



MILLWOOD PUBLIC SCHOOLS PARENT ENROLLMENT PACKET

2009-2010

ENROLLMENT CHECKLIST

Student's Name: _____

Grade: _____

If you are missing ANY of the following documents, you cannot register your child. Once you have had each document reviewed, you will be given an enrollment packet. **IF YOU ARE NOT THE BIOLOGICAL PARENT (listed on the child's birth certificate), YOU MUST PROVE THAT YOU ARE AUTHORIZED TO ENROLL THIS CHILD IN SCHOOL (i.e., Power of Attorney, Adoption Decree, DHS Certification as a Foster Care Parent, etc.)**

Parent's Signature _____ I have received the Student/Parent Handbook
Vision Screening was provided by parent _____ Yes _____ No _____

Guidelines for **Millwood Residents** (Those who are living in the Millwood district and can prove their residency)

Initial	Document
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- | | |
|-------|---|
| _____ | Proof of Residency –Two CURRENT utility bills (<i>phone, cable, gas, electric, or water</i>); Mortgage Statement; Rental/Lease Agreement, or Property Tax. |
| _____ | Verification of District (printout from Tax Commission) |
| _____ | Immunization Record-Vision Screening for Kg, 1st. and 3rd. grade |
| _____ | Social Security Card |
| _____ | Birth Certificate |
| _____ | Parent Identification (e.g., Driver's License) |
| _____ | Withdrawal Forms/Student Grades, Discipline, & Testing |

Guidelines for **Millwood Tenants** (Those who are living with/renting from a Millwood resident. **Affidavit Required**).

Initial	Document
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- | | |
|-------|--|
| _____ | Proof of Residency –Two CURRENT utility bills (<i>phone, cable, gas, electric, or water</i>) IN THE AFFIANT'S NAME ; Mortgage Statement; Rental or Lease Agreement; or Property Tax. |
| _____ | Verification of District (printout from Tax Commission) |
| _____ | Notarized Affidavit Form |
| _____ | Proof of Residency (Tenant) – Must have at least ONE piece of OFFICIAL and CURRENT mail establishing residency at the address claimed. |
| _____ | Immunization Record-Vision Screening for Kg, 1st. and 3rd. grade |
| _____ | Social Security Card |
| _____ | Birth Certificate |
| _____ | Parent Identification (e.g., Driver's License) with the Affiant's address displayed. |
| _____ | Withdrawal Forms/Student Grades, Discipline, & Testing |

Guidelines for **Millwood Transfers** (Those who have an approved transfer from the Millwood Board of Education.)

Initial	Document
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- | | |
|-------|---|
| _____ | An ORIGINAL copy of the letter granting status |
| _____ | Immunization Record-Vision Screening for Kg, 1st. and 3rd. grade |
| _____ | Social Security Card |
| _____ | Birth Certificate |
| _____ | Parent Identification (e.g., Driver's License) |
| _____ | Withdrawal Forms/Student Grades, Discipline, & Testing |

STUDENT ENROLLMENT FORM

Student's Name: _____ Birth date: _____
(Last Name) (First Name) (Middle Name)

Social Security Number: _____ - _____ - _____ Gender: Male Female

Address: _____
Street Address City State Zip Code

PARENT INFORMATION

Mother's Name: _____ Biological Parent? Yes No

Mother's Home #: _____ Mother's Work #: _____ Cell #: _____

Father's Name: _____ Biological Parent? Yes No

Father's Home #: _____ Father's Work #: _____ Cell #: _____

Either parent federally employed? Yes No If yes, which? Mother Father

Place of Employment: Mother: _____ Father: _____

Student's Race: Black Hispanic White American Indian Blk/White
Specify Race if Other: _____

