middle</i>	<i>Last</i>	
	Email Address: _____		Cell Phone: (____) _____	
	Work Phone: (____) _____		Employer: _____	

MEDICAL	Does student have any illness or disability that requires medication? ☐ Yes ☐ No	
	List any illness, disability and/or medication: _____	

	Doctor's Name: _____	Medicaid/Soonercare #: _____
	Doctor's Phone: (____) _____	Hospital of Choice: _____

As the parent/guardian of the above named student, in case I am unable to be reached during any emergency, I hereby authorize a representative of the school to act as an agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

☐ Yes ☐ No

OTHER CHILDREN	List any other children in the family:							
	<i>First</i>	<i>Middle</i>	<i>Last Name</i>	<i>Date of Birth</i>	<i>Relationship</i>	<i>Gender</i>	<i>Lives at Home</i>	<i>School Attending/Grade</i>
							☐ Yes ☐ No	
							☐ Yes ☐ No	
							☐ Yes ☐ No	
							☐ Yes ☐ No	
							☐ Yes ☐ No	

Authorized to Pick Up Child	Please list all parties authorized to pick up your child:	
	<i>First</i> <i>Middle</i> <i>Last Name</i>	<i>Relationship</i>
	_____	_____
	_____	_____
	_____	_____
	_____	_____

I/We have reviewed this document and to the best of my/our knowledge the information contained herein is true and complete. The undersigned declare under penalty of perjury that they are the parents or legal guardians of the above named student and grant the above authorizations.

Parent/Guardian Name (please print) _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Dewar Public School	STUDENT RESIDENCY QUESTIONNAIRE	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 NameDate of Birth: _____ School: _____ Student ID#: _____ Gender: Male ☐ Female ☐
MM/DD/YYYYIs 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.

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 YES, in what language? _____
5. Does the parent/guardian need translated materials? YES ☐ NO ☐ If YES, in what language? _____
6. 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:	Year Assessed:	Score:
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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.

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 MembershipThe 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 _____



DEWAR PUBLIC SCHOOLS

P.O. Box 790
Dewar, OK 74431-0790
918-652-9625



The parent/guardian is the most influential factor in a student's education. We want you, as a parent/guardian, to be involved in every aspect of the educational services students receive at school. We also want you to understand our policies and procedures, as well as recommendations as to how we can become a better school. Please remember, you can receive a login to check grades and absences from the main offices. If you ever have questions, please feel free to contact us.

I, (Parent Name), understand that the Dewar Public School handbook and policies are online at Dewar.k12.ok.us. I understand that I am responsible for reading the handbook in regards to any rules or policies of Dewar Public Schools. I also understand that I am responsible for (Students Name), understanding these rules, and their education along with the school.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

(Template)

School Year 2026-2027

Economically Disadvantaged Form

This application should be completed even if your student attends a Community Eligibility Provision or Provision School.

School: _____ Grade: _____ Student Number: _____

Student Name: _____

Please select the income range that represents the total annual gross income:

- | | | |
|---|--|---|
| ☐ Less than \$29,526 | ☐ Between \$61,050 and \$71,558 | ☐ Between \$103,082 and \$113,590 |
| ☐ Between \$29,526 and \$40,034 | ☐ Between \$71,558 and \$82,066 | ☐ Between \$113,590 and \$124,098 |
| ☐ Between \$40,034 and \$50,542 | ☐ Between \$82,066 and \$92,574 | ☐ Between \$124,098 and \$134,606 |
| ☐ Between \$50,542 and \$61,050 | ☐ Between \$92,574 and \$103,082 | ☐ Between \$134,606 and \$145,114 |

Please select the total number of people in your household:

- | | | |
|---------------------------------|---------------------------------|-----------------------------------|
| ☐ One (1) | ☐ Five (5) | ☐ Nine (9) |
| ☐ Two (2) | ☐ Six (6) | ☐ Ten (10) |
| ☐ Three (3) | ☐ Seven (7) | ☐ Eleven (11) |
| ☐ Four (4) | ☐ Eight (8) | ☐ Twelve (12) |

Signature: I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school.

