Keys Elementary School

19061 East 840 Road
Park Hill, Oklahoma 74451
Phone (918) 456-4501 Fax (918) 456-7559

DOCUMENTS REQUIRED TO ENROLL
2026-27 School Year

Verification of Residency:

- ☐ **Verification from the Cherokee County Assessor's Office**-918-456-3201. Give them your address and have them send verification to rrice@kpscougars.org.
- ☐ **Current utility bill for your address**.
- ☐ If you are **not** the homeowner, you will need to provide a lease agreement or have the homeowner complete a shared residency affidavit (forms available in the office).
- ☐ If you do **not** live in Keys School District and you want to apply for a transfer, you will need to go to: https://sde.ok.gov/student-transfers Click on: Student Transfer Online Application.
- ☐ **Shot/Immunization Record**—all series must be complete or up-to-date
- ☐ **Social Security Card**
- ☐ **Birth Certificate**
- ☐ **CDIB/Tribal Membership Card** (if applicable)
- ☐ **Proof of Custody** (if applicable)
- ☐ **Completed Keys Enrollment Packet-**All forms must be complete and signed by a parent/legal guardian. *If a form does not apply, please write "Does Not Apply" and sign the form. Your student will not be placed in classes or given a schedule until they have returned a COMPLETED ENROLLMENT PACKET.*

Students must enroll using their legal name. Using a name other than the one shown on Birth Certificate requires legal documentation of name change.

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Student Contact Information:

Student grade for the 26-27 school year: _____

Social Security #_____

Student legal name: _____

(First) (Middle) (Last)

Gender (circle): Male Female

Date of birth: _____

Place of birth: _____

Race: (Circle) White/Caucasian American Indian Asian Black Pacific Islander

Hispanic: (Circle) Yes No

If American Indian, please list tribe: _____ Tribal membership # _____

Student physical address: _____

Is this property exempt, on restricted Indian land, Indian trust land or a Cherokee Tribal Housing Authority house or property? Yes No

Parent Contact Information:

Parent/Guardian: _____

Address: _____

Phone: _____

Email Address: _____

Employer: _____

Resides in home with student: (circle) Yes No

Parent/Guardian: _____

Address: _____

Phone: _____

Email Address: _____

Employer: _____

Resides in home with student: (circle) Yes No

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Additional Emergency Contacts:

Name: _____

Relationship to student: _____

Phone: _____

Name: _____

Relationship to student: _____

Phone: _____

Name: _____

Relationship to student: _____

Phone: _____

Previous Enrollment:

Last school student attended: _____

Address of previous school: _____

Phone number of previous school: _____

Was student enrolled in Special Education classes? _____

Has student ever been retained? _____ If yes, what grade? _____

Was student suspended from school last year for any reason? _____

If yes, please explain why: _____

_____

_____

Parent Signature **Date**

Keys Public Schools-District I-006

VERIFICATION OF RESIDENCE

House Bill 557, effective July 1, 1997, implements a $500 penalty for those providing false residence information to schools.

Please Print:

Student's Name: _____

Parent/Guardian:_____

Physical Address: _____

Mailing Address _____

City/State/Zip_____

Telephone Number(s): Home #_____ Work #_____

****THE LAW REQUIRES THAT YOU PROVIDE A COPY OF 2 DOCUMENTS, <u>ONE FROM EACH SECTION</u>, LISTED BELOW:**

I. ____Filed Homestead Exemption Form or
____Statement from the Cherokee County Assessor's office listing residence and school district.

II. ____Current utility bill (gas, water or electric)
____Home/Apartment lease agreement

I HEARBY VERIFY THAT MY CHILD RESIDES WITH ME AT THE ABOVE ADDRESS. I UNDERSTAND THAT UNDER THE LAW, I AM TO IMMEDIATELY NOTIFY THE SCHOOL OFFICIALS WHERE MY CHILD ATTENDS SCHOOL, IF THERE IS A CHANGE IN THE ABOVE ADDRESS/RESIDENCE, EITHER WITHIN OR OUTSIDE THE SCHOOL DISTRICT.

_____ _____

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

Will Student ride a bus? (please circle) YES NO

Approximately how many miles do you live from the school? _____

Please give directions to your home: _____

_____

_____

_____

	STUDENT RESIDENCY QUESTIONNAIRE	School Year: 2026-27

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: _____

Keys Public Schools

Internet Usage / Website / Newspaper and Press / Permission to Transport Form

The information below will remain in effect until your student graduates from Keys High School unless you come into the Principal's office and make changes.

Please review and check your preferences on the 4 items below: (1) Internet Use; (2) Website images of your child and/or work shown on our website; (3) Newspaper / Press; (4) Permission to transport your child.

