

Eagletown Public Schools Enrollment Packet

For new enrollments please provide the following:

Birth Certificate

Social Security Card

Proof of Residency

CDIB Card if applicable

EAGLETOWN PUBLIC SCHOOL STUDENT INFORMATION

Student Name: _____ SS# _____
Mailing Address: _____ Lives with (relation): _____
City: _____ State: _____ Zip: _____ Home Phone: _____
DOB: _____ Race: _____ Gender: _____ Bus# _____ Locker No. _____
Birth City: _____ Grade: _____ CDIB# _____ Tribe: _____

If **NEW** student, previous school attended (school name, address, telephone #, and fax #):

Mother/Guardian (with whom child resides): _____

Cell Phone: _____ Email Address: _____

Employer: _____ Employer Phone: _____

Works on Federal Property: _____ Yes _____ No _____

Father/Guardian (with whom child resides): _____

Cell Phone: _____ Email Address: _____

Employer: _____ Employer Phone: _____

Works on Federal Property: _____ Yes _____ No _____

Student is living with: _____ Father & Mother _____ Mother Only _____ Father Only
_____ Mother & Step-Father _____ Father & Step-Mother _____ Both Grandparents
_____ Grandmother Only _____ Grandfather Only _____ Legal Guardian _____ Foster Parents

Other Persons to contact in case of emergency:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Other Names of people who may pick up your child:

For your child to enroll you **MUST** bring the following items:

IMMUNIZATION RECORDS, BIRTH CERTIFICATE, SOCIAL SECURITY CARD, CDIB CARD (if applicable)

EAGLETOWN HIGH SCHOOL

P.O. BOX 38, Eagletown, Oklahoma 74734 * Phone:(580)835-2242

Dear Parents/Guardians

Please fill out this form stating who has your permission to check you child out of school. This form must be turned into the office as soon as possible. If you have any court documents pertaining to this please bring it to the high school office so a copy can be put in your child's folder. This does not include office personnel. To be checked out of school, the persons on this list **MUST** call the high school on the day the student is to be check out. If a student is going to be checked out at the lunch period, the person checking the student out must come to the high school office and pick up the child.

UNTIL THIS FORM IS ON FILE IN THE OFFICE, YOU CHILD CAN NOT BE CHECKED OUT.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Thank You,

Brian Armstr
Superintende

I _____ (Parent/Guardian) have read and fully understand the above statement.

_____ STUDENT'S NAME

_____ DATE

CORPORAL PUNISHMENT CONTRACT

EAGLETOWN SCHOOL USES CORPORAL PUNISHMENT AS A DISCIPLINARY INSTRUMENT IF YOU AS A PARENT SUPPORT OR OBJECT TO YOUR CHILD RECEIVING CORPORAL PUNISHMENT, PLEASE SIGN THE FORM TO NOTIFY US OF THIS AND RETURN IT TO US. SCHOOL POLICY MANDATES THAT CORPORAL PUNISHMENT IS TO BE CARRIED OUT BY A SCHOOL ADMINISTRATOR WITH A CERTIFIED TEACHER AS A WITNESS. IT MUST BE UNDERSTOOD THAT IF YOUR CHILD IS NOT ALLOWED TO RECEIVE CORPOAL PUNISHMENT, AN ALTERNATE FORM OF PUNISHMENT WILL BE USED. WHICH MAY INCLUDE SUSPENSION FROM SCHOOL.

THANK YOU FOR YOUR COOPERATION!

_____ I SUPPORT THE USE OF CORPORAL PUNISHMENT AND GIVE MY PERMISSION FOR IT TO BE ADMINISTERED WHEN NECESSARY.

_____ I SUPPORT THE USE OF CORPORAL PUNISHMENT AND GIVE MY PERMISSION FOR IT TO BE ADMINISTERED WHEN NECESSARY BUT WOULD LIKE TO BE CONTACTED BEFOREHAND.

TEL# _____
ALT# _____

_____ I DO NOT WANT MY CHILD TO RECEIVE CORPORAL PUNISHMENT, AND I UNDERSTAND THAT MY CHILD WILL RECEIVE AN ALTERNATE FORM OF PUNISHMENT, POSSIBLY SUSPENSION FROM SCHOOL.

