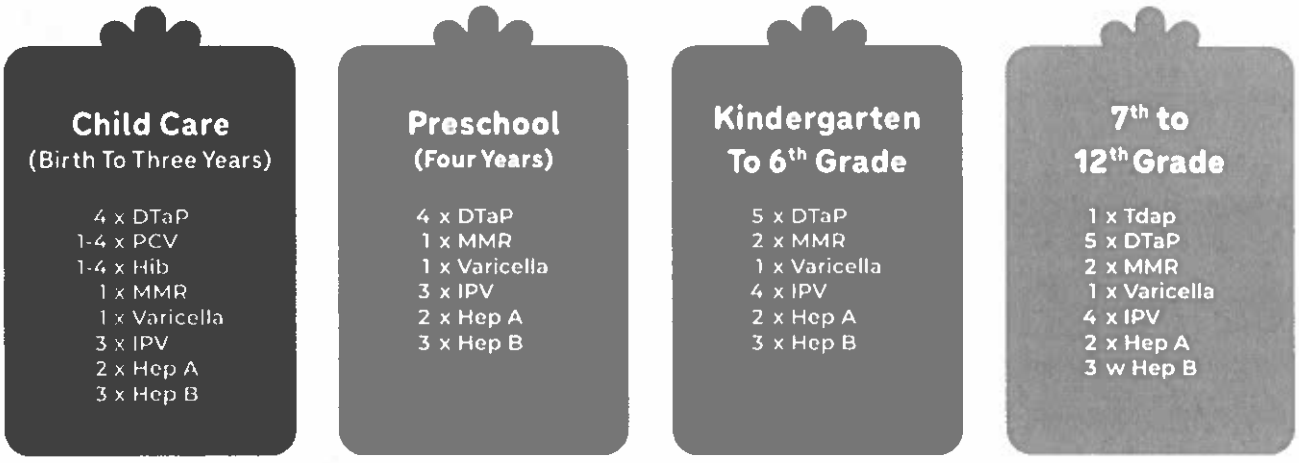
New Student Enrollment for Gore Public Schools

Students who wish to enroll in Gore Public Schools must be accompanied by a legal parent or guardian. Only a legal parent or guardian may enroll a student. Legal guardianship requires court certification documentation. Photo identification and/or proof of U.S. citizenship may be required.

Age Requirements
On or before September 1st of the current school year, the student must be age 4 to enroll in Pre-Kindergarten, age 5 to enroll in Kindergarten, and age 6 to enroll in First Grade.

Documentation Requirements

1. Verification of Residency
    a. Sequoyah County Assessor's Office proof of address or filed homestead exemption form **OR**
    b. One of the following with a legal parent or guardian's name listed:
        i. Utility bill
        ii. Phone bill
        iii. Rent receipt
        iv. Lease agreement
        v. Driver's license with physical address (PO box not acceptable)
2. Birth Certificate (Students must use their full legal name as it appears on their birth certificate. Using another name requires legal documentation as proof of name change.)
3. Immunization Record (Visit www.oklahoma.gov for more information)



4. Social Security Card
5. CDIB/Blue Tribal Membership Card (if applicable)
6. Withdrawal Form, Final Report Card or Progress Report (from previous school district)
7. Transcript (from previous school district if in high school)

Legal Name: _____ _____ _____

First Middle Last Grade Entry Date

_____ _____ _____ Male | Female

Date of Birth Place of Birth Social Security Number Gender

Race:

_____ Hispanic
_____ American Indian/Alaskan Native
_____ Asian
_____ Black African American
_____ Native Hawaiian/Pacific Islander
_____ White
_____ 2 or more races (Non-Hispanic)

Student has participated in the following:

_____ Special Education Disability: _____
_____ SPED / Resource Lab Class
_____ Speech Therapy
_____ Remedial Classes
_____ Gifted & Talented Program
_____ JOM Program
_____ National Honor Society

CDIB: NO | YES, Tribe: _____

Has student been retained? NO | YES, Grade: _____

Legal Parent/Guardian #1	Legal Parent/Guardian #2
Name:	Name:
Physical Address:	Physical Address:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Relationship to Student:	Relationship to Student:
Primary Phone #:	Primary Phone #:
Employer:	Employer:
Work Phone #:	Work Phone #:
Email Address: (Please check this often for important student information.)	Email Address: (Please check this often for important student information.)

