

Keystone Public School 2023-2024

Welcome to Keystone Elementary School! We are looking forward to another exciting Kindergarten year full of hands-on learning experiences. Students are encouraged to start their day off right by eating breakfast before class. Every day, breakfast is served free-of-charge in the cafeteria from 8:20-8:40. Students may enter the classroom at 7:45, and are considered tardy after 8:15. Class is dismissed when the bell rings at 3:10; buses depart at 3:15. If your child is not riding the bus home, he/she should be picked up in the Car Rider Line by the Main Office at 3:10.

In August, you will receive an all-call, from our School Reach phone system, with details regarding Back to School Night. At Back to School Night your child can meet their teacher, see their classroom, and drop off school supplies. Kindergarten is located in the main building. For more information about Keystone School or enrollment, visit our website www.keystonerangers.org. Also, feel free to stop by the office or call 918-363-8298 if you have any questions.

We look forward to meeting you!

Mrs. Miller and Mrs. Shotzman

Keystone Kindergarten Supply List

2023-2024

Supply List

- 1 backpack
- 1 pencil box
- 4 expo markers
- 4 boxes of Crayola Crayons
- 6 glue sticks
- 4 containers of Play-Doh
- 2 boxes Tissues
- 3 spiral notebooks
- 2 plastic folders
- 1 pair of safety scissors
- 12 pencils
- 1 pair of headphones (no earbuds)
- Girls - 2 package baby wipes
- Boys - 2 containers Clorox wipes



Optional - paint, extra play doh, extra expo markers, construction paper, craft supplies

Keystone Public School - Enrollment and Information Update Form

2023-2024 School Year

For Office Use Only:

Student I.D.# _____

STN: _____

Date of Enrollment: _____

Bus Route AM: _____

Bus Route PM: _____

First Day of School: _____

Student Name: _____ Child's Current Age: _____

Last

First

Middle

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

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

Student Name: _____ Child's Current Age: _____

Last

First

Middle

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

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

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

City Oklahoma Zip Code

Mailing Address (If Different than Physical): _____

City Oklahoma Zip Code

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
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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