

CLEVELAND PUBLIC SCHOOLS



600 North Gilbert Ave.
Cleveland, Ok 74020

Main Line: (918) 358-2210
Fax: (918) 358-3071

Whole Student, Whole Community

On behalf of the board of education, administration, and staff, I want to welcome you to Cleveland Public Schools. We are a community dedicated to serving over 1600 students ranging from our four-year old program through high school. Our students are truly amazing people whose talents shine every year in the classroom, on the stage, on the field and in our wide range of extra-curricular opportunities.

Our vision is to work with students, staff, families, and the community to ensure every student is ready for college and career; through a focus on data, research based best practices, and engagement with students to be active partners in their learning. We take this vision seriously and utilize it as our primary guide and invite you to join us as we work to:

- Establish excellence in all facets of their work.
- Celebrate both student growth and attainment.
- Sustain learning environments that are challenging and attentive to the diverse learning needs of all students using a variety of methods to deliver content.
- Teach students to embrace ethics, values, and character.
- Promote student engagement and belief in their own learning.
- Engage and build positive relationships with students.
- Cultivate critical and creative thinkers, and nurtures collective inquiry.
- Institute a challenging curriculum using traditional, virtual, and blended environments to prepare students for their future.
- Foster a safe environment for the educational, emotional, and physical needs of all.
- Provide and support staff development and opportunities for professional growth.
- Allocate resources in concert with the district's vision.

I want to welcome all members of our community to be part of the work and events that take place at our schools and look forward to serving every student who walks through our doors. I hope you find the Cleveland area to be a great place to live, attend school, and raise a family.

Welcome to our district. We look forward to getting to know you better.

Sincerely,

Alan Baker

Superintendent of Schools

For Administration Use:

Enrolled on: _____

Previous Enrollment: _____

Student ID: _____

START DATE: _____

STUDENT NAME: _____

Documentation Required to Complete Enrollment for NEW Students

- Complete Enrollment Packet (Attached)
 - i) Record Transfer
 - ii) Student General Information Sheet
 - iii) Home Language Survey
 - iv) Indian Education Form/CDIB Card
- Vaccination Records
- Birth Certificate
- Proof of Residency; Please note we will NOT be able to enroll your child without proof of residency unless you and/or the student is eligible under McKinney Vento. (Please see attached McKinney Vento questionnaire and complete if eligible.)

Documentation Required to Complete Enrollment for TRANSFER Students

- Complete Enrollment Packet (Attached)
 - i) Record Transfer
 - ii) Student General Information Sheet
 - iii) Home Language Survey
 - iv) Indian Education Form/CDIB Card
- *Vaccination Records
- *Birth Certificate
- *Official Transcript
- Proof of Residency

*Items often transferred from previous school district BUT are not always a part of the record. To avoid delays in enrollment it is best to bring the items with you.

Athletics

Please note if students are interested in athletics a physical is **required** before they can participate.

Completed enrollment forms can be returned to the Superintendent's office and any questions can be directed to Jessica Cavin (918) 358-2210 x200

STUDENT GENERAL INFORMATION SHEET

SCHOOL YEAR: 2021-2022

Date Enrolled _____

Start Date _____

STUDENT INFORMATION

LEGAL NAME AS SHOWN ON BIRTH CERTIFICATE

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____

PREFERRED NAME _____

PLACE OF BIRTH _____

DATE OF BIRTH _____

AGE _____ GRADE _____ MALE _____ FEMALE _____

ETHNICITY (Circle)

- 1. Hispanic/Latino
- 2. Not Hispanic/Latino

RACE (Circle)

- 1. Black
- 2. American Indian
- Tribal Affiliation: _____
- 4. Asian
- 5. Pacific Islander
- 6. White

Foster: _____ Yes _____ No

NATIVE LANGUAGE: (Please Circle One)

English _____ Other/If Other Please Specify: _____

INDIVIDUALIZED EDUCATION PLAN (IEP) Y OR N

OHLAP (OKLAHOMA'S PROMISE) Y OR N

GIFTED PROGRAM Y OR N

504 PLAN Y OR N

PREVIOUS SCHOOL _____

SCHOOL ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____

WILL STUDENT NEED TRANSPORTATION?