Internet Usage

☐ **YES, I DO** want my child to have access to the internet at school. (If yes, complete information below)

I, _____ (Students Name), understand and will abide by the Terms and Conditions for Internet access. I further understand that any violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary and/or appropriate legal action may be taken. As the parent or guardian of the student, I have read all the Terms and Conditions for Internet access. I understand that this access is designed for educational purposes. However, I also recognize that it is impossible for Keys Public School District and/or the Oklahoma State Department of Education to restrict access to all controversial materials and I will NOT hold the Keys Public School District or the Oklahoma State Department of Education responsible for materials acquired on the network. By signing the form, I, the parent or guardian, hereby give my permission to grant Internet access for my child at school.

☐ **NO, I DO NOT** want my child to use the Internet at school.

Website

☐ **YES, I WILL ALLOW** images and/or work of my child on the school or class website

☐ **NO, I WILL NOT ALLOW** images and/or work of my child on the school or class website

Each school's website is a growing part of the school experience and a good way to show parents some of the many great things that take place at school. In addition, it offers an opportunity to praise, reward, and spotlight students for their accomplishments, thus enhancing their self-esteem.

Newspaper / Press

☐ **YES, I WILL ALLOW** my child's name and/or images to be shown in the local newspaper and/or other press related publications

☐ **NO, I WILL NOT ALLOW** my child's name and/or images to be shown in the local newspaper and/or other press related publications

Permission to Transport

There may be occasions during the upcoming school year when it will be necessary to transport students during the school day (testing, presentations, field trips, competitions, medical reasons, discipline reasons, etc.). Transporting students will be on Keys Public School buses driven by certified drivers or by school officials in school or private vehicles.

☐ **YES, I WILL ALLOW** my child to be transported by Keys Public Schools.

☐ **NO, I WILL NOT ALLOW** my child to be transported by Keys Public Schools.

Parent or Guardian (print): _____

Parent's Signature: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Student's Name (print): _____

Student's Signature: _____

SCHOOL YEAR: ☐ **HOME LANGUAGE SURVEY**

OKLAHOMA Education

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.

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:**	

☐ 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.

OMB Control No. 1810-0021 (Exp. 06/30/2026)

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 _____

For Parent/Guardians:

Definitions:
Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

Parental Authorization to Administer Medication

Without this information and parent signature, no child will receive treatment for any illness or injury at school.

I am the parent with legal custody or the legal guardian of _____enrolled in the _____ grade. I hereby give my consent and authorize the school nurse or designated substitute to administer a non-prescription medication in the event my child is injured or becomes ill at school.

OVER THE COUNTER MEDICATIONS AVAILABLE IN THE NURSE'S OFFICE-PLEASE CHECK THE MEDICATIONS YOU WISH TO BE GIVEN TO YOUR CHILD.

___ Acetaminophen 160 mg, 325 mg, 500 mg, as recommended for age
___ Upset stomach relief (tums or pepto)
___ Cough Drops
___ Saline Eye Drops
___ Hydrocortisone Cream for rashes
___ Diphenhydramine Cream for poison ivy, oak or stings
___ Ibuprofen as recommended for age
___ Sunscreen

Yes_____ No_____ Administer a filled prescription medication, which I am supplying you, in accordance with written instructions of the physician prescribing the medication, which is listed on the label.

Yes_____No_____CALL ME before NON-PRESCIPTION medication is given. (IF YOU CHECK YES, you must list numbers you can be reached at during the day.) Failing to do so will result in no treatment for your child.

ANY KNOWN MEDICAL CONDITIONS OR ALLERGIES:

_____

ALL MEDICATIONS MUST BE KEPT IN NURSE'S OFFICE

All over the counter medications brought to school must be in their **ORIGINAL CONTAINERS**.
All prescription medication must have a label bearing the students name, name of the drug, and how to administer the medication properly. ALL OF THIS INFORMATION IS ON THE PRESCRIPTION LABEL.

I UNDERSTAND AND UNDER STATE LAW, THE BOARD OF EDUCATION, THE SCHOOL DISTRICT, OR EMPLOYEES OF THE DISTRICT SHALL NOT BE LIABLE TO THE STUDENT OR THE STUDENTS' PARENT OR GUARDIAN FOR PERSONAL INJURIES TO THE STUDENT WHICH RESULTS FROM SCHOOL EMPLOYEES ADMINISTERING THE MEDICATION I HAVE HEREBY AUTHORIZED.

Dated this ____ Day of _____, 20_____

_____ _____
Parent with Legal Custody or Guardian Child's date of birth

EMERGENCY PHONE NUMBERS:_____(Relationship) _____

_____(Relationship)_____

I agree to let Keys Public School access the OSIIS system to get copies of my child's shot records.
_____ Yes, I give consent _____No, I do not give consent