Sign Here: _____ Date: _____

Print Name: _____

For Office use only:

- ☐ Qualified ☐ Not Qualified

DEWAR PUBLIC SCHOOLS ACCEPTABLE USE AND INTERNET SAFETY POLICY

The Board of Education of Dewar Public Schools recognizes that an effective public education system develops students who are globally aware, civically engaged, and capable of managing their lives and careers. The Board also believes that students need to be proficient users of information, media, and technology to succeed in a digital world.

Therefore, Dewar Public Schools will use electronic resources as a powerful and compelling means for students to learn core subjects and applied skills in relevant and rigorous ways. It is the district's goal to provide students with rich and ample opportunities to use technology for important purposes in schools just as individuals in workplaces and other real-life settings. The district's technology will enable educators and students to communicate, learn, share, collaborate and create, to think and solve problems, to manage their work, and to take ownership of their lives.

The Board directs the Superintendent to create strong electronic educational systems that support innovative teaching and learning, to provide appropriate staff development opportunities and to develop procedures to support this policy.

Acceptable Use and Internet Safety

These procedures are written to promote positive and effective digital citizenship among students and staff. Digital citizenship represents more than technology literacy: successful, technologically fluent digital citizens live safely and civilly in an increasingly digital world. They recognize that information posted on the Internet is public and permanent and can have a long-term impact on an individual's life and career. Expectations for student and staff behavior online are no different than face-to-face interactions.

I. Network

The district network includes wired and wireless computers and peripheral equipment, files and storage, e-mail and Internet content (blogs, web sites, web mail, groups, wikis, etc.). The district reserves the right to prioritize the use of, and access to, the network.

All use of the network must support education and research and be consistent with the mission of the district.

Acceptable network use by district students and staff includes:

- Creation of files, projects, videos, web pages and podcasts using network resources in support of educational research;
- Participation in blogs, wikis, bulletin boards, social networking sites and groups and the creation of content for podcasts, e-mail and web pages that support educational research;
- With parental permission, the online publication of original educational material, curriculum related materials and student work. Sources outside the classroom or school must be cited appropriately;
- Staff use of the network for incidental personal use in accordance with all district policies and guidelines;
- Connection of staff personal computers to the district network after checking with the technology director to confirm that the computer is equipped with up-to-date virus software, compatible network card and is configured properly. Connection of any personal electronic device is subject to all guidelines in this document.

Unacceptable network use by district students and staff includes but is not limited to:

III. Copyright

Downloading, copying, duplicating and distributing software, music, sound files, movies, images or other copyrighted materials without the specific written permission of the copyright owner is generally prohibited. However, the duplication and distribution of materials for educational purposes are permitted when such duplication and distribution fall within the Fair Use Doctrine of the United States Copyright Law (Title 17, USC) and content is cited appropriately.

All student work is copyrighted. Permission to publish any student work requires permission from the parent or guardian.

IV. Network Security and Privacy

Network Security

Passwords are the first level of security for a user account. System logins and accounts are to be used only by the authorized owner of the account, for authorized district purposes. Students and staff are responsible for all activity on their account and must not share their account password.

These procedures are designed to safeguard network user accounts:

- Change passwords according to district policy;
- Do not use another user's account;
- Do not insert passwords into e-mail or other communications;
- If you write down your account password, keep it out of sight;
- Do not store passwords in a file without encryption;
- Do not use the "remember password" feature of Internet browsers; and
- Lock the screen, or log off, if leaving the computer.

Student Data is Confidential

District staff must maintain the confidentiality of student data in accordance with the Family Education Rights and Privacy Act (FERPA).

No Expectation of Privacy

The district provides the network system, e-mail and Internet access as a tool for education and research in support of the district's mission. The district reserves the right to monitor, inspect, copy, review and store, without prior notice, information about the content and usage of:

- The network;
- User files and disk space utilization;
- User applications and bandwidth utilization;
- User document files, folders and electronic communications;
- E-mail;
- Internet access; and
- Any and all information transmitted or received in connection with network and e-mail use.

No student or staff user should have any expectation of privacy when using the district's network. The district reserves the right to disclose any electronic message to law enforcement officials or third parties as appropriate. All documents are subject to the public records disclosure laws of the State of Oklahoma.

ACCEPTABLE USE AND INTERNET SAFETY AGREEMENT

I have read, understand and agree to abide by the terms of the foregoing Acceptable Use and Internet Safety Policy. Should I commit any violation or in any way misuse my access to the District's computer network and the Internet, I understand and agree that my access privilege may be revoked and school disciplinary and/or appropriate legal action may be taken against me.

