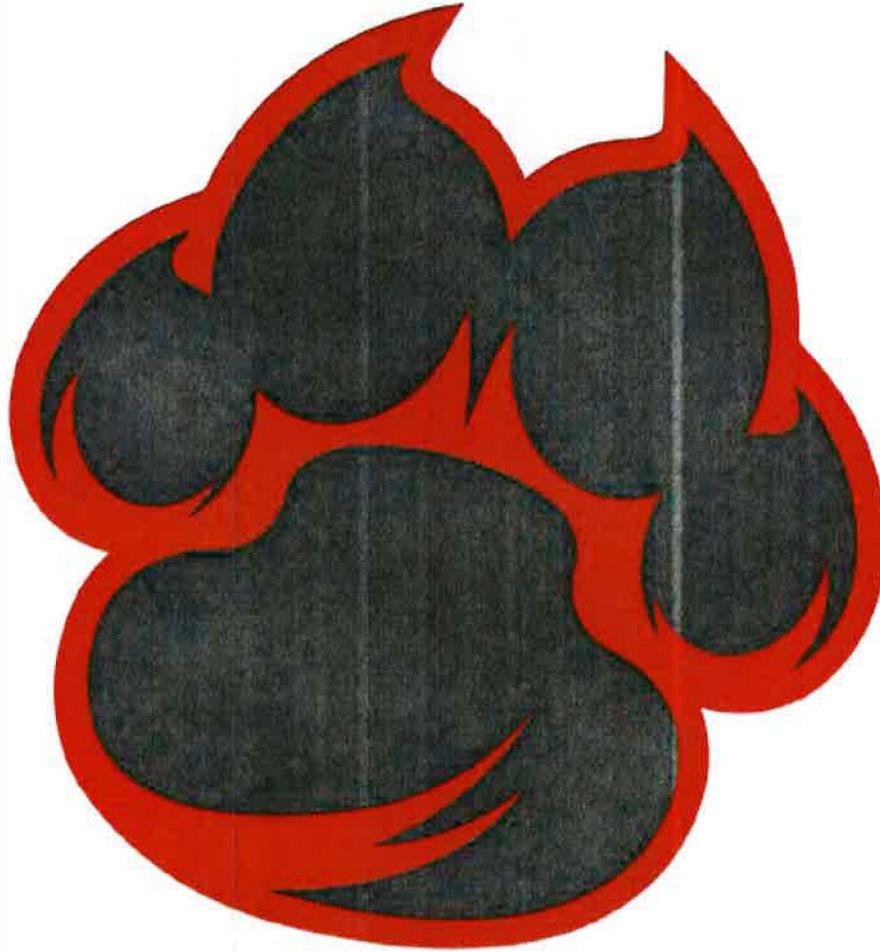


# **Whitefield Public School**

107 S. Redding St / PO Box 178  
Whitefield, Oklahoma 74472



Enrollment Packet

## School Enrollment Document Checklist

Please use this checklist to ensure all required documents are submitted at the time of enrollment.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Required Documents

- Certified Birth Certificate
- Shot Record OR Exemption Form
- Proof of Residency (Utility Bill, Lease Agreement, etc.)
- Social Security Card
- Tribal Enrollment / CDIB Card (if applicable)
- Custody / Guardianship Papers (if applicable)
- Court Orders (if applicable)
- Emergency Contact Information
- Medical Information (Allergies, Medications, Medical Conditions)

Office Use Only:

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Notes:

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**Student Information**

Student's Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

**Student Information**

Student's Legal Name:(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: (Male / Female) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security \_\_\_\_\_

Place of Birth:(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Country) \_\_\_\_\_

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

\_\_\_\_\_ First USA Enrollment Date: \_\_\_\_\_

Has this child attended Whitefield School in the past? \_\_\_\_\_ When? \_\_\_\_\_

List of Schools previously attended including Pre-K / Headstart:

School	Grade	Date Attended	Contact Information

Contact Information Has this child repeated a grade? \_\_\_\_\_ What grade \_\_\_\_\_

Does this child have an IEP? \_\_\_\_\_

What Services does this child receive? \_\_\_\_\_

Resident Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Student Cell Phone Number (If Applicable): \_\_\_\_\_

Signature-Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent / Guardian Information (Living with student)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

**Emergency Information**

Phone numbers to try in event my child becomes ill at school.

1st try: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2nd try: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3rd try: \_\_\_\_\_ Phone Number: \_\_\_\_\_

We, the parents/guardians of the above-mentioned child, authorize the persons listed above to be called in an emergency (or in the event of illness) when we cannot be reached.

Signature-Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please list all parties authorized to pick up your child:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

In case of foster care, adoption, or divorce if there are legal documents such as restraining orders in place, it is important to provide a copy of these documents to the office. Also, legal documents listing guardianship or custody should also be provided.

