



Soper Public School
903 St. Louis
Soper, OK 74759
Ph: 580-345-2211



Thank you for your interest in Soper Public Schools.

We are excited to welcome you and your student. This checklist is provided to help ensure all required enrollment documents are submitted so your child's registration can be processed as quickly as possible.

Enrollment Checklist

Have you previously attended Soper School?

If yes, when? _____

Required Enrollment Documents (Checklist)

- ☐ Enrollment packet completed
- ☐ Social Security Card
- ☐ Birth Certificate
- ☐ Tribal Membership Card and/or CDIB
- ☐ Updated Shot Record
- ☐ Proof of Residency (utility bill, driver's license, etc.)

Office Use Only

- ☐ All required enrollment documents have been received and verified

Received by (Staff Name): _____

Signature: _____ Date: _____



2026 - 2027
Student Registration Form
(Please print legibly)

First Name

Middle Name

Last Name

Gender: ☐ Male ☐ Female **Age:** ----- **Race:** ----- **Birthdate:** -----

Street Address

Mailing Address (if different)

Mother's Name

Mother's Phone Number

Email Address for form of contact

Father's Name

Father's Phone Number

With whom does the child live? ----- **Relationship:** -----

Name of last school attended -----

City & State of last school -----

Grade of Student ----- **Teacher:** -----



2026 - 2027
Student Registration Form
(Please print legibly)

List 3 people whom we may contact in case of an emergency and who are authorized to pick up the student if we can't contact you.

Name Phone Relationship

Name Phone Relationship

Name Phone Relationship

Does your child live in the Soper School boundaries? ☐ yes ☐ no

Will your child ride the bus? ☐ yes ☐ no

List all other children living in the household

Name _____ DOB _____ Grade _____

Name _____ DOB _____ Grade _____

Name _____ DOB _____ Grade _____

Name _____ DOB _____ Grade _____



2026 - 2027
Student Registration Form
(Please print legibly)

I/we, the undersigned parent(s)/guardian(s), give permission for my/our child to attend all school-sponsored field trips during the 2026-2027 school year at Soper Public Schools. I/we understand that these trips are part of the school's educational program, will be supervised by school personnel, and that my/our child is expected to follow all school rules and guidelines while participating. I/we acknowledge that I/we will be informed of upcoming trips and any specific details as needed.

 **Parent/Guardian Initials:** _____

I/we, the undersigned parent(s)/guardian(s), grant permission for my/our child to **(please initial each option):**

-  ___ be photographed, filmed, or have their image used by Soper Public Schools for educational or promotional purposes;
-  ___ have their schoolwork or achievements displayed or published;
-  ___ access the internet for educational activities under school supervision.

I/we understand that all reasonable precautions will be taken to ensure student safety and privacy, and that these permissions may be revoked in writing at any time.

I certify that all information provided in this enrollment packet is accurate and complete.

 **Parent/Guardian Signature:** _____



Medical Discourses
Authorization to Administer Medication
OSIIS Authorization

Asthma diagnosed by a physician? ☐ Yes ☐ No
If yes, does the student require an inhaler? ☐ Yes ☐ No Location ☐ Student ☐ Office
Allergies to food, medication, insects, etc.? ☐ Yes ☐ No
If yes, list allergies and required care: _____
EpiPen required? ☐ Yes ☐ No Location: ☐ Student ☐ Office
Diabetes? ☐ Yes ☐ No (Care plan required if yes)
Other medical conditions: _____
Does the student wear glasses or contacts? ☐ Yes ☐ No

Medication Authorization (Complete ONLY if medication is required)

Medication Name: _____ Dosage: _____ Time(s) to
be given: _____ Route: _____

I request and authorize Soper Public Schools to administer the above medication in accordance with Oklahoma law (Title 70). I understand the medication must be provided by the parent/guardian and in the original packaging, properly labeled.

I further authorize the Oklahoma State Immunization Information System (OSIS) to release my child's immunization records to Soper Public Schools for enrollment and compliance purposes.

By signing below, I certify that the medical information provided for my child is accurate and complete to the best of my knowledge. I authorize Soper Public Schools to use this information for the health and safety of my child while enrolled. I understand that this authorization remains in effect while my child is enrolled at Soper Public Schools unless revoked in writing.



Parent/Guardian Signature: _____



2026 - 2027
SCHOOL - PARENT COMPACT

This compact applies to all elementary, middle school, and high school students and is reviewed annually.

STUDENT RESPONSIBILITIES

As a STUDENT, I will:

- Believe that I can learn and will learn;
- Come to class on time, prepared, and with required materials;
- Complete assignments on time and to the best of my ability;
- Produce quality work that meets class standards;
- Allow the teacher to teach and others to learn;
- Keep my hands, feet, objects, and negative comments to myself;
- Follow school rules, dress code, and discipline policies; and
- Respect my school, classmates, staff, family, and property.

