

**2026-2027 MIDDLEBERG SCHOOL
PK-8 ENROLLMENT FORM**

Student's Legal Name: _____ **Home Phone:** () _____
Last Name First Middle

Name Child goes by if different than above: _____ **DOB:** ____/____/____ **Age:** ____

Gender: M or F Grade: ____ Social Security No. ____-____-____ **School district residing in:** _____
MM DD YY

Place of birth: _____ **School last attended:** _____
City State

Race: Hispanic/Latino-01 African American-02 American Indian-03 Asian-04 White/Caucasian-05 Pacific Islander-06

Student Lives with: Both Parents Mother Father Guardian/Relative If other, specify & provide custodial documentation: _____

Resident Address: _____
Street City State Zip

Mailing Address (if different from above): _____

Parent/Guardian – Contact#1: (Living with student)
Name _____ **Relationship** _____ **Pick-up?** _____
Y / N

Employer _____ **Work Phone** _____ **Cell Phone** _____

Parent/Guardian – Contact #2: (Living with student)
Name _____ **Relationship** _____ **Pick-up?** _____
Y / N

Employer _____ **Work Phone** _____ **Cell Phone** _____

Emergency Contacts: (In the event that we are unable to locate the parent/guardian, who should we call?)

Name	Relationship	Home Phone	Cell Phone	Pick-up?
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N

Transportations after school: How will your child regularly get home? (Circle one)

Pick-up / Bus Rider

Picked up By: _____

List Brothers/Sisters that attend Middleberg School:

Name	Grade
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YES / NO Do you live more than 1.5 miles from Middleberg School? _____

YES / NO Has your child been identified as gifted/talented? _____

YES / NO Does your child require special education service or currently on an IEP? _____

YES / NO Has your child had speech therapy? Does your child have sooner care/blue card? **YES / NO**

YES / NO Legal guardian member of United States Reserves? **YES / NO** Legal guardian member of National Guard?

YES / NO Legal Guardian member of United States Armed Forces? **YES / NO** Does your child have any allergies?
(If yes, please fill out an allergy form)

YES / NO Currently taking medications? _____

YES / NO Is student of Indian Descent? Does the student have an Indian card? **YES / NO**

If yes to both questions, please fill out the Title VII Eligibility form.

YES / NO Is there another language spoken in the family? If yes, please fill out a Home Language Survey form.

Please list any additional information regarding your child's health, physical condition, special considerations or circumstances:

PARENT SIGNATURE: _____

DATE: _____

Attendance Policy

Students may not have more than **8** absences per semester. Any student who accumulates 10 or more absences in any one semester will be subject to not receiving credit for the semester.

Media Publication Release

Throughout the 2026-27 school year, there will be times when we wish to recognize student achievement through various means of publication (internet, newspaper, etc.) Please indicate your choice of allowing release of student photographs.

I DO/DO NOT give permission for a student photograph to be used as described above.

(circle one)

School Communication

Our school uses a text and phone call system to communicate with parents. This is how we provide information regarding school closings, event announcements, athletics updates and messages from teachers. Please provide the following information so that you will receive communication from Middleberg Public School:

Student's Name: _____

Parent Contact 1 Name: _____

Parent Contact 1 Phone Number: _____

Parent Contact 2 Name: _____

Parent Contact 2 Phone Number: _____

Teacherease:

Please set up an account to log into Teacherease to check your child's grades, provide an email address below. You can download the Teacherease App in the app store or log in online. You will be sent a welcome email to set up your account.

Your email

Authorization for Medical Care of a Minor

I, _____, parent/guardian of _____
(Print Parent Name) (Print Student Name)

authorize Middleberg Schools

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 advise of a physician, surgeon, or dentist licensed under the laws of the State of Oklahoma.

IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situation where the above named minor requires immediate medical or hospital care it may not be possible to contact me. And that in such situation 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 upon each and the risks attendant to foregoing all treatment: in such situations, I authorize a physician, surgeon, or dentist to exercise his/her professional judgment and assess the risks incident to and choose the necessary treatment from any available alternative and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor.

Emergency Contact Name

Emergency Telephone #

Address

City

State

Zip

Treatment Information:

Minor's Birthdate: _____

Doctor Name/Telephone Number: _____

Allergies: _____

Medicine Minor is currently taking: _____

Date of Last Tetanus Shot: _____ Immunization up to date? Yes / No

Medical History: _____

Emergency/Hospital Preference if circumstances allow:

By signing below, I am acknowledging that I have read and understand the statement above and am giving Middleberg School consent for medical treatment.