TEL# _____
ALT# _____

PLEASE CHECK ONE OF THE ABOVE.

PARENT'S SIGNATRE DATE

STUDENT'S SIGNATURE DATE

PARENTAL CONSENT FOR MEDICAL TREATMENT

The undersigned hereby authorizes Eagletown Schools to obtain medical treatment from a licensed physician for:

Legal name of child

Date of birth:

in the event of an emergency requiring such treatment.

The undersigned further agrees that Eagletown Schools will not be held liable for injuries sustained as a result of the medical treatment:

Parent or Gaurdian Signature:

Any allergies or medical problems of which a physician should be informed:

PARENTAL AUTHORIZATION TO ADMINISTER MEDICINE:

I understand that under state law the Board of Education, the School District, or employees of the District shall not be liable to the student or the student's parent or guardian for civil damages for personal injuries to the student which result from acts of omissions of school employee in administering the medicine I have herby authorized.

PLEASE INITIAL EACH SPACE IF YOU APPROVE OF MEDICATION:

_____ Non-Prescription medication: Tylenol, IBProfen, Pepto, Cough Drop, Etc..

_____ Prescription Medicatoin: Medicine must have aclear instruction to the school for administering to your child.

CELL PHONE/ELECTRONIC DEVICES POLICY

Students may use cell phones and electronic devices on campus before school begins, after school ends, during lunch, and at the discretion of each classroom teacher. These devices may only be used on the school yard south of the school building. They must be kept out of sight and turned off in the hallways, auditorium, gym, and classrooms. **Placing a cell phone on vibrate or texting is not considered off and is prohibited.**

Unauthorized use of such devices disrupts the instructional program and distracts from the learning environment. Therefore, unauthorized use is grounds for confiscation of the device by school officials, including classroom teachers. Repeated unauthorized use of such devices will lead to disciplinary action.

If a student is found in violation of this policy, discipline will be a 2nd level offense. Punishment may include, but is not limited to: Phone taken from student, Parental Conference, Detention, Corporal Punishment, Suspension, Contacting of Authorities. (Punishment will increase in severity with each repeated offense and severity of offense.)

Using a cell phone to record or video tape is prohibited. Any recording of negative comments, pictures, or video regarding students or staff which is posted to any social media site or shared will result in the following disciplinary action:

- **FIRST OFFENSE:** 1 week noon detention
- **SECOND OFFENSE:** 2 days suspension
- **THIRD AND SUBSEQUENT OFFENSES:** 3 days suspension

Any recording, posting or sharing of fights which occur during the school day or at school event will result in the following disciplinary action:

- **FIRST OFFENSE:** 5 days suspension
- **SECOND AND SUBSEQUENT OFFENSES:** 10 days suspension

Failure to comply with staff directive to surrender a cell phone or electronic device will be considered defiance of authority and will subject the student to other disciplinary action according to the student handbook.

Parents needing to contact their student(s) are requested to contact the school office for assistance. Students who need to use a phone during the school day must use a school phone. School phones will be available for students who have appropriate permission to use them.

Note: Cell phones will be allowed for after school activities to reach parents/guardians for pick-up times after practices or trips.

Egletown Public Schools personnel are not responsible for any lost, stolen or damaged cell phones or electronic devices.

Parent/Guardian Signature Date

Student Signature Date

EAGLETOWN PUBLIC SCHOOLS



**P.O. BOX 38 ♦ 25 SCHOOL STREET ♦ EAGLETOWN, OK 74734
PHONE 1-580-835-2242 OR 2241 ♦ FAX 1-580-835-7420**

Administration

**Brian Armstrong, Superintendent
Brian Armstrong, Elementary Principal
Jammie Bean, High School Principal**

Board of Education

**Paul Lambert Colie Wilkes
James Griffin Michael Laster**

MEDIA RELEASE FORM:

We love to share good news about our students which means your child may have the opportunity to appear in the local paper and/or the school website. Also, we do have a school yearbook that will come out each fall. We need your consent to allow us to share your child's photo with the paper and/or yearbook company and/or school controlled websites. Please check your preference in this matter below.

PLEASE RETURN THIS FORM PROMPTLY. WE MUST HAVE THIS FORM ON RECORD.