YES _____ NO _____ IF YES BUS# _____

Student UID _____

PARENT/LEGAL GUARDIAN INFORMATION

(1) Name: _____

RELATIONSHIP _____

ADDRESS _____

CITY/STATE/ZIP _____

MAILING _____

PRIMARY PHONE _____

WORK PHONE _____

E-MAIL _____

VET/MILITARY STATUS _____

(2) Name: _____

RELATIONSHIP _____

ADDRESS _____

CITY/STATE/ZIP _____

MAILING _____

PRIMARY PHONE _____

WORK PHONE _____

E-MAIL _____

VET/MILITARY STATUS _____

LOCAL EMERGENCY CONTACTS

(3) NAME _____

PHONE _____

RELATIONSHIP TO STUDENT _____

(4) NAME _____

PHONE _____

RELATIONSHIP TO STUDENT _____

****DO NOT WRITE BELOW ****

TEACHER: _____ NOTES: _____

STUDENT NAME _____ STUDENT UID# _____

OTHER SIBLINGS IN SAME SCHOOL DISTRICT

NAME _____ GRADE _____

NAME _____ GRADE _____

NAME _____ GRADE _____

NAME _____ GRADE _____

PLEASE LIST ANY ALLERGIES/MEDICAL CONDITIONS STUDENT HAS:

DOES STUDENT TAKE ANY PRESCRIPTIONS? YES NO
IF YES, PLEASE LIST ALL MEDICATIONS:

ANY ADDITIONAL COMMENTS/THINGS WE NEED TO KNOW:

REQUEST FOR STUDENT RECORDS

PREVIOUS DISTRICT OR AGENCY: _____

Address City State Zip Phone/Fax#

In accordance with the Family Education Rights and Privacy Act (FERPA, 34 CFP 99.31) transfer of education records is requested for:

Name of Child Birthdate Current Grade

Is this student currently suspended or expelled: Yes No

Request for education records includes, but is not limited to: health, grades, cumulative, any reading/math assessments and special education records.

The student intends to enroll or is enrolled in our school district. Therefore, please send records to:

Special Education Becky Littrel 918-358-2210 ext 203 Fax 918-358-2532
600 N Gilbert Ave Special Services Director beckylittrel@clevelandtigers.com
Cleveland, OK 74020

Gifted Program Becky Littrel 918-358-2210 ext 203 Fax 918-358-3071
600 N Gilbert Ave Special Services Director beckylittrel@clevelandtigers.com
Cleveland, OK 74020

Primary School (PK-2) Val Vaughan 918-358-2210 ext 700 Fax 918-358-2532
300 N Gilbert Ave Secretary valerievaughan@clevelandtigers.com
Cleveland, OK 74020

Intermediate School (3-5) Sarah McArthur 918-358-2210 ext 300 Fax 918-358-2550
705 N Swan Dr Secretary sarahmcarthur@clevelandtigers.com
Cleveland, OK 74020

Middle School (6-8) Karen Sizemore 918-358-2210 ext 400 Fax 918-358-5825
322 N Gilbert Ave Secretary karensizemore@clevelandtigers.com
Cleveland, OK 74020

High School (9-12) Sandy Harper 918-358-2210 ext 507 Fax 918-358-2141
323 N Gilbert Ave Secretary sandyharper@clevelandtigers.com
Cleveland, OK 74020

GUARDIAN SIGNATURE: _____ DATE: _____

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 _____

For Parent/Guardians:

Definitions:

Indian means an individual who is (1) A member of an Indian Tribe or Band, as membership is defined by the Indian Tribe or Band, including any Tribe or Band terminated since 1940, and any Tribe or Band recognized by the State in which the Tribe or Band resides; (2) A descendant of a parent or grandparent who meets the requirements described in paragraph (1) of this definition; (3) Considered by the Secretary of the Interior to be an Indian for any purpose; (4) An Eskimo, Aleut, or other Alaska Native; or (5) A member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect on October 19, 1994.

Student Information: Write the name of the child, date of birth, grade level, name of school and school district. Only name one child per form.

Tribal Membership: Write the name of the individual with the tribal membership, if it is not the child listed. Only one name is needed for this section, even though multiple persons may have tribal membership. Select only one identifier: the child, child's parent or grandparent, for whom you can provide membership information.

Write the name and address of the organization that maintains updated and accurate membership data for such Tribe or Band of Indians. The name does not need to be the official name as it appears exactly on the Department of Interior's list of federally recognized Tribes, but the name must be recognizable and be of sufficient detail to permit verification of the eligibility of the Tribe. Check only one box indicated whether it is a Federally Recognized, State Recognized, Terminated Tribe or Organized Indian Group. Write the enrollment number establishing the membership for the child, parent or grandparent, if readily available, or other evidence of membership.

Attestation Statement: Provide the printed name of parent/guardian and signature, address, phone number and email of the parent or guardian of the child. The signature of the parent or guardian of the child verifies the accuracy of the information supplied.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1810-0021. The time required to complete this portion of the information collection per type of respondent is estimated to average: 15 minutes per Indian student certification (ED 506) form; including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Indian Education, U.S. Department of Education, 400 Maryland Avenue, S.W., LBJ/Room 3W238, Washington, D.C. 20202-6335

McKinney Vento Questionnaire

The McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines “homeless” as “individuals who lack a fixed, regular, and adequate nighttime residence.” This includes children who “are temporarily sharing the housing of other persons due to the loss of housing or economic hardship.” **If you feel this applies to you, please complete this form.**

Student Name

Birthdate

Grade.