SPECIAL EDUCATION INFORMATION

Has your child ever repeated a grade? Yes No If so, which grade? _____

Has your child ever been –or is currently–enrolled in Special Education? Yes No

Has your child ever been –or is currently–enrolled in Gifted Education? Yes No

Do you have a copy of your child's IEP? Yes No

Has your child ever been suspended/expelled from school? Yes No Why? _____

OTHER CHILDREN IN THE HOME

1. Name: _____ Relation: _____ DOB: _____ Grade _____

2. Name: _____ Relation: _____ DOB: _____ Grade _____

3. Name: _____ Relation: _____ DOB: _____ Grade _____

4. Name: _____ Relation: _____ DOB: _____ Grade _____

EMERGENCY CONTACT INFORMATION

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

OFFICE USE ONLY

Resident: _____ Affidavit: _____ Transfer: _____ Emergency Transfer: _____

**MILLWOOD PRE K – 12 SCHOOLS
DISMISSAL DEPARTURE PLAN**

STUDENT'S NAME: _____ **GRADE:** _____

The staff at Millwood Pre K – 12 believes the safety of all students is just as important as their education. In an on-going effort to keep all children safe, please complete the information requested below. This information will be shared with your child's teacher.

CHECK ALL THAT APPLY:

_____ My child will attend after school (if available)

_____ My child will ride the bus.

_____ My child is a car rider to be picked up by: _____

_____ My child will be picked up by a daycare:

Daycare Name: _____

Address: _____

Telephone: _____

Please indicate in the space below any other individuals and their relationship that are allowed to check your child out of school. We will not release students to anyone not listed.

"I UNDERSTAND THAT IT IS MY RESPONSIBILITY AS THE PARENT TO ALERT THE MILLWOOD STAFF OF ANY CHANGES."

PARENT'S NAME: *(Please Print)* _____

PARENT'S SIGNATURE: _____

PHONE: _____ **TODAY'S DATE:** _____

Students who remain on campus after the end of the regular school day are required to participate in after-school programs or activities. Unless under the direct supervision of staff members or prior arrangements have been made, students must vacate the building and campus immediately after the last class period. **Students must be picked up at designated location.**

Millwood Public Schools Publication Release Form

Millwood Public Schools would like to be able to use photos of students and class events on the district website, in local newspapers, magazines, etc. **No student names will ever be used on the website.** Newspaper and magazine releases will include names and photos, unless otherwise directed. It is very important that parents approve the use of their child's photo and/or name before being released.

Please check the appropriate lines below, include your signature.

_____ Yes, I approve of my child's individual photo being used on the Millwood Website.

_____ **NO**, I do not approve of my child's individual photo being used on the Millwood website.

_____ Yes, I approve of the use of my child's individual photo and name being used in district publications, newspaper releases or any other printed piece authorized by Millwood Public Schools.

_____ **NO**, I do not approve the use of my child's individual photo and name being used in district publications, newspaper releases or any other printed piece authorized by Millwood Public Schools.

Note: *Group photos will be used (without names on the website; with names in the newspaper), unless specifically directed on the student's exclusion.*

Last Name of Student: *(please print)* _____

Child's First Name: _____ Grade: _____

Child's First Name: _____ Grade: _____

Child's First Name: _____ Grade: _____

Child's First Name: _____ Grade: _____

Child's First Name: _____ Grade: _____

Parent's Signature: _____ Date: _____

PERMISSION TO RELEASE EDUCATIONAL RECORDS

STATE OF OKLAHOMA
COUNTY OF OKLAHOMA

I, _____, the undersigned person, being of lawful age, being first duly sworn, on oath, state that I am the lawful parent or guardian of _____. I further state that my rights as parent or guardian to access educational records have in no way been restricted, modified, terminated, or extinguished by any court order, decree, or custody arrangement.

I hereby grant Millwood Public Schools permission to release any and all educational records including grades as defined under the Family Education and Privacy Rights Act to _____ who has assumed the permanent care and custody of _____. I hereby state that he/she contributes the major degree of support to the child.

I hereby agree to hold Millwood Public Schools harmless in any, and all manner, which may arise out of their release of any, and all, educational records to _____.

I acknowledge that willful misstatement in this affidavit, known by me to be false, shall be a misdemeanor punishable by imprisonment not to exceed one (1) year or a fine not to exceed five hundred dollars (\$500) or both such fines and imprisonment.

Affiant

Subscribed and sworn to me this _____ day of _____, 200_____.

Notary Public or officer administering oath

My commission expires:

Seal

CENTRAL ENROLLMENT CENTER

6718 Martin Luther King Ave
Oklahoma City, OK 73111
Ph: (405) 475-1004 • Fax: (405) 475-1041
cglenn@millwood.k12.ok.us

Records Request

Date: _____

(Name of Previous School)

(Previous School's Address)

(City)

(State)

(Zip Code)

(Previous School's Telephone Number)

(Previous School's Fax Number)

(Name of Student)

(Previous Grade)

(Date of Birth)

In accordance with Millwood Board of Education Policy, I authorize the release of all records of the above listed student.