Last School Attended: _____
Address of School: _____
City, State, Zip: _____
School Phone #: _____

* Did student complete a withdrawal for school?.....YES | NO
* Is student currently under suspension for former school?.....YES | NO
Suspension Dates: _____

I hereby certify to the following (initial by all that apply):

_____ I am the custodial parent documented with birth certificate and/or court-issued documentation.
_____ The student lives at the home of the custodial parent or legal guardian.
_____ We are legal residents of Gore Public School District with documentation provided as proof, OR
_____ we have received a legal transfer from _____ School District.

The information provided above is true and correct to the best of my knowledge: _____

Parent/Guardian Signature

Emergency Information

If the legal parent or guardian cannot be reached, the following person is the next emergency contact.

Name: _____ Relationship: _____ Phone #: _____

Release Information

List ONLY those authorized to check your student out of school. Photo ID will be required.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Notification of Non-Disclosure of Student Information

☐ I **DO** give permission for my student's photo and/or name to be published in the following:

____ GPS Yearbook ____ GPS Website/Facebook ____ Local Newspaper

☐ I do **NOT** give permission for my student's photo and/or name to be published in the following:

____ GPS Yearbook ____ GPS Website/Facebook ____ Local Newspaper

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Activity / Field Trip Permission

☐ I **DO** give permission for my student to travel by school transportation on school activities/trips. I understand that he/she will be held to the GPS Handbook guidelines, and I consent to emergency medical treatment if necessary.

☐ I do **NOT** give permission for my student to travel by school transportation on school activities/trips.

Medical Information

I, the undersigned, do hereby authorize officials of Gore Public Schools to contact directly the persons named in this document and do authorize the physician listed below to render treatment as deemed necessary in an emergency for the health of said student. In the event that physicians, other persons named in this document, or a legal parent cannot be contacted, school officials are authorized to take whatever action is deemed necessary for the health of the student, and I will not hold GPS financially responsible for the emergency care and/or transportation of said student.

Doctor: _____ Phone #: _____

Medical conditions, allergies: _____

The information provided above is true and correct to the best of my knowledge: _____

Parent/Guardian Signature

Revised 5-2025

Student Lockers

Student Lockers are the property of Gore Public Schools and remain under the control of the school. Students are to assume full responsibility for their lockers and must use the student lockers assigned them. The school retains the right to inspect school lockers for any reason at any time without notice, consent, or search warrant.

Student Parking Agreement

Students are permitted to park on school grounds as a matter of privilege—not of right. GPS retains authority to conduct routine patrols of student parking lots and inspections of the exteriors of student vehicles on school grounds. GPD may inspect the inside of a student's vehicle whenever a school authority has reasonable suspicion to believe something illegal or unauthorized is inside the vehicle. Such patrols and inspections may be conducted without notice, student consent, or search warrant. Failure of access to the interior of a student's vehicle upon request of a school official may subject the student to disciplinary action, including but not limited to, loss of school parking privileges.

Legal Parent/Guardian Acknowledgment

By signing below as a legal parent or guardian, you are acknowledging and agreeing that all information provided by you will be valid for the duration of your student's attendance at Gore Public Schools and that your student will abide by all school regulations outlined in the enrollment paperwork and the school handbook. If your information should change, please contact the school immediately to make necessary updates. You can find more information regarding the policies and procedures of Gore Public Schools in our school handbook, which can be located on the district's website at www.gorepublicschools.org.

Parent/Guardian Signature	Date
Signature of Student	Date

Gore Public Schools
Title Program Compact

Gore Public School's philosophy is that families, students, and school staff shall work in partnership to help each student reach his/her potential. Please read the following compact with your student.

As a GPS student, I agree to do the following:

- Believe that I can learn and will learn.
- Read for at least 30 minutes five days a week.
- Come to class on time, ready to learn and with assignments completed.
- Set aside time every day to complete homework.
- Know and follow the school and class rules.
- Follow the school's dress code.
- Regularly talk to my parents and my teachers about my progress in school.
- Respect my school, classmates, staff and family.