**Transportation Information**

How will student arrive at school? \_\_\_\_\_

Provide bus directions: \_\_\_\_\_

How will student depart from school? \_\_\_\_\_

Provide any necessary Information: \_\_\_\_\_

**Other Information:**

**Please circle yes or no to answer the following questions**

- Yes    No    Does student live more than half a mile from the school?
- Yes    No    Does student use a name other than his/her legal name?  
If so, what is it? \_\_\_\_\_
- Yes    No    Does student reside in the Whitefield School District  
If NO what district? \_\_\_\_\_  
If NO student will not be officially enrolled without completed transfer requests.
- Yes    No    Did this student attend Whitefield Public School last year?  
If no, list the name, address, and phone # where student attended and complete release of information form.
- Yes    No    Is either parent/guardian in the military or a civilian working on government property?  
If yes complete form A attached.

**Government properties that are eligible:**

- Federal Correctional Institution – FCI
- US Postal Service - OKC office only
- Uniformed Services - (National Guard, Army, Air Force, Marines, Navy Reserve, ect )
- Choctaw Indian Agency
- Indian Health Services
- Farming Indian Land
- Federal Transfer Center
- Federal Highway Administration
- US Geological Survey
- Tinker Air Force Base
- VA Medical Center

- Yes No Is the resident address owned by the Federal Correctional Institute, Choctaw Indian Housing Authority or located on Indian Land?
- Yes No Do you use a language other than English in your home (Includes Native American Language If yes, what language? \_\_\_\_\_ and fill our form B.
- Yes No I give permission for my child to have access to the Whitefield Public School Network and internet.

**Complete internet Usage Form**

- Yes No I give permission for my child to receive vision, hearing, and other screening tests.
- Yes No Do you have a degree of American Indian ancestry or have a CDIB card? If yes complete form C.
- Yes No Does this student take medication on a regular basis? If yes, please list \_\_\_\_\_

**Physician Information**

Doctor:

1<sup>st</sup> choice: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital choice:

I understand, do hereby authorize the officials of the Whitefield Public School District to contact directly the persons named in the document, and do authorize the name physicians to render such treatments as may be deemed necessary in an emergency, for the health of said child.

In the event physicians, other persons named in this document, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed. necessary in their judgment, for the health and safety of the said child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

I will not hold the district financially responsible for the emergency care and/ or transportation for the said child.

Office Use Only- Student ID# \_\_\_\_\_ Entry Date: \_\_\_\_\_ File Check (Initial/Date) \_\_\_\_\_ / \_\_\_\_\_

**Email completed packet to: [jbooth@whitefield.k12.ok.us](mailto:jbooth@whitefield.k12.ok.us) [kbryant@whitefield.k12.ok.us](mailto:kbryant@whitefield.k12.ok.us)**

**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



## Oklahoma Title I, Part C Education Program Identification & Recruitment Family Survey

Dear Parents,

In order to better serve your children, the \_\_\_\_\_ school district would like to identify students who may qualify to receive additional educational services.

**The information provided below will be kept confidential.**

### Section A

Please answer the following questions and return this survey form to your child's school.

- Yes  No 1. Have you or your family moved from one residency to another residency in another city or town to do seasonal or temporary work related to agriculture in the last 3 years?
- Yes  No 2. Have your child(ren) moved from one school district to another school district so you or your spouse could do seasonal or temporary work related to agriculture in the last 3 years?
- Yes  No 3. Was your move due to economic necessity or financial need? For example, moving for work or because work has ended.
- Yes  No 4. Has anyone in your family worked in anything related to the jobs listed below? Self-employment and working or owning your own land or business does not apply.



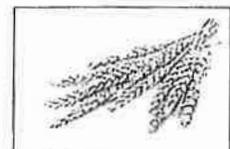
**Livestock:**  
Cattle, pigs,  
sheep, dairy, etc.



**Eggs**



**Chickens**



**Crops:**  
Wheat, corn,  
soybeans, etc.



**Harvest:**  
Vegetables,  
Fruit, etc.



**Cotton**



**Hay**



**Nursery:**  
Greenhouse,  
sod, etc.



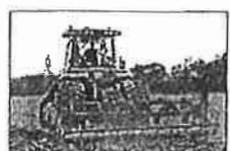
**Vegetables**



**Processing:**  
Meat, fruit, trees,  
vegetables, etc.



**Trees:**  
Timber, plants,  
flowers, etc.



**Soil Preparation**

**Section B**

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_

Best time to call? \_\_\_\_\_

Please list all children (including yourself if under 22) in the household less than 22 years old who did not graduate from High School or have not obtained a GED or equivalent:

Name	Date of Birth	Grade	School

**SDE Use Only**

County Name	County Number	District Name	District Number

School Year \_\_\_\_\_  
**Economically Disadvantaged Application**

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 gross income.**

- |   |   |  |
|---|---|--|
| <input type="radio"/> Less than \$22,311            | <input type="radio"/> Between \$45,510 and \$53,243 | <input type="radio"/> Between \$76,442 and \$84,175  |
| <input type="radio"/> Between \$22,311 and \$30,044 | <input type="radio"/> Between \$53,243 and \$60,976 | <input type="radio"/> Between \$84,175 and \$91,908  |
| <input type="radio"/> Between \$30,044 and \$37,777 | <input type="radio"/> Between \$60,976 and \$68,709 | <input type="radio"/> Between \$91,908 and \$99,641  |
| <input type="radio"/> Between \$37,777 and \$45,510 | <input type="radio"/> Between \$68,709 and \$76,442 | <input type="radio"/> Between \$99,641 and \$107,374 |

**Please select the total number of people in your household.**

- |                                 |                                 |                                   |
|---------------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> One (1)   | <input type="radio"/> Five (5)  | <input type="radio"/> Nine (9)    |
| <input type="radio"/> Two (2)   | <input type="radio"/> Six (6)   | <input type="radio"/> Ten (10)    |
| <input type="radio"/> Three (3) | <input type="radio"/> Seven (7) | <input type="radio"/> Eleven (11) |
| <input type="radio"/> Four (4)  | <input type="radio"/> Eight (8) | <input type="radio"/> 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



## Frequently Asked Questions

### Suggested Use for Military Student Identifier Code

#### Sample: Military Student Identifier Classification Codes Form

#### Military Student Identifier Code Classification:

Please complete this form, sign, and return with the enrollment packet.

Check box for military affiliation:			<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Space Force <input type="checkbox"/> Coast Guard
Yes	No	Decline to Answer	Check box that applies best to your student:
			<input type="checkbox"/> Dependent of an active-duty member of the US Armed Forces
			<input type="checkbox"/> Dependent of a full-time or part-time member of the National Guard or Reserve force of the United States military
			<input type="checkbox"/> Dependent of a veteran or retiree of the US Armed Forces (including National Guard or Reserve forces)
			<input type="checkbox"/> None of the above
			<input type="checkbox"/> Gold Star Family Member
			<input type="checkbox"/> Caregiver of service member wounded in action

Current as of March 24, 2025

**Please submit the following documents with enrollment form**

<p>1. <u>One proof of residency</u> is required. The following documents will be accepted:</p>	<p>Gas/Water/Electric/Trash bill, showing correct service address and date or a current signed lease agreement.</p> <p align="center"><i>All bills must be <b>CURRENT</b> (no older than 60 days) and <b>CANNOT</b> have a cut-off notice.</i></p> <p align="center"><b><u>OR</u></b></p> <p>If you have <b>purchased a house</b> in the district within the last 6 months, you may bring your <b>CURRENT</b> deed reflecting the property address, agent's name, address and phone number.</p> <p align="center"><b><i>THESE DOCUMENTS WILL BE REQUIRED BEFORE ENROLLMENT CAN BE COMPLETED.</i></b></p> <p align="center"><i>**The district will not accept driver's licenses, checks, or pieces of mail as proof of residence.</i></p>
<p>2. An original <u>state certified birth certificate</u>.</p>	<p>We will NOT accept certificates from hospitals.</p> <p>Oklahoma law states that Pre-K students must be 4 years of age, Kindergarten students must be five years of age, and First Grade students must be 6 years of age on or before September 1.</p>
<p>3. <u>Required Immunization records</u> from health department or doctor's office.</p>	<p>NOTE: The state of Oklahoma requires Hepatitis A and Hepatitis B immunizations along with the normal childhood immunization series.</p>
<p>4. If Child is exempt for vaccinations please have form out <a href="#">updatedcertificateofexemptionEnglish.pdf</a></p>	
<p>5. Parent / Guardian driver's license or legal ID.</p>	
<p>6. Other documents (<i>if applicable</i>):</p>	<ul style="list-style-type: none"> <li>• Proof of custody/guardianship (court documents)</li> <li>• Certified Degree of Indian Blood (CDIB) Card</li> <li>• Special Education or Gifted/Talented records</li> <li>• Student's previous school information, i.e. withdrawal forms (please have the address &amp; telephone number of the previous school)</li> </ul>



# Student Activity Interest Form

**School Year: 2026-2027**

We are excited to offer a variety of extracurricular opportunities!

Please check all activities your child may be interested in for the upcoming school year.

## Student Information

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_



## Sports

- Cross Country
- Basketball
- Track
- Baseball
- Softball



## Clubs & Activities

- 4-H
- Fishing Club
- Band
- Choir
- Cheerleading
- Academic Team
- Student Council



## Afterschool Program

- |                                    |                                     |   |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Tumbling  | <input type="checkbox"/> Canva Club | <input type="checkbox"/> Journalism Club  |
| <input type="checkbox"/> Guitar    | <input type="checkbox"/> Art Club   | <input type="checkbox"/> Music Club       |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Movie Math | <input type="checkbox"/> Little Dribblers |