Please check all that apply below:

- Rent/Own my own home or apartment with running water and electricity
- Temporarily with another family member/friend. Please answer questions on the back of this form.
- In a shelter, including transitional housing shelters; awaiting foster care, etc
- Living in a vehicle, park, campground, or on the streets
- Living in a house, building, or trailer WITHOUT running water or electricity
- Living in a hotel/motel
- Student living with an adult that is not a parent/legal guardian
- Student living alone or in different locations, without an adult serving as a caregiver
- Living wherever I can find a place to stay at night

I have read the information provided and indicated our living circumstances above with regard to the McKinney-Vento Act.

Parent/Guardian Name

Signature

Date

For Office Use Only: Does NOT Qualify Does Qualify under McKinney-Vento Act

McKinney-Vento Liaison/Appointee Signature:



STUDENT INFORMATION

Name of Student: _____ Grade: _____
 Last Name First Name Middle Name
 Date of Birth: _____ School: _____ Student ID # _____ Gender: Male _____ Female _____
 MMDD/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 (MMDD/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 2.0, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool.
 - 2. Scored unsatisfactory or limited knowledge in Reading on the Oklahoma State Testing Program (OSTP).
 - 3. Scored at or below the 35th percentile (or equivalent) composite reading score from spring of the previous school year on a state approved norm-referenced test (NRT).

DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs 2.0, or Alternate ACCESS		Date(s) of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL	
	Composite Score	Literacy Score		Composite Score	Literacy Score
	1.	2.		1.	2.
	1.	2.			

Date(s) of Reading OSTP	Score(s) on Reading OSTP			
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	Advanced
	Unsatisfactory	Limited Knowledge	Satisfactory	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	Reading Total Composite Score(s) %

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

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

10.6.0.

Section B

Parents' Names _____

Address _____

_____ State ZIP Code

City _____

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

Programa Educativo Oklahoma Título I, Parte C

Encuesta Familiar de Identificación y Reclutamiento

Queridos padres,

Para servir mejor a sus hijos, el distrito escolar de quisiera identificar estudiantes que podrían calificar para recibir servicios educativos adicionales.

La información proporcionada abajo se mantendrá confidencial.

Sección A

Por favor responda las siguientes preguntas y devuelva el formulario de encuesta a la escuela de su niño.

- Sí No 1. Usted o su familia se ha movido de una residencia a otra residencia en otro pueblo o ciudad para hacer trabajo temporal o estacional relacionado con la agricultura en los últimos 3 años.
- Sí No 2. Sus niños se han movido de un distrito escolar a otro distrito escolar para que usted o su cónyuge pueda hacer trabajo temporal o estacional relacionado con la agricultura en los últimos 3 años.
- Sí No 3. ¿Fue su mudanza debido a necesidad económica o necesidad financiera? Por ejemplo, moviéndose por trabajo o porque el trabajo terminó.
- Sí No 4. Alguien en su familia ha trabajado en algo relacionado a los trabajos listados abajo? trabajo por cuenta propia y trabajando o siendo dueño de su propia tierra o negocio no califica.



Ganadería:
vacas, cerdos,
ovejas, lecherías, etc.



Granja de huevos



Granja de pollos



Cultivos:
Trigo, maíz,
frijol, etc.



Cosechas:
vegetales,
frutas, etc.



Algodón



Heno



Vivero:
invernadero,
césped, etc.



Vegetales



Procesamiento:
carnes, frutas,
arboles, vegetales,
etc.



Arboles:
madera, plantas,
flores, etc.



Preparación del suelo

Sección B

Nombre de los Padres

Dirección

Ciudad Estado Código Postal

Teléfono Mejor tiempo para llamarle

Por favor anote todos los hijos menores de 22 años de su casa (incluyéndose usted si es menor de 22) que no se graduaron de la escuela secundaria o que no obtuvieron un GED o equivalente a la secundaria:

Nombre	Fecha de Nacimiento	Grado	Escuela

SDE Use Only

County Name	County Number	District Name	District Number

Finger Scan Permission

I understand Cleveland Schools has implemented a 7 point finger scanning system similar to what is used in mobile phones in some of the district's cafeterias. I am aware my student, _____ will receive breakfast and lunch by using a lunch card if I choose to opt out of the finger scanning system.

_____ Opt in of allowing the use of the finger scan system

_____ Opt Out of allowing the use of the finger scan system

Signature: _____

Date: _____