



JOHN REX CHARTER SCHOOL ENROLLMENT FORM

OFFICE USE ONLY:

Received by _____

Date: _____

- Verified Address and Tier #
- Verified Employer (if applicable)

Instructions: The enrollment form is a required official record. The questions on this form ask for information that will help us provide services for your student. If you need help filling out this form, please contact us. Please complete all pages, then sign and date the last page. If any information should change during the school year, you must notify the school immediately.

At the time of initial enrollment, you must also provide the following documents:

- Valid driver's license or another legal photo identification for parent/guardian
- Two (2) Proofs of Residency:**
 1. Mortgage statement, deed statement, ad valorem tax statement, or rental lease agreement (term must be 9 month or more) listing all residents of the unit on the lease agreement; **AND**
 2. Current utility statement: Service must be in the name of the homeowner. No telephone or cable statements or cut-off/late notices accepted.
- Residency Affidavit:** Complete only if you cannot provide proof of residency and reside with another person. The homeowner/host must be present and provide the items listed above. The school office will notarize the Residency Affidavit.
- Consent to Release Information Form.** We will use this to request educational records from previous school(s)
- Birth Certificate**
- Vaccination Record** https://www.ok.gov/health/Disease_Prevention_Preparedness/Immunizations/Vaccines_for_School/index.html
- Other Educational Records, if applicable.** Provide a copy of the Individualized Education Plan (IEP) or 504 Plan, etc.
- Other Legal Records, if applicable.** Provide a copy of any custody/guardianship documents, etc.

Student Information: Grade Entering _____

Admission Tier: 1 2

Sibling of a current student? Yes No If yes, what is the other sibling's name(s)? _____

Legal Last Name _____ Legal First Name _____ Middle _____

Preferred First or Last Name (if different than above): _____

Gender Female Male Date of Birth: ____ / ____ / 20__

Place of birth: City _____ State _____ County _____

Student resides primarily with: (Name) _____ (Relationship) _____

Residence Address _____ Apt. # _____

City _____, OK ZIP _____ Neighborhood School: _____

(List, even if you do not attend this neighborhood school)

Federal and state regulations require us to gather the following information for statistical reports.

Note: **Both Ethnicity and Race must be selected**

Ethnicity — Hispanic/Latino?

- Yes No

Race — Select at least one:

- American Indian or Alaska Native
- Asian
- Black
- White
- Native Hawaiian or Other Pacific Islander

Parent Information: Phone numbers and email addresses may be used to communicate important school information.

A legal document must be provided to the school in advance to prevent a non-custodial parent from having access to a student at school. Documentation must be kept up to date. School records may be provided to the non-custodial parent, unless the school is in possession of a legal document prohibiting the non-custodial parent from receiving such records.

Parent/Guardian: Mother Father Guardian Other _____

Legal Last Name _____ Legal First Name _____

Living with student? Yes No Permission to pick up? Yes No Same as Student Address Yes No

Address (if different than above) _____ Apt. # _____

City _____ State _____ ZIP _____

Primary Phone No. (_____) _____ Secondary Phone No. (_____) _____

Work Phone No. (_____) _____ Email Address _____

Employer: _____ Address: _____

Parent/Guardian: Mother Father Guardian Other _____

Legal Last Name _____ Legal First Name _____

Living with student? Yes No Permission to pick up? Yes No Same as Student Address Yes No

Address (if different than above) _____ Apt. # _____

City _____ State _____ ZIP _____

Primary Phone No. (_____) _____ Secondary Phone No. (_____) _____

Work Phone No. (_____) _____ Email Address _____

Employer: _____ Address: _____

Additional Emergency Contacts: In an emergency, the parent/guardian(s) listed above will be called first. By listing additional names as emergency contacts, you are thereby granting permission to the school to release your child to them, if you are unable to be contacted.