Student's Name (please print)

Student's Grade Level

Student's Signature

Date

PHOTO / INFORMATION RELEASE

Public accessibility and privacy practices make it necessary for schools to request permission to publish information about students through global, electronic communication systems such as the Internet. We will not release any personally identifiable information to the Internet without prior written consent from the parent/guardian.

This consent form is a request of permission to publish student's personally identifiable information on the Dewar Public Schools website and/or external news media websites/publications. If you wish to rescind this agreement, you may do so at any time by sending a letter to the principal of student's school. Such rescission will take effect upon receipt of the letter.

Yes or No

☐☐

I grant Dewar Public Schools the right to allow my child's name to be published on the Dewar Public Schools website/Intranet Web pages.

☐☐

I grant Dewar Public Schools the right to use and/or reproduce photographs, likenesses or the voice of my child in any legal manner and for the internal or external promotional and informational activities of Dewar Public Schools.

☐☐

I grant Dewar Public Schools the right to allow my child's work to be published on the Dewar Public Schools website/Intranet Web pages.

☐☐

I grant Dewar Public Schools the right to allow my child to be interviewed and/or photographed by representatives of the external news media in relation to any and all coverage of Dewar Public Schools in which he/she is involved.

Parent or Guardian: (If applicant is under 18 years of age, a parent or guardian must also read and sign this agreement.) As the parent or legal guardian of the above student, I have read, understand and agree that my child or ward shall comply with the terms of the District's Acceptable Use and Internet Safety Policy for the student's access to the District's computer network and the Internet. I understand that access is being provided to the students for educational purposes only. I understand that it is impossible for the District to restrict access to all offensive and controversial materials and understand my child's or ward's responsibility for abiding by the Policy. I am therefore signing this Agreement and agree to indemnify and hold harmless the School, the School District and the Internet provider against all claims, damages, losses and costs, of whatever kind, that may result from my child's or ward's use of his or her access to such networks or his or her violation of the foregoing Policy. Further, I hereby give permission for my child or ward to use the District's computer network and the Internet.

2025-2026 Application for Free and Reduced-Price School Meals Complete one application per household. Please use a pen (not a pencil). Apply online at

STEP 1 List ALL household members who are infants, children, and students, up to and including Grade 12 (if more spaces are required for additional names, attach another sheet of paper).

Definition of Household Member—Anyone who is living with you and shares income and expenses, even if not related.	Child's First Name	M I	Child's Last Name	School Name	Grade	Birth Date	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
Children in foster care and children who meet the definition of homeless, migrant, or runaway are eligible for free meals. Read <i>How to Apply for Free and Reduced-Price School Meals</i> for more information.							☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐
							☐	☐	☐

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If No, go to STEP 3. If Yes, write a case number here, then go to STEP 4. (Do not complete STEP 3.)

Case Number: Write only one case number in this space.

STEP 3 Report income for ALL household members (Skip this step if you answered YES to STEP 2)

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children in the household listed in STEP 1 here.

Child Income
\$

B. All Adult Household Members (Including Yourself)

List all household members not listed in STEP 1 (including yourself), even if they do not receive income. For each household member listed, if he/she does receive income, report gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write 0. If you enter 0 or leave any fields blank, you are certifying (promising) that there is no income to report.

Names of Adult Household Members (First and Last)	Earnings From Work			How Often			Public Assistance/Child Support/Alimony			How Often			Pensions/Retirement/All Other Income			How Often		
	Weekly	Bi-weekly	Monthly	Weekly	Bi-weekly	Monthly	Weekly	Bi-weekly	Monthly	Weekly	Bi-weekly	Monthly	Weekly	Bi-weekly	Monthly			
	\$				☐	☐					☐	☐			☐			
	\$				☐	☐					☐	☐			☐			
	\$				☐	☐					☐	☐			☐			
	\$				☐	☐					☐	☐			☐			
	\$				☐	☐					☐	☐			☐			

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

STEP 4: Contact information and adult signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under applicable state and federal laws.

Street Address (if available) City State Zip Code Daytime Phone and E-Mail (Optional)

Printed Name of Adult Signing the Form Signature of Adult Completing the Form Today's Date