_____ I do give my consent to allow my student's image to be share with the newspaper, school controlled websites/media and/or Yearbook Company.

_____ I do NOT give my consent to allow my student's image to be shared with outside sources.

Student's Name

Parent's Signature

PERMISSION FOR INTERNET ACCESS

1. **Acceptable Use:** Use must be in support of education and research and must be in accordance with the educational objectives of Eagletown School.
2. **Use of the internet:** Use is a privilege, not a right. Inappropriate use will result in cancellation of the privilege. Each student who receives access will participate in a discussion with a faculty member pertaining to the proper use of the network. The Eagletown administrators and teachers will deem what is appropriate use, and their decision is final. Eagletown School may deny, revoke, or suspend specific user access.
3. **Netiquette:** Students and adult users are expected to be polite, use appropriate language, not reveal personal address or phone number or addresses and phone numbers of students or colleagues; to conduct no illegal activities, to perform no operation which disrupts normal network use, and to treat all communications and information as private property.
4. **Warranties:** Eagletown School and the Oklahoma State Department of Education make no warranties of any kind, whether expressed or implied, for the service they are providing.
5. **Security:** If you recognize a security problem on the internet, you must notify the system administrator. Do not demonstrate any problems to other users. Do not use another individual's account without written permission. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the internet.
6. **Vandalism:** Vandalism (any malicious attempt to harm or destroy hardware, data of another user, Internet, or any agencies or other networks that connect to the NSFNET Internet backbone) will result in cancellation of privileges.
7. **Access:** For a student to access the internet, they must have this form on file at the school, have been talked to about internet use by a faculty member, and have permission from a teacher specifying the educational purpose for internet access.

I the undersigned parent/guardian understand how the internet is to be utilized, have visited with my child about the proper use of the internet, and accept responsibility for any misuse by my child.

Child's Name

Grade

Date

Parent/Guardian's Signature

**EAGLETOWN ELEMENTARY
FIELD TRIP PERMISSION FORM**

I understand that school field trips are an important part of my child's education. Therefore, I give my permission for my child to go with his/her class to such events. I will always be informed in writing before such events take place.

I also give my permission for my child to receive any medical attention that may be needed on any of these field trips.

Child's Name _____

Signature of Parent/Guardian _____

LOST/DESTROYED BOOK AFFIDAVIT

I, _____ accept responsibility for any books, including library books, issued to my child during the current school year. If any book is lost, damaged or destroyed, I agree to pay for them before my child is issued any further text or library books.

Child's Name _____

Parent/Guardian Signature _____

Date _____

STAFF-STUDENT COMMUNICATIONS
Parent/Guardian Notification and Permission Form

Dear Parent/Guardian:

At the beginning of this school year we are sending notice that our staff has been directed not to communicate with students via telephone, email, instant message, or Internet website without specific written permission from a parent or guardian. Attached please find a permission form that you may utilize to grant permission for school employees to contact your child outside school hours. Please feel free to contact school administration regarding any violations of this policy.

Sincerely,

Administration

FORM

I, _____, authorize _____ Public Schools to communication with my child, _____, outside school for issues related to _____.

I approve communication through the following methods (check any that apply):

_____ Home telephone _____

_____ Cell phone _____

_____ Email _____

_____ Social Networking Site _____

_____ I do not authorize _____ Public Schools or its staff to communicate with my child outside school. Please contact me to relay information to my child.

Dated this ____ day of _____, 20____.

Parent/Guardian

Adoption Date: 3/17

Revision Date(s):

Page 1 of 1

STUDENT RESIDENCY

It is the policy of the Eagletown Board of Education that the residence of any child for school purposes shall be the legal residence of the parents, legal guardian, or person having permanent legal custody who holds legal residence within the district as defined in 70 O.S. Article 1-113 ©. Provided that such parent, legal guardian, person, or institution having legal custody contributes in a major degree to the support of such child. Provided, further, that any child residing in the district who is entirely self-supporting in the school district. Questions concerning legal residence of children shall be determined pursuant to procedures utilized by the State Department of Education in accordance with 770 O.S. Article 1-113.

