

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 2017-2018

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: _____

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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 1st Choice _____ **2nd 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 _____