



Choctaw Nation
Education Services
 Partnership of Summer School Education
Summer 2021

Choctaw Nation and _____
 Summer School Location _____
 Summer School Theme _____

Student Information

Teacher Recommendation Assessment Other

Full Name of Student _____ **Placement ~ Please Circle** _____ **Teacher** _____ **Grade Level** _____

Date of Birth _____ Gender _____

Family Street Address _____ City, State, Zip _____ Family Mailing Address _____ City, State, Zip _____

Phone _____ Federal Race or Ethnic Category _____ Native American Tribe (if applicable) _____

Primary Contacts

Contact Name _____ Contact Name _____

Contact Email _____ Contact Email _____

Home Phone _____ Work Phone _____ Cell _____ Home Phone _____ Work Phone _____ Cell _____

Relation to Student _____ Place of Employment _____ Relation to Student _____ Place of Employment _____

Legal Information

Legal Alerts _____

Alternative/Emergency Contacts/Can Pick Up

Contact Name _____ Phone _____ Contact Name _____ Phone _____

Contact Name _____ Phone _____ Contact Name _____ Phone _____

Medical Information

Medical Alert/Medical Conditions _____

Current Medications _____

Parent

My child has permission to attend a school sponsored field trip.

_____ Parent Signature _____ Date

T-Shirt Size ~ Please Circle

Youth Extra Small Youth Small Youth Medium Youth Large Adult Small Other: _____

Other Important Information ~ Please Check All That Apply

Will your child attend: Morning Only _____ time Morning and Afternoon _____ time

Your Child will be a: Pick Up Morning Bus Rider Afternoon Bus Rider

To make arrangements for transportation please contact _____

Please return enrollment forms to your school office by _____

Office Use Only

Student State Testing Number _____ (10 Digit State ID Number)

Authorization for Emergency Medical Treatment

Student Name: _____ Date: _____

Grade: _____ DOB: _____ Phone: _____

Health Information/Allergies: _____

Medical Conditions: _____

Medications Taken Daily: _____

Physician's Name: _____ Phone: _____

In accordance with state statutes, written authorization of the parent/guardian of a student is required for non-invasive testing and administering medication to a student at school. The following non-prescription medications are usually available in the office of the school nurse: Tylenol, Ibuprofen, anti-acids, cough drops, and topical lotions or ointments. Please sign below if all medications listed are appropriate to administer to your child in time of need.

Parent/Guardian: _____

In the event of an emergency, at school or school sponsored activities, the school officials have my permission to transport my child to the nearest health care facility for the safety and well-being of my child.

Parent/Guardian: _____

Opting-Out of Media Publications

Throughout the summer, special events and activities will be covered by various media sources and media may be created by the district or Choctaw Nation of Oklahoma to be used for publication. This media may be in many forms such as, but not limited to, recordings, film, photographs, audiotape, or videotape of your child's name, image, likeness, spoken words, student work, performance, and movement. Media may also include use on the district website, Choctaw Nation of Oklahoma website, local newspapers, and local television broadcasts.

As a parent, if you choose that your child not be a part of Choctaw Nation of Oklahoma media, you must notify the summer school principal in writing.

Authorization to release student record information to the Choctaw Nation of Oklahoma Partnership of Summer School Education Program (POSSE)

Student's Name _____ Date of Birth _____

School _____ Grade _____ (as of April 2021)

The Mission of the Choctaw Nation Partnership of Summer School Education Program (POSSE) is to enhance the lives of all students in grades K-3 that live in the 10 ½ county service area of the Choctaw Nation by providing intervention in reading and math during a 24-day summer school program.

I, _____, hereby authorize my child's school to release his/her student record information to the Choctaw Nation of Oklahoma Partnership of Summer School Education program. These records include:

- Attendance Records
- Standardized Test Scores for reading and math
- Final Report Card information
- Health Records
- Homeroom teacher report and/or recommendation
- Directory Information (Name, Address, Phone, DOB, Place of Birth)
- Mid-year tracking of reading and math progress
- Other Pertinent Information

I understand that only Choctaw Nation of Oklahoma Partnership of Summer School Education personnel and their authorized employees will have access to my child's records. Student information, including names and addresses, will not be given to others for any purpose.

I understand I have the right to request access to my child's records. Finally, I understand this information will be utilized only by the Choctaw Nation of Oklahoma for the sole purpose of fulfilling the mission of the Partnership of Summer School Education program (POSSE) as stated above.

I understand my child's scores will be grouped with the other participants' scores for publication purposes.

Signature of Parent or Guardian

Date