

CLEVELAND PUBLIC SCHOOLS

600 North Gilbert Cleveland, OK 74020

For Office Use Only:

Enrolled on: _____

Previous Cleveland District 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.)

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

*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 that 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: 2023-2024

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:

Cleveland Public Schools
Authority to Transfer Education Records

PREVIOUS SCHOOL: _____
School District/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

NOTE: Request for education records includes, but is not limited to: health, grades, cumulative, all reading and math assessments including ACT/SAT etc, and special education records. If ICAP records are available please send those as well. The student intends to enroll or is enrolled in our school district. Therefore, please send records to:

**PLEASE INCLUDE DISCIPLINE RECORDS AND VERIFY IF THIS STUDENT IS CURRENTLY
SUSPENDED OR EXPELLED.**

____ Special Education 600 N Gilbert Ave Cleveland, OK 74020	Rachel Williams Special Services Director	918-358-2210 ext 203 Fax 918-358-3071 rachelwilliams@clevelandtigers.com
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____ Gifted Program 600 N Gilbert Ave Cleveland, OK 74020	Shelly Buller MS Counselor	918-358-2210 ext 403 Fax 918-358-5825 shellybuller@clevelandtigers.com
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____ Primary School (PK-2) 300 N Gilbert Ave Cleveland, OK 74020	Val Vaughan Secretary	918-358-2210 ext 700 Fax 918-358-2532 valerievaughan@clevelandtigers.com
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____ Intermediate School (3-5) 705 N Swan Dr Cleveland, OK 74020	Arleta Wilson Secretary	918-358-2210 ext 300 Fax 918-358-2550 arletawilson@clevelandtigers.com
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____ Middle School (6-8) 322 N Gilbert Ave Cleveland, OK 74020	Karen Sizemore Secretary	918-358-2210 ext 400 Fax 918-358-5825 karensizemore@clevelandtigers.com
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____ High School (9-12) 323 N Gilbert Ave Cleveland, OK 74020	Sandy Harper Secretary	918-358-2210 ext 507 Fax 918-358-2141 sandyharper@clevelandtigers.com
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Education records are maintained and released in accordance with the Family Education Rights & Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with 34 CFP 99.31

SCHOOL YEAR: 2023-2024

HOME LANGUAGE SURVEY



STUDENT INFORMATION

Student Name: _____ Grade: _____
Last Name First Name Middle NameDate of Birth: _____ School: _____ Student ID#: _____ Gender: Male ☐ Female ☐
MM/DD/YYYYIs the student of Hispanic or Latino culture or origin? YES ☐ NO ☐

Please select one or more of the following races:

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

The purpose of the following questions is to help determine if a student's exposure to a language other than English may make them eligible to receive additional English Learner (EL) supports.

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 YES, in what language? _____
5. Does the parent/guardian need translated materials? YES ☐ NO ☐ If YES, in 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 or Guardian Signature

SCHOOL USE ONLY

The response of a language other than English to any or all of questions #1, #2, and #3 above should prompt local review of the student's potential EL identification and assessment history in the state Accountability Reporting application. If no previous EL history is present, the student must be administered a state-approved screening tool to determine their EL status.

If this HLS will be used for the purposes of Non-EL Bilingual qualification, please indicate one of the following:

- ☐
- A language other than English is indicated
- TWO OR MORE TIMES**
- in questions #1, #2, and #3 above. The student is considered
- "more often"**
- and has previously demonstrated English language proficiency on the PKST* or WIDA assessment:

Assessment Name:	Year Assessed:	Score:

- ☐
- A language other than English is indicated
- ONE TIME**
- in questions #1, #2, and #3 above. The student is considered
- "less often"**
- and has demonstrated English language proficiency on the PKST* or WIDA assessment. The student's PKST* or WIDA assessment score and additional qualifying score is noted on the attached "Less Often" Non-EL Bilingual Qualification Form.

*A PKST score is valid only for a student's pre-K year(s). Regardless of the PKST score earned, a student administered the PKST must be administered the WIDA K Screener at the outset of kindergarten. To qualify a student as Non-EL Bilingual beyond their pre-K year, a student must either demonstrate initial proficiency on the WIDA K Screener or subsequently on the K ACCESS or ACCESS assessment.

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School Year 2023-2024 Economically Disadvantaged Form

This application should be completed even if your student attends a Community Eligibility Provision or Provision School.

School: _____ Grade: _____ Student Number: _____

Student Name: _____

Please select the income range that represents the total annual gross income:

- | | | |
|---|---|---|
| <input type="radio"/> Less than \$25,142 | <input type="radio"/> Between \$51,338 and \$60,070 | <input type="radio"/> Between \$86,266 and \$94,998 |
| <input type="radio"/> Between \$25,142 and \$33,874 | <input type="radio"/> Between \$60,070 and \$68,802 | <input type="radio"/> Between \$94,998 and \$103,730 |
| <input type="radio"/> Between \$33,874 and \$42,606 | <input type="radio"/> Between \$68,802 and \$77,534 | <input type="radio"/> Between \$103,730 and \$112,462 |
| <input type="radio"/> Between \$42,606 and \$51,338 | <input type="radio"/> Between \$77,534 and \$86,266 | <input type="radio"/> Between \$112,462 and \$121,194 |

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

Phone (918) 358-2210 extensions are as follows:
Superintendent's Office ex 200, High School ex 501/507, Middle School ex 400,
Intermediate School ex 300, Primary School ex 700
Fax (918) 358-3071

CLEVELAND PUBLIC SCHOOLS

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McKinney-Vento Questionnaire

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

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.

☐ 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.

☐ Temporarily with another family member/friend- Only applies if student does not have their own bed or adequate sleeping arrangements. (Sharing beds, couch, air mattress, etc.)

☐ In a shelter, including emergency/transitional housing shelters; awaiting foster care, etc

☐ Living in a vehicle, park, campground, or on the streets (RV/Tent/Etc.)

☐ Living in a house, building, or trailer WITHOUT running water or electricity

☐ Living in a hotel/motel (AirBnB, etc)

☐ Student living with an adult that is not a parent/legal guardian- Only applies if student does not have their own bed or adequate sleeping arrangements. (Couch, air mattress, etc.)

☐ 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

☐ 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 Cleveland Public Schools.

First & Last Name of Student	Male/ Female	Date of Birth	Grade	School Site (Primary, Int. MS, HS)

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your McKinney-Vento eligible child? ☐ Yes ☐ No

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

Parent/Guardian or Adult caring for the student: _____

Relationship to Student: _____ Signature: _____

Street Address/Mailing Address _____

Phone Number: _____

Phone (918) 358-2210 extensions are as follows:

Superintendent's Office ex 200, High School ex 501/507, Middle School ex 400,

Intermediate School ex 300, Primary School ex 700

Fax (918) 358-3071

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