



SANTA FE HIGH SCHOOL

1901 W. 15th STREET EDMOND, OKLAHOMA 73013

Administration (405) 340-2230

Fax (405) 330-7370

Counseling Office (405) 340-2236

Fax (405) 330-7348

Freshman Academy (405) 726-7501

Fax (405) 330-3336

Dear Parent or Legal Guardian:

This letter provides you with valuable information regarding your child's high school graduation. To receive a diploma from high school in the State of Oklahoma, every student is required to earn twenty-four (24) credits and to demonstrate mastery on the state End-of-Instruction (EOI) tests in the following subject areas:

1. Algebra I and English II
2. Two of the following five:
 - a. Algebra II
 - b. Biology I
 - c. English III
 - d. Geometry
 - e. United States History

Mastery is determined by a score of proficient or advanced on these state EOI test. These tests are given at the completion of each of these courses, usually in April or May. Encouraging you student to take each of these courses and the subsequent EOI seriously will prepare him/her for achieving a high school diploma.

Legislation also requires a student to complete the college preparatory curriculum unless the student's parent or legal guardian approves the student to enroll in the minimum high school graduation requirement. The requirements for the college preparatory are listed on page 4 of the Edmond Public Schools High School Enrollment Information booklet.

Helping your student choose appropriate courses during enrollment is also important to meeting state graduation requirements. You are a vital partner in the education of your student. Course selection and state testing play an important role in your student's ability to earn a high school diploma. Our goal is to keep you informed so you can help your student succeed. If you have questions or concerns, please contact your student's counselor at 340-2236.

Thank you for your continued support.

Sincerely,
Earl Kirkpatrick, Principal

✂ _____

Please complete the information below and return with the enrollment packet. According to the law, if you do not select the existing state high school graduation requirements, your child will automatically be enrolled in the college preparatory curriculum.

As the parent or legal guardian, I am selecting the following curriculum for my student: Check one:

_____ College preparatory curriculum _____ Minimum graduation requirements

Student's Name (print): _____ Grade: _____

Parent/Guardian's Name

Parent/Guardian's Signature

Date



**EDMOND PUBLIC SCHOOLS
ENROLLMENT REQUIREMENTS
PARENT CHECKLIST**

NAME OF STUDENT _____ DATE _____

SCHOOL _____

EACH STUDENT WILL NEED ALL OF THE FOLLOWING ITEMS TO ATTEND EDMOND PUBLIC SCHOOLS:

- _____ Two (2) Proofs of residency
 - _____ Warranty deed, mortgage or settlement statement, contract or current lease agreement
 - _____ Current utility bill (gas, electric or water); **telephone and cable bills not accepted.**

_____ State issued birth certificate; **hospital records not accepted**

- _____ Parent/Guardian photo ID
 - _____ in cases of divorce-current custody papers **required**
 - _____ in cases of guardianship –current court ordered papers **required**

_____ Current immunization record-**Required by the state of Oklahoma**

4 year old programs/ Pre-K

**Kindergarten-6th grade
and 8th grade-12th grade**

7th grade only for 2012-2013

- | | | |
|-------------------------|-------------------------|---|
| _____ 4 doses DTP/DTaP | _____ 5 doses DTP/DTaP | _____ 5 doses DTP/DTaP & 1 Tdap booster |
| _____ 3 doses Polio | _____ 4 doses Polio | _____ 4 doses Polio |
| _____ 1 dose MMR | _____ 2 doses MMR | _____ 2 doses MMR |
| _____ 3 doses HEP B | _____ 3 doses Hep B | _____ 3 doses Hep B |
| _____ 2 doses HEP A | _____ 2 doses Hep A | _____ 2 doses Hep A |
| _____ 1 dose Varicella* | _____ 1 dose Varicella* | _____ 1 dose Varicella* |

*history of disease will be accepted

_____ Transcript (grades 9-12) or final report card (grade 8) and/or withdrawal grades if enrolling during the school year

_____ Completed enrollment forms
(packets available at schools sites, on the district web page, or at the district enrollment center during the summer.)