Student records should include all of the following items:

1. Transcript of all completed work,
2. Withdrawal grades,
3. Results of all administered tests,
4. Attendance Records,
5. Discipline Records,
6. All Confidential Records and Tests (if applicable),
7. Health Records, and
8. Immunization Records

Signature of Parent/Guardian

Relationship to Student

Mail or fax requested records to: Millwood Public Schools
Central Enrollment Center
6718 Martin Luther King
Oklahoma City, OK 73111
Attn: Cindy Glenn

**MEDICAL STATEMENT
FOR
CHILDREN WITHOUT DISABILITIES
Requesting Special Foods in Child Nutrition Programs**

Part I (to be filled out by SFA or Parent/Guardian)

Name of Student: _____ Age: _____

Name of Parent/Guardian: _____ Telephone Number: _____

School District: _____ School Attended by Student: _____

Part II (to be filled out by a Medical Authority)

Diagnosis (include description of the patient's medical or other special dietary needs that restrict the child's diet):

List food(s) to be omitted from diet:

List food(s) that may be substituted (diet plan):

Additional information:

_____ Date

_____ Signature of Medical Authority

_____ Telephone Number: _____

Initial Enrollment Prior Participation Form

Student Information

The following information should be completed by the parent or guardian of the student. This information is collected on a student's initial enrollment into a school district. Please print legibly.

Student Legal Name: _____
First Last

Student Date of Birth: _____
Month Day Year

Student Gender - Please check one: Male Female

Did the student participate in any of the following programs? Please indicate by checking YES or NO for each statement.

PROGRAM	YES	NO
A childcare program that is licensed pursuant to the tiered licensing system established by the Department of Human Services (a DHS licensed childcare program)		
The Sooner ^{Start} program operated by the State Department of Education		
The Oklahoma Parents as Teachers (OPAT) program operated by the State Department of Education		
The Children First program operated by the State Department of Health		
Any child abuse prevention program operated by the State Department of Health		
Any federally funded Head Start program		

**ATTACHMENT C
APPLICATION FOR FREE AND REDUCED-PRICE MEALS**

School Year: _____

Date Received: _____

Part 1: Children in School (Use a separate application for each foster child.)				
Names of All Children in School (First, Middle Initial, Last)	School Name	Grade	Birth Date	Food Stamp, TANF, or FDPIR Case Number (if any). <i>Skip to Part 4 if you list a food stamp, TANF, or FDPIR case number.</i>

Part 2: Foster Child: If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. *Skip to Part 4.*

Part 3: Total Household Gross Income—You must tell us how much and how often					
1. Name (List <i>everyone</i> in household)	2. Gross Income and How Often It Was Received				3. Check if NO Income
	<i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income	
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Part 4: Signature and Social Security Number (Adult Must Sign): An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list his or her social security number or mark the *I do not have a social security number* box. (See Privacy Act Statement on the back of this page.)
I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Sign here: X _____ Date: _____
 Address: _____ Print Name: _____
 Social Security Number: _____ Phone Number: _____
 I do not have a social security number.

Part 5: Children's Racial and Ethnic Identities (Optional)

Mark one or more racial identities:

<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	Mark one ethnic identity:
<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other	<input type="checkbox"/> Not Hispanic or Latino

Do not fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: _____ Annual Monthly Household Size: _____

Categorical Eligibility: Eligibility: Free Reduced-Price Denied Reason: _____

Zero Income Temporary Until: _____ Date Withdrawn: _____

Determining Official's Signature: _____ Date: _____

(If stamped signature is used, signature must be registered with the Secretary of State and the SFA must have this on file.)

MILLWOOD PUBLIC SCHOOLS

PARENT PORTAL SIGN-OFF

I, _____, have received my 32 digit one time activation "Campus Portal Key". I understand this number will enable me to register my username and password. I understand this will give me access to confidential information on my child/children and my username and password should be kept confidential to protect that information.