Parent and/or Guardian Signature

Date

Technology Consent Form

I understand and will abide by the terms and conditions for use and access to the internet and school computers as stated in the Acceptable Use Policy of the Middleberg Board Policy and the Middleberg Student Handbook. All computer labs, hardware, data base systems, software, and the like provided by Middleberg Public School are included as part of this acknowledgment. I further verify that I have read the policy in its entirety and will abide by, and adhere to those policies set forth by Middleberg Public School regarding use of computer assisted learning. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary, and/or appropriate legal action may be taken.

User
signature _____ Date _____

Parent or Guardian (If the student is under the age of 18, a parent or guardian must also read and sign this agreement.) As the parent or guardian of the student listed above, I have read the terms and conditions for internet access and all use of computers and computer systems including computer labs, hardware, data base systems, software, and the like provided by Middleberg Public School. I understand that this access is designed for educational purposes and that Middleberg Public School has taken precautions to eliminate controversial material. However, I also recognize it is impossible to restrict access to all controversial material and I will not hold Middleberg Public School responsible for materials acquired on the network. Further, I accept full responsibility for supervision if, and when my child's use is not in a school setting. I hereby give my permission to grant access for my child and certify that the information contained on this form is correct.

Parent or Guardian (Please Print) _____

Parent or Guardian Signature _____ Date _____

From time to time students may be able to check out Middleberg hardware and software including laptops to take home to use. Damage or loss of these items will be the responsibility of the student and ultimately the parent. Restitution must be made. Due to the extreme cost of these items, please sign the permission slip below to allow the student to check out these materials. If you do not wish to allow your student to check out these items, please indicate. Signing to allow the use of these items by a student also indicates your acceptance of the responsibility to pay for the item should it be lost or damaged.

____ YES, Please allow my student to check out all available technological hardware and software.

____ YES, Please allow my student to check out all available hardware and software except laptops.

____ NO, Please do NOT allow my student to check out any technological hardware or software.

Parent Signature

Date

Student Signature _____

PARENT OR GUARDIAN

I have been made aware and have access to the student handbook at:
www.middleberg.k12.ok.us
Copy available upon request.

Name (Please print) _____

Signature _____

Date _____

Allergic Reaction Plan

Student _____

Date of Plan _____

This student has allergic reaction to:

Symptoms _____

What will the teacher notice if this student is having a reaction?

Location of medication _____

Contacts:

Parents / Guardian _____

Phone number _____ other numbers _____

Emergency contacts _____ number _____

PLAN:

Parents signature _____

Authorization for Medical Care of a Minor

I, _____, parent/guardian of _____
(Print Parent Name) (Print Student Name)

authorize Middleberg Schools

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 advise of a physician, surgeon, or dentist licensed under the laws of the State of Oklahoma.

IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situation where the above named minor requires immediate medical or hospital care it may not be possible to contact me. And that in such situation 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 upon each and the risks attendant to foregoing all treatment: in such situations, I authorize a physician, surgeon, or dentist to exercise his/her professional judgment and assess the risks incident to and choose the necessary treatment from any available alternative and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor.

Emergency Contact Name Emergency Telephone #

Address

City State Zip

Treatment Information:

Minor's Birthdate: _____

Doctor Name/Telephone Number: _____

Allergies: _____

Medicine Minor is currently taking: _____

Date of Last Tetanus Shot: _____ Immunization up to date? Yes / No

Medical History: _____

Emergency/Hospital Preference if circumstances allow:

By signing below, I am acknowledging that I have read and understand the statement above and am giving Middleberg School consent for medical treatment.

Parent and/or Guardian Signature Date

**BIOLOGICAL SEX AT BIRTH AFFIDAVIT
FOR STUDENTS UNDER THE AGE OF 18**

In accordance with 70 Okla. Stat. §27-106, prior to the beginning of each school year the parent or legal guardian of a student under the age of 18 competing on a school athletic team is required to sign an affidavit acknowledging the biological sex of the student at birth. By signing this affidavit the parent or legal guardian is affirming the biological sex of the child at birth in compliance with State Statute. If the student is 18 years of age or older, the student who competes on a school athletic team shall sign an affidavit acknowledging his or her biological sex at birth.

STATE OF OKLAHOMA

§
§
§

COUNTY OF _____

I, _____, the undersigned person, being first duly sworn, on oath, state that I am the parent or legal guardian of _____ who is enrolled as a student at _____ School, and who intends to compete on a school athletic team during the upcoming school year. I acknowledge that _____ was the biological sex of the student at birth.