 **Student Signature:** _____ **Date:** _____

PARENT / GUARDIAN RESPONSIBILITIES

As a PARENT/GUARDIAN, I will:

- Talk regularly with my child about the value of education.
- Ensure my child attends school daily, on time, and prepared;
- Expect homework to be completed independently and returned on time.
- Monitor academic progress and behavior;
- Support school discipline, dress code, and academic policies;
- Encourage positive behavior and help resolve concerns.
- Ensure my child receives adequate rest, nutrition, and medical care;
- Attend conferences and school events when possible; and
- **MAINTAIN ACCURATE CONTACT INFORMATION WITH THE SCHOOL.**

 **Parent Signature:** _____ **Date:** _____

SCHOOL / ADMINISTRATION RESPONSIBILITIES

As the SCHOOL, we will:

- Maintain a safe, organized, and respectful learning environment;
- Communicate high expectations for all students;
- Provide instruction and support appropriate to student development;
- Monitor student progress and communicate regularly with families;
- Enforce school rules and policies fairly and consistently;
- Promote collaboration among staff, families, and students; and
- Support high-quality instruction and student achievement.

 **Admin Signature:** _____ **Date:** _____



Soper Public School

STUDENT RESIDENCY QUESTIONNAIRE

School Year 2026-2027

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: _____

2026-2027 Soper Public School

Title I Needs Assessment Survey

1. Please read the list below and check all of those you consider **most** important.

Check all that apply.

- ☐ Reduced class size
- ☐ Small group instruction
- ☐ Remediation programs
- ☐ Enrichment programs
- ☐ Summer programs
- ☐ Reading incentive programs
- ☐ Math incentive programs
- ☐ Use of manipulatives/hands-on
- ☐ Computer assisted instruction
- ☐ Parent visitation days

2. Please check the **three** areas of instruction you think should be top priorities in your school.

Check all that apply.

- ☐ Reading/ELA
- ☐ Math
- ☐ Science
- ☐ Social Studies
- ☐ Other

3. Parents want to be involved in their child's education. The best way to involve parents are: Please check those which work best for you.

Check all that apply.

- ☐ Parent-teacher conference days
- ☐ Phone calls
- ☐ Text messages
- ☐ Email
- ☐ Meet the teacher night/open house
- ☐ Website
- ☐ Automated phone calls/text

4. Do you have any suggestions or additional input that you would like to see implemented in the district?

5. Please check the category that applies to you.

Check all that apply.

- ☐ Parent
- ☐ Administrator
- ☐ Teacher
- ☐ Student

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 grandparentIf 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

Impact Aid Survey Form

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VII of the Elementary and Secondary Education Act) and may be provided to the U.S. Department of Education if the school district's application for payment is audited. **This form must be signed and dated for the school district to receive funds based on this information.** All boxes must be filled in with complete information, if applicable.

STUDENT INFORMATION

Student's Last Name	First Name and M.I.	Date of Birth	Grade	SOPER PUBLIC SCHOOL	
Home Address on the Survey Date (No P.O. Boxes)		City	State	Zip Code	
If the student lives on federal property, enter the name of the property.		Name of Federal Property			

OTHER CHILDREN ENROLLED IN THE SCHOOL DISTRICT WITH THE SAME HOME ADDRESS AND PARENT/GUARDIAN

Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name
Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name

PARENT/GUARDIAN EMPLOYMENT INFORMATION: EMPLOYED ON FEDERAL PROPERTY

Enter information in this section regarding the parent/guardian with whom the student resides if either person was employed on federal property or reported to work on federal property INCLUDING FOR A FEDERALLY RECOGNIZED TRIBE SUCH AS THE CHOCTAW NATION OF OKLAHOMA OR CHICKASAW NATION OF OKLAHOMA on the survey date. Enter the parent/guardian's name as it appears on the employer's payroll record.				
Parent/Guardian's Last Name	First Name and M.I.	Name of Parent/Guardian's Employer		
Name of Federal Property				
Address of Federal Property		City	State	Zip Code

PARENT/GUARDIAN EMPLOYMENT INFORMATION: ACTIVE DUTY UNIFORMED SERVICES

Enter information in this section regarding the parent/guardian if either person was <i>on active duty</i> in the Uniformed Services on the survey date. This does not include members of the National Guard activated for State service under Title 32.			
Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank

Do you live?

In a Choctaw Nation of Oklahoma home and/or on Choctaw land?
(A home provided by a CNO program or the home is on allotted land.)

_____ yes _____ no

In a Soper Housing Authority House or Property

_____ yes _____ no

On "other" federal property (such as a low rent housing)

_____ yes _____ no

If you live on "other" federal property, please give the name and address of the property.

