

OFFICE USE ONLY

Enrollment Date _____ Birth Certificate _____ Immunization Record _____ Proof of Residency _____
Records Request _____ Custody Alert _____ Health Alert _____
Teacher _____ Bus # _____ Locker # _____

PK Preference
AM _____
PM _____

**OAKDALE SCHOOL
ELEMENTARY ENROLLMENT
2009-2010**

10901 N. Sooner Rd. ~ Edmond, OK 73013 ~ 405-771-3373 ~ Fax: 405-771-5220
www.oakdale.org

STUDENT'S NAME

First _____ M.I. _____ Last _____

Birth Date _____ / _____ / _____ Gender _____ Male _____ Female _____

Birth City _____ State _____ Country _____

Grade _____ 2009-2010 School Year

Ethnic: Please circle: 1. Spanish American (Hispanic);
2. African American; 3. American Indian or Native
Alaskan; 4. Asian; 5. Caucasian; 6. Pacific Islander

ADDRESS

Street _____

City _____ OK, Zip _____

Phone _____ - _____ (unlisted _____)

Housing Addition _____

PARENT INFORMATION

Student lives with _____ Both _____ Mother _____ Father _____ Guardian _____

Father's Name _____

Place of Employment _____

Work Phone _____ - _____ Cell _____ - _____ Email _____

Mother's Name _____

Place of Employment _____

Work Phone _____ - _____ Cell _____ - _____ Email _____

LAST SCHOOL ATTENDED

Address _____ City _____ ST _____ Zip _____

IN CASE OF EMERGENCY PLEASE CONTACT

Name _____ Phone # _____

Relationship _____

OAKDALE SIBLINGS

Name _____ Grade _____ Name _____ Grade _____

Student Name: _____

Grade: _____ **Homeroom:** _____

HEALTH HISTORY

Will your child use an EPI-PEN at school? _____ Yes _____ No

Will your child use an INHALER at school? _____ Yes _____ No

Does your child take a prescribed medication daily? _____ Yes _____ No

Name of medication _____

Will this medication need to be administered at school? _____ Yes _____ No

Please check any health concerns listed below that your child might have:

_____ Vision

_____ Allergies (food, medication, environmental)

_____ Hearing

_____ Heart

_____ Speech

_____ Attention Deficit Disorder

_____ Asthma

_____ Diabetes

_____ Other

Does the above health concern require special attention at school? _____ Yes _____ No

Students requiring any medication to be given at school must have a current school year Medication Request and release form on file. Physician authorization is required for any prescription medication given at school. For the proper forms contact the school nurse or go to the Oakdale web site – Enrollment – Medication Release Form.

PERMISSION FOR MEDICATION TO BE ADMINISTERED

I give permission for my child to take prescription or over-the-counter (Advil or Tylenol) medications as ordered. I understand the school employee who administers any drug to my child will not be liable for damages as a result of adverse drug reaction suffered by child.

PARENT OR GUARDIAN

SIGNATURE _____ **DATE** _____

PERMISSION FOR HEALTH SCREENINGS

I give permission for my child to receive non-invasive health screening that may include: hearing, vision, height, weight, BMI, temperature, blood pressure, pulse, scoliosis, head and neck, and dental hygiene

PARENT OR GUARDIAN

SIGNATURE _____ **DATE** _____

FIELD TRIP PERMISSION

I give permission for my child _____ grade _____ to go on school related field trips. I understand the Principal will approve all trips. All trips will be supervised by at least one certified teacher. Parents are invited and encouraged to participate in field trips. Before any trip is taken you will be notified by at least one note from school. Oakdale will not be held liable beyond the limits of prudent supervision. A written note to the principal or teacher before the trip is taken will nullify this permission form.

PARENT OR GUARDIAN SIGNATURE _____ **DATE** _____

WEB SITE GUIDELINES, PHOTOGRAPHIC PUBLICATION PERMISSION

I understand that my child's photograph and or work may occasionally be published on and be assessable on a World Wide Web server as a part of the Oakdale School Website. The website (www.oakdale.org) contains the weekly note and additional information concerning student achievement and events. I give permission to publish my child's photo and or work with identification as specified below:

____ Yes ____ No My child's photo may be published on the internet.

____ Yes ____ No My child's name may be used to identify his/her/photo.

____ Yes ____ No My child's class may be used to identify his/her photo.

____ Yes ____ No My child's work (individual or group) may be published on the internet.

____ Yes ____ No My child's name may be used to identify his/her work.

____ Yes ____ No My child's class (teacher, grade, school) may be used to identify his/her work.

PARENT OR GUARDIAN SIGNATURE _____ **DATE** _____

STUDENT NAME _____ **GRADE** _____

**OAKDALE MIDDLE SCHOOL
ELECTIVES
2008-2009**

STUDENT NAME: _____

GRADE: _____

**PLEASE CHECK IF YOU WOULD LIKE TO PARTICIPATE IN THE
FOLLOWING SPECIAL CLASSES:**

YES _____ NO _____ 6TH. GRADE BAND

YES _____ NO _____ 7TH & 8TH GRADE ADVANCED BAND

YES _____ NO _____ VOCAL MUSIC (Chorus)

YES _____ NO _____ RECREATIONAL READING

YES _____ NO _____ DRAMA (7th & 8th Grade Students Only)

YES _____ NO _____ MUSICAL (7th & 8th Grade Students Only)

YES _____ NO _____ ENRICHMENT (6th & 7th grade students only who have been identified through testing and approved by Mrs. Lashley)

Parent Signature

Students will also be placed in a rotation of six week classes which could include, but not limited to, the following: Physical Education, Art, General Music, French, Speech, Personal Finance, Keyboard, Advanced Learning System, Computer Programs, and Study Skills. Other rotation type classes could be added. Schedules will be available for pick-up on Friday, August 8 during Information Day from 9:00 – 3:00.