Guardian Signature

Date

MILLWOOD PUBLIC SCHOOLS PARENT PORTAL INSTRUCTIONS



We, the staff of Millwood Public Schools are excited to offer this wonderful tool of communication, Infinite Campus.

The Infinite Campus parent portal provides parents an easy access to their child's or children's information. With the use of the Internet a parent can logon to the system and view information unique to their child.

How do I get access on the Portal?

You must first, of course, be the legal guardian of a Millwood Public School's student. To gain access you must provide a photo ID. Once Id has been validated, then you must sign a release form that will be put on file. At that time you will receive a 32-digit code to access the portal.

What kind of software or computer is needed to use the Parent Portal?

NOTE: The school will not be responsible for providing in anyway Internet access or support for your individual machine.

Computer – any computer capable of running Internet Explorer 5.0 or higher, Macintosh or Windows.

Software – Internet Explorer 5.0 or higher. It is a free download from www.microsoft.com.

Internet connection – 56k modem speed or higher is recommended (DSL or Cable modem preferred).

A monitor with at least 800x600 resolution is recommended.

Acrobat Reader: To access the Reports in the Portal, you will need Acrobat Reader. It is a free download at: <http://www.adobe.com/products/acrobat/readstep2.html>

You must use Internet Explorer. What if I am an AOL user?

The Parent Portal does not support the AOL browser, but you can use Internet Explorer with AOL. First, Sign on to AOL, then minimize your screen and open Internet Explorer. Type <https://campus.millwood.k12.ok.us/campus/portal/millwood.jsp> in the address window. If you do not have Internet Explorer, you will need to install it. It is a free download from www.microsoft.com.

How do I sign on to the Portal?

Type the following address into your browser: <https://campus.millwood.k12.ok.us/campus/portal/millwood.jsp> or you can click on the Infinite Campus link on the Millwood Public Schools website at <http://www.millwood.k12.ok.us>.

After you have accessed the site, you will then click on the part to enter your "Campus Portal Activation Key" which is the 32 digit number you have been issued. Enter your number. You will then be asked to enter a username and password that is unique to yourself. Your password must be at least eight characters with at least one number included. It is important that you do not give out your user name or password to anyone else. Your

PARENTS RIGHT TO KNOW

The Board recognizes parents/legal guardians have a right to information about the qualifications of their child's classroom teachers and paraprofessionals. Therefore, pursuant to No Child Left Behind Act of 2001, P.L.107-110, and upon request, the district will provide the parent/legal guardian the following information:

- (1) Whether the teacher has met State qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction;
- (2) Whether the teacher is teaching under emergency or other provisional status through which State qualification or licensing criteria have been waived;
- (3) The baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher, and the field of discipline of the certification or degree; and
- (4) Whether the child is provided services by paraprofessionals and, if so, their qualifications.

Information will be provided whether or not the teachers and paraprofessionals are employed directly by the district or under contract with another entity.

In addition to the information that parents/legal guardians may request, the district will provide to each parent individually to protect privacy —

- (1) Information on the achievement level of the parent's child in each of the state academic assessments as required under this part; and
- (2) Timely notice that the parent's child has been assigned or has been taught for four or more consecutive weeks by a teacher who is not highly qualified.

Reference: Public Law 107-110

BOARD OF EDUCATION

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Superintendent

Revised: April 14, 2009

STATEMENT OF NON-DISCRIMINATION

Millwood Public Schools does not discriminate on the basis of sex/gender, race, color, national origin, disability, veteran or marital status in the educational program or activities that it operates pursuant to Title IV of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, and the Office of Civil Rights guidelines. Inquiries may be referred to Linda Gabriel, Educational Equity Officer, Millwood Public Schools, 6724 Martin Luther King Avenue, Oklahoma City, Oklahoma 73111-7995, telephone (405) 478-1336, or the Office of Civil Rights of the Department of Education.

Front Cover

The District logo was designed in 1999 by Clarence Bostic, former Millwood Middle School teacher. It illustrates an adult leading a child up a steep incline. The smaller figure represents the Millwood student body; the larger figure represents adult help (teachers, administrators, parents, mentors) pointing toward excellence and achievement.

The steep incline represents the body of knowledge necessary for preparation. The falcon symbolizes the ultimate level of success each hopes to attain.