Student's Signature: _____ Date: _____

As a the legal parent/guardian of a GPS student, I agree to do the following:

- Talk to my child regularly about the value of education.
- Communicate with the school when I have a concern.
- Monitor and limit the use of electronic devices and make sure that my child reads every day.
- Make sure that my child attends school every day on time and with homework completed.
- Support the school's discipline and dress code.
- Monitor my child's progress in school.
- Make every effort to attend school events, such as parent-teacher conference and open house.
- Ensure that my child gets adequate sleep, regular medical attention, and proper nutrition.
- Participate in shared decision making with school staff and other families for the benefit of students.
- Respect the school. students, staff, and families.

Parent/Guardian's Signature: _____ Date: _____

As a GPS educator, I agree to do the following:

- Provide high quality curriculum and instruction.
- Communicate high expectations for every student.
- Endeavor to motivate my students to learn.
- Teach and involve students in lessons that are interesting and challenging.
- Participate in professional development opportunities that improve teaching and learning.
- Enforce rules equitably and involve students in creating warm and caring learning environments.
- Communicate regularly with families about their child's progress in school.
- Provide assistance to families on what they can do to support their child's learning.
- Participate in shared decision making with other school staff and families for the benefit of students.

Educator's Signature: _____ Date: _____

Revised 5-2025

Gore Public Schools
Student's Place of Residence

_____ _____
Student's Name Grade

Please provide directions to the place of residence for the student listed above. If necessary, draw a map showing the exact location.

Place of residence: _____

_____

_____

Directions to residence: _____

_____

_____

Map:

Please check one of the following:

- ☐ Student resides less than 1.5 miles from his/her school campus.
- ☐ Student resides more than 1.5 miles from his/her school campus.

Parent/Guardian's Signature: _____ Date: _____

Revised 5-2025

Gore Public Schools
Technology & Internet Use Agreement

Gore Public Schools will provide all students in grades 6-12 with a school issued Chromebook and *Google Workspace for Education* account. These accounts are intended for educational purposes only, regardless of whether or not the student is in the school building.

Students' device and internet usage will be managed and monitored by Gore Public Schools and can be accessed at any time by school personnel. The privilege of using a device (school-issued or not) while in the school building can be revoked at any time.

Parents/legal guardians assume responsibility for the supervision of students' internet use outside of the school building and are encouraged to discuss rules and expectations for using the internet at home. Any evidence of cyberbullying or other inappropriate use should be reported to the school immediately.

Please check the box next to the statement that applies to you:

☐ My student _____ owns his/her own electronic device and will NOT need a school-issued Chromebook. I understand and agree with the information provided above and that my student's internet use will be monitored by school personnel in the same way as any other Gore student.

☐ My student _____ will need a school-issued Chromebook and charger. If either item becomes lost or damaged, I understand that I will be responsible for the cost of the damage or replacement and that the school will NOT issue replacement items until all costs have been paid in full. The school is authorized to withhold grades, diplomas, and transcripts, or to deny future participation in school activities until all debt is cleared.

_____ _____
Parent/Guardian's Signature Date

_____ _____
Student's Signature Date

OSIIS - Authorization to Use or Share Protected Health Information to School or Day Care

Student Name:_____ Demographic/Client ID #:_____
(For School/Day Care receiving PHI to fill out)

Date of Birth:_____

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to: _____.
(Name of Person/Organization receiving PHI)

The information may be disclosed for the following purpose(s):

☐ to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310: 535-1-3

☐ Other: _____

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be **one year** from the date of my signature or upon the occurrence of the following event [*e.g.*, child no longer enrolled in school/day care center] _____.

_____.

_____ _____
Signature of Student or Legal Representative Date

_____
Description of Legal Representative's Authority

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): O child O child's parent O 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):

- O Federally Recognized Tribe
- O State Recognized Tribe
- O Terminated Tribe
- O Alaska Native
- O 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:

- O Membership or enrollment number establishing membership (if readily available) or
- O 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

District Name and Logo	**STUDENT RESIDENCY QUESTIONNAIRE**	School Year

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** 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.