An adult who does not fall within the categories listed above, who holds legal residence in the district, and who has assumed permanent legal custody and care of the child may file an affidavit with the school district attesting that custody has been assumed. The affidavit must include the reasons for assuming custody. The superintendent and/or principal shall consider the facts of each case and shall approve residency only if it is demonstrated that the custody arrangement is permanent, that the adult contributes in a major degree to the support of the child, and the affidavit is in compliance with 70 O.S. Article 1-113. (A) (1).

The superintendent/principal may require the submission of evidence of residency in order to determine whether the student is eligible to attend the public schools or program necessarily limited to, the following:

1. Proof of payment of local personal income tax or ad valorem taxes;
2. Title to residential property in the district, or a valid unexpired lease agreement, or receipts for payment of rent on a district residence in which the applicant actually resides;
3. Proof of provisions of utilities;
4. A valid, unexpired motor vehicle operator's permit or motor vehicle registration;
5. Maintenance of voter registration;
6. Notarized affidavit transferring parental control of a minor child, verifying residency, and verifying that the affiant has assumed the permanent care and custody of the student. The affidavit shall require the adult who provides the affidavit to affirm in such affidavit that the custody arrangement is permanent and that the adult contributes the major degree of support to the child. Any person who willfully makes a statement in the affidavit which that person knows to be false shall, upon conviction, be guilty of misdemeanor punishable by imprisonment in the county jail for not more than one (1) year or a fine of not more than (\$500.00) Five Hundred Dollars or both such fine and imprisonment. The affidavit must be made in compliance with the provisions of 70 O.S. 1-113 (A) (1).

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 _____

Impact Aid Program Survey Form

The survey date is _____

All boxes must be filled in with complete information if applicable

STUDENT INFORMATION

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Address			City		State
If the above property is a federal property, enter the name of the property.			Name of federal property		

Fill in the above boxes with complete and accurate information

PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN

Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States *and* 2) either parent/guardian with whom the student resided was employed on federal property, *or* 3) either the parent/guardian reported to work on federal property *on the survey date*. Enter the parent/guardian's name as it appears on the employer's payroll record.

Parent/Guardian's Last Name	First Name and M.I.	Name of Parent/Guardian's Employer			
Address of Parent/Guardian's Employer		City		State	Zip Code
Name of federal property					
Address of federal property		City		State	Zip Code

Fill in the above boxes with complete and accurate information

PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES

Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States *on the survey date*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
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Fill in the above boxes with complete and accurate information

PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official and a foreign military officer *on the survey date*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
Name of Foreign Government			

Fill in the above boxes with complete and accurate information

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Education Act), and *may* be provided to the U.S. Department of Education *if* your school district's application for payment is audited. This form *must* be signed and dated for your school district to receive funds based on this information.

*** By signing this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.**

→Signature of Parent/Guardian _____ →Date _____

Eagletown Public Schools Student Enrollment Questionnaire

Student Name:	Today's Date:
Date of Birth:	Grade: School:

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

Where are you and your family currently living? Please check one of the boxes below.

Section A

Rent/own my own home or apartment

STOP: *If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your own home or apartment, please continue to the next section.*

Section B

- Temporarily with another family member or friend until we can locate affordable housing
- In an emergency or transitional shelter
- In a vehicle, park, campground, or on the streets
- In a house, building, or trailer WITHOUT running water or electricity
- In a hotel or motel
- With an adult that is not a parent or legal guardian
- Alone or in different locations, without an adult serving as a caregiver
- Wherever I can find a place to stay at night
- Other Please Explain:

If you checked a box in section B, in the space below please list all children currently living with you who attend "name" Public Schools.

First and Last Name of Student	Male or Female	Date of Birth	Grade	School Name

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child? YES NO

The undersigned certifies that the information provided is correct and accurate.

(Print) Parent/Guardian or Adult Caring for the Student: _____

Relationship to the Student: _____ **Signature:** _____

Street Address _____ **City** _____ **State** _____ **Zip** _____

Phone Number: _____ **Email Address:** _____



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

Dear Parents,

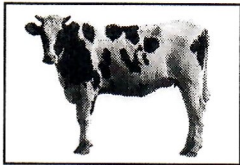
In order to better serve your children, the _____ school district would like to identify students who may qualify to receive additional educational services.