By signing and dating this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.

Please PRINT name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Soper Public School
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 \$28,953 | ☐ Between \$59,478 and \$69,653 | ☐ Between \$100,178 and \$110,353 |
| ☐ Between \$28,953 and \$39,128 | ☐ Between \$69,653 and \$79,828 | ☐ Between \$110,353 and \$120,528 |
| ☐ Between \$39,128 and \$49,303 | ☐ Between \$79,828 and \$90,003 | ☐ Between \$120,528 and \$130,703 |
| ☐ Between \$49,303 and \$59,478 | ☐ Between \$90,003 and \$100,178 | ☐ Between \$130,703 and \$140,878 |

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

Student Transfers Application Form



OKLAHOMA
Education

20 26 – 20 27

SCHOOL YEAR

RECEIVING DISTRICT (TRANSFER TO)

COUNTY NAME

DISTRICT NAME

SITE REQUESTED**

SENDING/RESIDENT DISTRICT (TRANSFER FROM)

COUNTY NAME

DISTRICT NAME

SITE NAME

STUDENT INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

BIRTH DATE (MM/DD/YYYY)

GRADE LEVEL IN TRANSFER YEAR

10-DIGIT STATE ID STATE TESTING NUMBER (STN) OBTAINED FROM YOUR CHILD'S SCHOOL AND STARTS WITH 1-0-0.

Check here if the student is currently enrolled in Homeschool/Private School, the student is moving into Oklahoma from another state or country, or the student has never attended a public school in the State of Oklahoma. ☐

Is this student being served on an Individual Education Program (IEP)?

☐ Yes ☐ No

DATE OF IEP MEETING

Receiving District: If above answer is "yes," a representative from both districts must be present for an IEP conference to discuss the student's IEP needs. Applicable records must be submitted from the student's last school to the receiving district and shall be maintained by both districts in accordance with federal and state laws.

Sending District: A request for education records of a student who was enrolled in the district shall be fulfilled within three business days of the request. The records should include the student's disciplinary records and attendance information.

Please Note: An "IEP Service Agreement" does not constitute a transfer under the Education Open Transfer Act and should not be formalized by using this form.

****This question is to assist the receiving school in referencing capacity at the site that would be your preference. This is not a guarantee that capacity is available there.**

Student Transfers Application Form



OKLAHOMA
Education

PARENT/LEGAL GUARDIAN MUST COMPLETE AND SIGN

FIRST AND LAST NAME

EMAIL

STREET ADDRESS

CITY

ZIP CODE

HOME PHONE

ALTERNATIVE PHONE

1. Is the parent/legal guardian requesting this open transfer a TEACHER* employed by this receiving district? ☐ Yes ☐ No

*A teacher is any person who is employed to serve as a district superintendent, principal, supervisor, counselor, librarian, school nurse, classroom teacher, or a school employee in any other instructional supervisory/administrative capacity.

2. Is the parent/legal guardian requesting this open transfer a member of the active uniformed military services of the United States and on full time active-duty status or active-duty orders? ☐ Yes ☐ No (If yes, provide active-duty documentation.)

3. Is the student currently in foster care? ☐ Yes ☐ No (If yes, provide foster care documentation.)

4. Is the student currently home schooled? ☐ Yes ☐ No

Pursuant to the provisions of the statutes of the State of Oklahoma, and the rules and regulations of the State Board of Education, this application is hereby made to permit the child listed on this form to transfer from their resident Sending District to the Receiving District as indicated on this form. The parent/guardian applicant verifies by their signature (below) that they are the custodial parent or legal guardian of the child listed above and hereby acknowledges that if this transfer is approved, the parent/guardian shall be bound by the Compulsory School Attendance Laws of Oklahoma rules and all regulations of the Receiving District named on this transfer application. Further, as the parent or guardian of the minor student named above, I acknowledge, agree, understand that pursuant to the Oklahoma Education Open Transfer Act 70 O.S. § 8-101.2 the Receiving District may deny the request for transfer based on a lack of capacity, an incident of student discipline as outlined in 70 O.S. § 24-101.3; and/or as a result of the student have a history of absences, which is defined as ten or more unexcused absences in one semester. 70 O.S. § 8-101(A-B). As such, I hereby authorize the Receiving District to access the education records of the student this transfer application is submitted on behalf of; provided, however, the authorization to access the education records is limited to those reasonably related and necessary to student discipline and attendance data.

SIGNATURE OF THE PARENT/GUARDIAN

DATE

DISTRICT USE ONLY

District has three business days to upload this transfer request into the transfer system. If there is documentation from question 2 or 3 above, please retain this information to upload into the transfer system.

Received by

DISTRICT EMPLOYEE RECEIVING

District

NAME OF DISTRICT

at

TIME

on

DATE

Approved ☐

Denied ☐