Please note: Some forms apply to a specific grade(s). Only fill out what applies to the student listed above

- _____ School enrollment form
- _____ Enrollment declaration
- _____ Records request form
- _____ Medical alert
- _____ Home language survey
- _____ Title VII eligibility form (Indian Education)
- _____ Child nutrition/free and reduced priced meal benefits
- _____ Oklahoma Secondary Schools Activities Association-OSSAA- (7-12 grades only)
- _____ Initial enrollment prior participation form (for new to OK public school enrollees- PK, K, or 1st grade)
- _____ Elementary enrollment signature form (not available on line, pick up at site on/or after information day)
- _____ IEP or 504 documentation if applicable
- _____ Next step--School specific information- For elementary it is the school information form(s). For secondary it is the course information form(s).*

* (Not available on line, pick up at school site or at the district enrollment center during the summer.)

SANTA FE HIGH SCHOOL
 Freshman/9th Grade Class Enrollment Form
 School Year 2012-2013

Date _____

_____ / _____ / _____
Last First Middle

Date of Birth _____ / _____ / _____ Gender: Male _____ Female _____

Student Cell Phone# _____ Home Phone # _____

Parent's Name _____ / _____ Place of Employment _____ Parent's Cell # _____ / _____ Parent's Work # _____

Parent's Name _____ / _____ Place of Employment _____ Parent's Cell # _____ / _____ Parent's Work # _____

Parent's E-Mail Address _____

List State Test Results _____

8th Grade School Attended _____

Are you currently on an IEP (Individual Education Program)? Yes _____ No _____

Students requiring bus transportation to and from school must enroll in Periods 1-6.

_____ PERIODS 1-6

_____ PERIODS 1-7

USE PENCIL!

7:40 AM – 2:30 PM

7:40 AM – 3:30 PM

1 st Semester Courses	Teachers' signatures, if required	2 nd Semester Courses	Teachers' signatures, if required
English 1		XXXXX	
Math		XXXXX	
Biology		XXXXX	
Oklahoma History (or 2nd semester)		Health	

Alternate courses for electives must be listed in order of preference.

1. _____
2. _____
3. _____

It is the responsibility of the student and parent to be aware of the requirements of the College Preparatory and Minimum Graduation curriculum guidelines, (Senate Bill 982) and End of Instruction (EOI) tests.

The parent and student signature indicate that we understand the commitment, rigor, and expectations involved in enrolling in Pre-AP and AP courses.

Student Signature

PARENT SIGNATURE (REQUIRED)

Check with your student on final course selections as changes may occur during conference with counselor. If you have questions, call 726-7502.

INSTRUCTIONS:

1. Complete the form in **PENCIL**.
2. List the courses in which you would like to enroll.
3. Select alternate courses for electives in the event your request(s) cannot be scheduled.
4. Refer to the Course Description Book Online for prerequisites, teacher approval, appropriate grade level for courses, and graduation requirements.
5. Applications for special programs, such as Career-Tech, are available in the counseling office.
6. Complete an Enrollment Declaration form.
7. **A PARENT'S SIGNATURE IS REQUIRED.**

The counselors want to emphasize the importance of choosing classes, as well as alternates, carefully. Very few schedule changes are allowed and most must be approved by the principal. Students are ultimately responsible for meeting requirements for graduation, college admissions, NCAA, Ok Promise etc.

9th Grade – Counselor – Karen Gray

KEY: X One semester class

^ College Preparatory Curriculum

* Course requires teacher approval (Obtain teacher's initials on reverse side).

Course requires completion of application, audition, interview, election of office or try-out before enrolling.

On the reverse side, indicate with a "+" the course(s) you will drop if approved.

AGRICULTURAL at AG Facility

Intro to Ag Science - 0102421

ART

^X Intro to Art - 1160410 - \$40

Supplies-Prerequisite to all other art classes

^X 3-D Construction - 1189410 -

\$20.00 - supplies

BUSINESS

X Career Skills - 0298411

X Intro to Business and Finance -

0201411

MARKETING

#Marketing Fundamentals - 0225420

COMPUTER SCIENCE/MATH

^X Computer Applications IC3 -

0302422

^ CT Fund of Adm Tech - 8432420

^ Computer Science - 0323420

(Must be enrolled in Geometry or beyond)

^X Game Programming - 0315410

(Must be enrolled in Geometry or beyond)