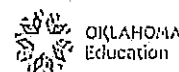
I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Date and Place

Signature

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.

AÑO ESCOLAR: ENCUESTA DE IDIOMAS HABLADO EN EL HOGAR



DATOS DEL ALUMNO

Nombre del alumno: Grado:
 Apellido(s) Nombre Segundo Nombre

Fecha de nacimiento: Escuela: No. de carnet estudiantil: Genero: Masculino ☐ Femenino ☐
 MM/DD/AAAA

¿Es el alumno de cultura u origen hispano o latino? SI ☐ NO ☐

Seleccione una o más de las siguientes razas:

- ☐ afroamericana/negra ☐ amerindia o nativa de Alaska ☐ asiática
☐ Hawaiana o isleña del Pacífico ☐ caucásica/blanca

Las preguntas siguientes nos ayudan a determinar si exposición del estudiante a idiomas fuera del inglés podría hacerlos elegibles para recibir recursos adicionales de English Learners (Aprendiz de Inglés).

- ¿Cuál es el idioma predominante que con mayor frecuencia habla el alumno?
- ¿Cuál es el idioma que normalmente se habla en el hogar, independientemente del idioma que habla el alumno?
- ¿Cuál fue el idioma que el alumno aprendió por primera vez?
- ¿Requiere el padre/tutor servicios de interpretación? SI ☐ NO ☐ En su caso, ¿para qué idioma?
- ¿Requiere el padre/tutor materiales traducidos? SI ☐ NO ☐ En su caso, ¿para qué idioma?
- ¿En qué fecha se inscribió el alumno por primera vez en una escuela en Estados Unidos?
MM/AAAA

FECHA (MM/DD/AAAA)

Firma del padre/tutor

SOLO PARA USO ESCOLAR

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.

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U.S. Department of Education
Office of Indian Education
Washington, DC 20202

TITLE VI ED 506 INDIAN STUDENT ELIGIBILITY CERTIFICATION FORM

Parent/Guardian: This form serves as the official record of the eligibility determination for each individual child included in the student count. You are not required to complete or submit this form. However, if you choose not to submit a form, your child cannot be counted for funding under the program. This form should be kept on file 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 _____
(As shown on school enrollment records)

Name of School _____

TRIBAL ENROLLMENT

Name of the individual with tribal enrollment: _____
(Individual named must be a descendent in the first or second generation)

The individual with tribal membership is the: _____ Child _____ Child's Parent _____ Child's Grandparent

Name of tribe or band for which individual above claims membership: _____

The Tribe or Band is (select only one):

- ☐ Federally Recognized
☐ State Recognized
☐ Terminated Tribe (Documentation required. Must attach to form)
☐ 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. (Documentation required. Must attach to form)

Proof of enrollment in tribe or band listed above, as defined by tribe or band is:

A. Membership or enrollment number (if readily available) _____ OR

B. Other Evidence of Membership in the tribe listed above (describe and attach) _____

Name and address of tribe or band maintaining enrollment data for the individual listed above:

Name _____ Address _____

City _____ State _____ Zip Code _____

ATTESTATION STATEMENT

I verify that the information provided above is accurate.

Name Parent/Guardian _____ Signature _____

Address _____ City _____ State _____ Zip Code _____

Email Address _____ Date _____

Middleberg Public Schools Student Enrollment Questionnaire

Student Name:	Today's Date:
Date of Birth:	Grade:
	School:

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

Where are you and your family currently living? Please check one of the boxes below.

Section A

☐ Rent/own my own home or apartment

STOP: If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your own home or apartment, please continue to the next section.

Section B

- ☐ Temporarily with another family member or friend until we can locate affordable housing
- ☐ In an emergency or transitional shelter
- ☐ In a vehicle, park, campground, or on the streets
- ☐ In a house, building, or trailer WITHOUT running water or electricity
- ☐ In a hotel or motel
- ☐ With an adult that is not a parent or legal guardian
- ☐ Alone or in different locations, without an adult serving as a caregiver
- ☐ Wherever I can find a place to stay at night
- ☐ Other Please Explain:

If you checked a box in section B, in the space below please list all children currently living with you who attend "name" Public Schools.

First and Last Name of Student	Male or Female	Date of Birth	Grade	School Name

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child? ☐ YES ☐ NO

The undersigned certifies that the information provided is correct and accurate.

(Print) Parent/Guardian or Adult Caring for the Student: _____

Relationship to the Student: _____ Signature: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number: _____ Email Address: _____