Keystone Public School - Enrollment and Information Update Form

2022-2023 School Year

For Office Use Only:

Student I.D.# _____ **Bus Route AM:**_____

STN:_____ **Bus Route PM:**_____

Date of Enrollment:_____ **First Day of School:** _____

Student Name: _____

Last First Middle

Grade: PK / K / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 Male _____ Female _____ Birth Date: _____/_____/_____

Physical Address (No P.O. Boxes): _____

_____Oklahoma _____ Child's Current Age: _____

City Zip Code

Mailing Address (If Different than Physical): _____

_____Oklahoma _____

City Zip Code

Social Security No. _____ Place of Birth_____

CDIB No._____ Tribe:_____

Is your Child of Hispanic/Latino culture or origin? (Yes or No)

What is your Child's race? (Choose 1 or more) Black \ American Indian \ Asian \ Pacific Islander \ White/Caucasian

Parent/Legal Guardian (#1)	**Parent/Legal Guardian (#2)**
Legal Name:_____	Legal Name:_____
Relationship to Student:_____	Relationship to Student:_____
Address:_____	Address:_____
Cell No.:_____	Cell No.:_____
Work No.:_____	Work No.:_____
Employer:_____	Employer:_____
Email Address:_____	Email Address:_____
Lives in Household with Student? ____Yes _____No	Lives in Household with Student? ____Yes _____No

Please list two relatives or friends we can contact in an emergency: **(if parent or guardian cannot be reached):**

Name:_____ Phone:_____ Relationship to Student: _____

Name:_____ Phone:_____ Relationship to Student: _____

Does student have a non-custodial parent? Yes No If yes, please provide the following information:

Name:_____ Address:_____

If yes, are there any restrictions on the non-custodial parent? Yes No If yes, please provide legal document.

Name of child's Physician:_____ **Physician's Phone No.:**_____

Does student require medication at regular intervals during the school day? Yes No
If yes, legal guardian/parent must complete authorization to administer medicine form.

Last School Attended:

_____ _____

Name of School **Street Address** **City** **State** **Zip Code**

Family Information: (Please list children under the age of 18 still living at home.)

Legal Name of Child	Date of Birth	Grade	School Attending

I give permission for my child to have supervised access to the internet. Yes No
I give permission for my child's picture to be published in school publications. Yes No

_____ _____

Signature of Parent/Legal Guardian **Date**

Has student enrolled at Keystone Before? Yes No
Is English spoken as a second language? Yes No
Does student have a current IEP? Yes No
Does student have any special needs? Yes No
If yes, explain: _____
Will your student ride the bus? Yes No

For Office Use Only - Checklist of items for enrollment:

_____ Copy of Birth Certificate
_____ Copy of Social Security Card
_____ Copy of updated immunization records
_____Proof of Residence in Keystone District
_____ Copy of CDIB Card