DEBATE AND SPEECH

Debate 1 - 1083421

DRAMA

^* Competitive Drama 1 - 1113421

^ Drama 1 - 1111421

Stagecraft 1 - 1112450

ENGLISH

^ English 1 - 1001421

^* Pre-AP English 1 - 1001521

FAMILY AND CONSUMER

SCIENCE

Family & Cons Sci (9, 10) IA Fall

0501411

Family & Cons Sci (9, 10) IB Spring

0501401

WORLD LANGUAGES

^ French 1 - 1205421

^ German 1 - 1210421

^ Latin 1 - 1215421

^ Spanish 1 - 1201421

^* Spanish 2 - 1201422

^* Pre-AP Spanish 2 – 1201522

* Native Learners Strategies- 1271420

HEALTH

^ Health - 1401410

^Careers in HealthCare/Bio Sci –

1502411

INDUSTRIAL ARTS

X Intro to Wood Technology -0417410

JOURNALISM

X Basic Journalism - 1092410

Journalism/Yearbook 1 - 1903420

MATHEMATICS

^ Algebra 1 - 2031421

^* Pre-AP Algebra II- 2041523

^* Pre-AP Geometry - 2034522

MUSIC (VOCAL)

^ Men's Chorus 1 - 1132420

^ Women's Chorus 1 - 1133420

^# Applied Vocal Music - 1135520

^# Adv Women's Chorus 1 - 1134420

MUSIC (INSTRUMENTAL)

^ Band 1 (1st Hour) - 1120420

^ Symphonic Orchestra (1st Hour) -

1124420

^ String Orchestra (2nd Hour) -

1124421

PHOTOGRAPHY

X Photography 1 - 1171411(Must have

a digital camera 5-8 mega pixels \$30

for supplies)

SCIENCE

^ Biology 1 – 1711421

^*Pre - AP Biology 1 - 1715521

SOCIAL STUDIES

^X Oklahoma History - 2726411

^X Pre-AP Oklahoma History 2726511

STUDENT

COUNCIL/LEADERSHIP

Student Council Leadership (By

election) - 0843720

PHYSICAL

EDUCATION/WEIGHT

TRAINING

X Fall Sports Lab - 2304410

X Fall Strength & Conditioning -

2314410

X Spring Strength & Conditioning -

2312420

X Spring Sports Lab - 2302410

X Weight Training/Speed

Development - 2322521

(Football both semesters)

X Recreational Basketball - 2325410

COMPETITIVE ATHLETICS – 7th

HOURLY (Meets PE requirements)

^ Baseball - 2 semesters - 7th hr

^ Boys Basketball-2 semesters - 1st hr

^ Girls Basketball-2 semesters - 6th hr

^ Cross Country - Fall - 7th hr

^ Football - 2 semesters - 7th hr

^ Golf - 2 Semesters (try-outs) - 7th hr

^ Soccer - Spring - 7th hr

^ Softball - Fall - 7th hr

^ Swimming/Diving - 2 semesters

(try-outs) - 7th hr

^ Tennis – 2 Semesters - 7th hr

^ Track - Spring - 7th hr

^ Volleyball - Fall - 7th hr

^ Wrestling - 2 semesters - 7th hr

Baseball Weights - 2322521

Flex - AM 0000001

Course Description Book Online

<http://edmondschools.net>

Go to: Students, Academics, HS Course Descriptions

Has student EVER attended any Edmond Public School? Y / N
Year _____ School _____



EDMOND PUBLIC SCHOOLS School Enrollment Form

FOR SCHOOL USE ONLY:

Student ID# _____

School Year _____ - _____

Start Date _____

Teacher _____

Legal Last Name _____ First Name _____ Middle _____

Preferred Name _____ Grade _____ Gender M / F Birth Date _____

Physical Address _____ Apt # _____

City _____ Zip Code _____ Apartment Complex/Housing Addition _____

Mailing Address (if different from physical address) _____ City _____ ZIP Code _____

Home Phone (_____) _____ Unlisted? Yes / No

Student Cell Phone (_____) _____ Student/Home Email Address _____

Ethnicity (Select One)

- Hispanic
 Non Hispanic

Race (Select all that apply)

- American Indian /Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White

Is any language other than English spoken in your home? Yes / No Is student a member of an Indian tribe or band? Yes / No

Birth Country (if not USA) _____ US Entry Date _____ First Date in US Schools _____

Siblings under the age 18 living at home:

Name _____ Birth Date _____ Grade _____ Gender M / F School _____

Name _____ Birth Date _____ Grade _____ Gender M / F School _____

Name _____ Birth Date _____ Grade _____ Gender M / F School _____

Name _____ Birth Date _____ Grade _____ Gender M / F School _____

School Information:

Does this student have an IEP? Yes / No

Does this student have a 504? Yes / No

Does this student qualify for Gifted/Talented? Yes / No

Name of last school attended _____ Address (if not Edmond Public Schools) _____

City _____ State _____ Zip Code _____ Phone _____ Fax _____

Type of school last attended: Private School Public School Home Schooled Charter School

Is this student currently under suspension from a previous school? Yes / No

Pursuant to the School Laws of Oklahoma, Edmond Public Schools prohibits the attendance of a student under suspension from another school, until such time as the terms of the suspension have been met or the suspension has expired. The circumstances of an individual's suspension may be reviewed.

Parent/Guardian Contact Information

(Circle all that apply) Student resides with: Mother Father Legal Guardian _____ Other _____

List contacts in preference order for notification. Parent/Legal guardians must be listed as first contacts. (Only one person per line)

Contact 1:
Last Name _____ Legal First Name _____ Middle _____
Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Address _____ Federal Employee? Yes / No
Email Address _____ Relationship to student _____ Legal Guardian Yes/ No

Contact 2:
Last Name _____ Legal First Name _____ Middle _____
Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Address _____ Federal Employee? Yes / No
Email Address _____ Relationship to student _____ Legal Guardian Yes/ No

Contact 3:
Last Name _____ Legal First Name _____ Middle _____
Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Address _____ Federal Employee? Yes / No
Email Address _____ Relationship to student _____ Legal Guardian Yes/ No

Contact 4:
Last Name _____ Legal First Name _____ Middle _____
Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Address _____ Federal Employee? Yes / No
Email Address _____ Relationship to student _____ Legal Guardian Yes/ No

Legal/Custody Alert (Official documentation required) _____

By signing this form I do hereby affirm that the student listed above is not currently under suspension from another school district. I also affirm that the facts stated herein are true. Any false statement subjects the above named student to immediate withdrawal.

Parent/Guardian Signature _____ Date _____

FOR SCHOOL USE ONLY:
School Assigned _____ ID# _____ Entry Code _____



**EDMOND PUBLIC SCHOOLS
ENROLLMENT DECLARATION**

SCHOOL YEAR _____ SCHOOL _____

NAME OF STUDENT _____ GRADE _____

Home Address _____			
_____	Street Address	_____	Apt#
_____		_____	City/Zip
Home Phone _____		Parent/Legal Guardian Cell Phone _____	

Student Cell Phone _____

Student Resides with
Parent/Legal Guardian _____ Relationship _____

I hereby certify I am the parent or that I have obtained legal guardianship or legal custody through the courts for the student listed above. I also certify that the address listed above is my legal residence located within the Edmond Public Schools, Independent School District I-12. I further understand that if at a later time my legal residence is determined to be located in another school district, any child indicated as residing at the address above could be withdrawn from the Edmond Public Schools and the parent/legal guardian could be assessed a tuition fee equal to the per capita cost of education in such district during the preceding school year. I certify I have read the statements above and the information provided is accurate. I also understand that this document applies to the school year listed above.

A current utility bill for gas, water, or electric for the months of July or August will be required before your student picks up his/her schedule or teacher assignment on Information/Schedule Pickup Day.

Signature of Parent/Legal Guardian

Date



**EDMOND PUBLIC SCHOOLS
 CONSENT FOR RELEASE OF STUDENT INFORMATION**

For school use only. Please return reply to:
 Attention Registrar:

Date _____

Name of school last attended _____

Address of last school attended _____

City/State/Zip _____

Telephone of last school attended _____ Fax _____

Name of Student	Current Grade	Date of Birth
-----------------	---------------	---------------

Name of Student	Current Grade	Date of Birth
-----------------	---------------	---------------

Name of Student	Current Grade	Date of Birth
-----------------	---------------	---------------

Please send student records including all of the following items:

1. Transcript of all work completed
2. Withdrawal grades
3. Testing Information
4. Attendance reports
5. All confidential records
6. Birth certificate
7. Immunization record
8. Discipline record

According to the Family Education Rights and Privacy Act, June 17, 1976, parent permission is no longer required when records are requested.