1. Name _____

Relationship to Student _____

Additional Phone No. (_____) _____

Primary Phone No. (_____) _____

Additional Phone No. (_____) _____

2. Name _____

Relationship to Student _____

Additional Phone No. (_____) _____

Primary Phone No. (_____) _____

Additional Phone No. (_____) _____

3. Name _____

Relationship to Student _____

Additional Phone No. (_____) _____

Primary Phone No. (_____) _____

Additional Phone No. (_____) _____

4. Name _____

Relationship to Student _____

Additional Phone No. (_____) _____

Primary Phone No. (_____) _____

Additional Phone No. (_____) _____

Program Information: In order to best serve the needs of your child, please answer the following:

Does your child currently receive any special education services? Yes No If yes, briefly explain: _____
Type of special education program/supports: _____ Type of service(s): _____ (e.g. Speech OT, PT, other)
Has your child been evaluated by an outside/private agency? Yes No If yes, briefly explain: _____
Does your child receive any services from an outside/private agency? Yes No If yes, briefly explain: _____
Does your student have a **current Individualized Education Plan (IEP)**? Yes No If yes, attach a copy of your student's most recent IEP.
If no, does your child have an **expired IEP**? Yes No
If no, is your child currently being considered and/or evaluated for **eligibility for an IEP**? Yes No
Does your student have a current **Section 504 Plan**? Yes No
If no, is your child currently being considered and/or evaluated for a **504 Plan**? Yes No
Has your student been evaluated or qualified for a **Gifted & Talented** program at another school? Yes No

Previous School(s) Attended:

Last School Attended: _____ School District: _____
School Phone #: (_____) _____ Years Attended: _____ to _____
Previous School Attended: _____ School District: _____
School Phone #: (_____) _____ Years Attended: _____ to _____
Previous School Attended: _____ School District: _____
School Phone #: (_____) _____ Years Attended: _____ to _____

Is your child **currently** under suspension from any school or school district? Yes No If yes, explain:

At any time, has your child ever been suspended or expelled from any school or district? Yes No If yes, explain:

Has your child ever been advanced (skipped) a grade? Yes No Which grade and why? _____
Has your child ever repeated/retained in a grade? Yes No Which grade and why? _____
Has a school ever recommended retention? Yes No Which grade and why? _____

Student Medical Information: School staff must know if your student has a medical condition for which he/she may require assistance during the school day. Current state required vaccinations must be current or an exemption approved by the Oklahoma State Health Department before your child may attend school.

Initial I authorize and give consent to John Rex School to look up immunization record(s) or look in the Oklahoma State Immunization Information System ("OSIIS") for my child's immunization record(s).

Explain or describe any medical conditions: _____

Please check any/all medical conditions that apply: Allergies (List:) _____
 Diabetes Asthma Heart Disease Seizure Disorder Other _____

List any medications to be administered while at school. A current Authorization for Medication form **MUST** be completed and on file for the school to be able to administer medications.

Title X McKinney-Vento Program: (OPTIONAL)

This program guarantees that students, no matter their living situation, have access to public education including transportation to and from school. A school representative will be in touch, if you check a box.

- You are staying in a motel, car or campsite until you can find affordable housing
- You are sharing housing with another family due to economic hardship
- Your child is living with a relative, friend or anyone other than his/her biological parents
- You are living in a shelter, temporary housing or moving from place to place without permanent housing
- You are experiencing housing difficulties related to finances and would like to be contacted about services.

Language Information:

Does your family need an interpreter for school meetings? Yes No If yes, please indicate language: _____

Sibling Information: List all siblings, even if enrolled at another school:

Name	Age/DOB	School Attending	Grade

Enrollment Declaration:

I hereby certify I am the parent and legal guardian of, or have obtained legal guardianship through the courts for, _____ (Student's Name).

I also certify that all the information I provided in this enrollment packet is current and accurate. I certify that any false information, omissions, or misrepresentations of facts may result in rejection of this enrollment packet, revocation of a transfer, or dismissal of the enrollee.

I shall submit proof of legal guardianship and all other requested documentation to complete the enrollment. Failure to do so will result in my child's enrollment being deemed ineligible.

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____