

**FOR OFFICE USE ONLY**

Student ID# \_\_\_\_\_  
 Entry code \_\_\_\_\_  
 Bus# \_\_\_\_\_  
 Miles from school \_\_\_\_\_  
 Date Enrolled \_\_\_\_/\_\_\_\_/\_\_\_\_

**DUKE PUBLIC SCHOOL**

P.O. Box 160  
 Duke, OK 73532  
 Phone (580) 679-3311  
 Fax (580) 679-3017

**Enrollment Form 2016-2017**

Address of last school attended if different: \_\_\_\_\_  
 (Grade) (City) (State)

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex:    M    F  
 (Last) (First) (Middle) (Circle One)

Circle One Race (State Dept. Reporting Purposes Only):

   Spanish American    African American    Native American    Asian    Caucasian    Pacific Islander

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
 (Mo) (Day) (Year) (City) (State)

SSN: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ P.O. Box # \_\_\_\_\_ City, State, & Zip code: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, & Zip code: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (Some notices will be sent out by e-mail, please help us keep your address current.)**

Parent/Guardian #1: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**LIST TWO EMERGENCY NAMES AND PHONE NUMBERS**

Emergency Name #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Name #2: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ has permission to pick up my child.

**CORPORAL PUNISHMENT**

Corporal punishment may only be given to a student who has a "Parental Consent to Administer Corporal Punishment" form signed by the student's parent/guardian on file in the principal's office. Swats will be given and witnessed by certified personnel in a school office, room, or other place out of the presence of other persons. Not more than 2 swats will be given in a school day. The swats will be given with reasonable force be a wooden paddle on the buttocks of the student.

\_\_\_\_ Yes, I give permission for corporal punishment to be used as a disciplinary tool for my child as a last resort.

\_\_\_\_ No, I do not want corporal punishment to be used as a disciplinary tool for my child. I understand as stated in the handbook, the student will immediately receive day(s) of out of school suspension in lieu of corporal punishment for the discipline violation per the circumstances for which corporal punishment would normally be administered.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

With regard to the child:

YES NO Copy of birth certificate.

YES NO Copy of current immunization card.

YES NO Permission to recognize you child in the newspaper, school website, or media.

YES NO Taking any medication on a regular basis: Med. Name: \_\_\_\_\_

**Continue on Back**

YES NO Known allergies: Allergy and Reaction: \_\_\_\_\_

YES NO Child understands guidelines set forth in the internet usage policy. (handout in enrollment packet)

HEALTH INFORMATION: List any health conditions such as heart disease, epilepsy, diabetes, asthma, eye or ear problems, or any chronic conditions, etc. \_\_\_\_\_

YES NO I hereby authorize Duke Schools to administer prescription medication. Send note with medicine.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YES NO I hereby authorize Duke Schools to administer non-prescription, symptomatic medication when needed. **PARENTS WILL NEED TO SEND THESE NON-PRESCRIPTION, SYMPTOMATIC MEDICATION TO SCHOOL WITH THE STUDENT'S NAME ON IT.** The school assumes no responsibility for possible side effects of any medication administered.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YES NO I authorize Duke Schools or other health professional to transport and/or administer medical services for the benefit of my child in my absence. All attempts to contact the parent will have been exhausted.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DOCTOR 1<sup>st</sup> Choice** \_\_\_\_\_ **2<sup>nd</sup> Choice** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Phone #** \_\_\_\_\_

I the undersigned, do hereby authorize officials of Duke Public School district to contact directly the persons named on this paper, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on the card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for the said child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **BUS BEHAVIOR AND STUDENT HANDBOOK**

All students are under the direct control and supervision of the bus driver while on the bus. Permission for any student to ride a bus is conditioned on his/her observance of the safety and behavior code of bus riders. Students that violate any of these regulations can be denied permission to ride a bus to and from school.

*As the parent/guardian I understand that for the safety of our students, any child riding a different bus, going home with someone else or staying after school must have a note from home or a phone call to the office.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*I have received and will read/review the student handbook with my child which was created by the Duke Public School to keep the students, parents, and general public aware of the rules and regulations we feel must be observed in order for our school to run smoothly.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_