The information provided below will be kept confidential.

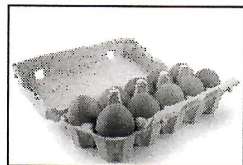
Section A

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

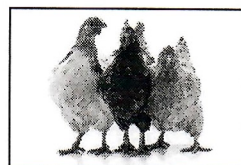
- Yes No 1. Have you or your family moved from one residency to another residency in another city or town to do seasonal or temporary work related to agriculture in the last 3 years?
- Yes No 2. Have your child(ren) moved from one school district to another school district so you or your spouse could 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.



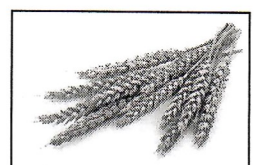
Livestock:
Cattle, pigs,
sheep, dairy, etc.



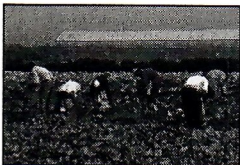
Eggs



Chickens



Crops:
Wheat, corn,
soybeans, etc.



Harvest:
Vegetables,
Fruit, etc.



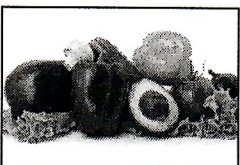
Cotton



Hay



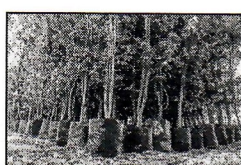
Nursery:
Greenhouse,
sod, etc.



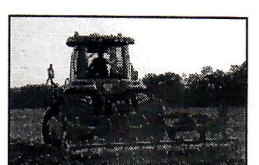
Vegetables



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 you are a CEP or Provision school. ***Please remember economic disadvantaged is not the same as the lunch status for a student.*** A student could be at a CEP or Provision site or district but not be considered economically disadvantaged and vice versa.

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

STUDENT INFORMATION

Name of Student: _____ Grade: _____
 Last Name First Name Middle Name

Date of Birth: _____ School: _____ Student ID # _____ Gender: Male _____ Female _____
 MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? Yes _____ No _____

Select one or more of the following races:

_____ African American/Black _____ American Indian/Alaskan Native _____ Asian
 _____ Native Hawaiian/Pacific Islander _____ Caucasian/White

1. What is the dominant language **most often** spoken by the student? _____
2. What is the language **routinely** spoken in the home, regardless of the language spoken by the student? _____
3. What language was **first** learned by the student? _____
4. Does the parent/guardian need **interpretation** services? Yes _____ No _____ If so, what language? _____
5. Does the parent/guardian need **translated** materials? Yes _____ No _____ If so, what language? _____
6. What was the date the student first enrolled in a school in the United States? _____
 MM/YYYY

Date (MM/DD/YYYY)

Parent / Guardian Signature

SCHOOL USE ONLY

Please have test score documentation available for the Regional Accreditation Officer to review.

- Other language than English indicated **TWO OR MORE** times on questions 1 – 3 above. The student is classified as "more often" and automatically qualifies as **bilingual** on the accreditation report.
- Other language than English indicated **ONLY ONCE** on questions 1 – 3 above. The student is classified as "less often" and only qualifies as **bilingual** on the accreditation report **if he or she meets one of the following** (any selection below **REQUIRES** appropriate documentation):
 - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool (PKST).
 - 2. Scored Basic or Below Basic in ELA on the Oklahoma State Testing Program (OSTP).
 - 3. Scored at or below the 35th percentile (or equivalent) composite reading score on the most recently administered state approved norm-referenced test (NRT). Qualifying score must not pre-date the start of the spring semester of the previous school year.

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs, or Alternate ACCESS	Date of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL
	Composite / Overall Score		Composite / Overall Score
	1.		1.
	1.		
	1.		

Date(s) of ELA OSTP	Score(s) on ELA OSTP			
	Below Basic	Basic	Proficient	Advanced
	Below Basic	Basic	Proficient	Advanced
	Below Basic	Basic	Proficient	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Composite / Percentile Score(s)

Question 1: Reference WAVE code 1036
 Question 2: Reference WAVE code 1037
 Question 3: Reference WAVE code 1038