Janet Barresi
 State Superintendent of Public Instruction
 Oklahoma State Department of Education

2012-2013 HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS

Name of Student: _____
Last Name First Name Middle Name

Student ID #: _____ Gender: Male Female

School Site: _____ Grade: _____

Date of Birth: _____ Place of Birth (City/State/Country): _____

Is the student of Hispanic or Latino culture or origin? Yes No

Select one or more of the following races: African American/Black American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander White

Parent's/Guardian's Name: _____

Parent's/Guardian's Address: _____
Street City Zip Code

Parent's/Guardian's Telephone Number: (____) _____ Cell Phone: _____

1. Is a language **other than English** used in your home? Yes No
If NO, go to numbers 6 and 7. If **YES**, what is that language? _____

2. Is that language spoken in the home **MORE OFTEN** than **English**? **LESS OFTEN** than **English**?

3. What language is spoken by adults in the home? _____

4. What was the first (1st) language your child learned to speak? _____

5. What was the date (**month and year**) your child first enrolled in a school in the United States? _____

6. Parent/Guardian Signature: _____

7. Date: _____ Yes No **PERMISSION TO SERVE IF STUDENT SCORES BELOW PROFICIENT ON W-APT.**

FOR SCHOOL USE ONLY

THIS FORM MUST BE COMPLETED EVERY YEAR WITH CURRENT TEST DATA FOR STATE ACCREDITATION.

- If a language other than English is spoken **MORE OFTEN** (see question #2), the student **automatically** qualifies as **bilingual** on application for accreditation.
- OR**
- If a language is spoken **LESS OFTEN**, student qualifies as **bilingual** on application for accreditation if he or she meets **ONE OF THE FOLLOWING**:
1. Scores 35% or below on norm-referenced test (NRT) on the composite **reading** score.
 2. Scores limited knowledge or unsatisfactory on **Reading** Oklahoma Core Curriculum Tests (OCCTs).
 3. Designated Limited English Proficient on an Oklahoma English language proficiency assessment: WIDA ACCESS for English language learners (ELLs) Test, WIDA Placement Test (including K W-APT, W-APT, and Kindergarten MODEL), or the Oklahoma Pre-K Language Screening Tool.

Documentation of a test result for students who marked **LESS OFTEN**:

1. NRT Test Date: _____ Name of the NRT: _____ Reading Total Composite Score: _____

2. Reading OCCT Date: _____ Score on Reading OCC T: Limited Knowledge Unsatisfactory Satisfactory Advanced

3. ACCESS for ELLs Test Date: _____ Score on ACCESS for ELLs: 1 2

WIDA Placement Test (K W-APT, W-APT, or Kindergarten MODEL) Date: _____ Score on K W-APT, W-APT, or MODEL: 1 2

Oklahoma Pre-K Language Screening Tool Date: _____ Score on Pre-K Language Screening Tool: _____

1 Composite Score 2 Literacy Score



**EDMOND PUBLIC SCHOOLS
MEDICAL ALERT**

SCHOOL YEAR _____ SCHOOL _____

NAME OF STUDENT _____ GRADE _____

DATE OF BIRTH _____

A *signed* copy of this form must be turned in to the office of your student's school.

If prescription medication is to be administered at school, it must be in the original prescription container and EPS form *Authorization for the Administration of Medication* must be signed by prescribing physician and parent/legal guardian.

Please circle and explain any medical conditions your child has that you would like the school faculty and staff to know.

Conditions	Treatment
Allergies: Hay Fever Insect bites/stings Medication Foods Other	
Asthma	
Diabetes	
Seizure Disorders	
Hearing Problems	
Visual Problems Glasses Contact Lenses	
Other	

Signature of Parent/Legal Guardian

Date

U.S. DEPARTMENT OF EDUCATION
OFFICE OF INDIAN EDUCATION
WASHINGTON, DC 20202
TITLE VII STUDENT ELIGIBILITY CERTIFICATION
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

Parents: Please return this completed form to your child's school. In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or 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 October 19, 1994.

NAME OF CHILD _____ Date of Birth _____
(As shown on school enrollment records)

School Name _____ Grade _____

NAME OF TRIBE, BAND OR GROUP _____

Tribe, Band or Group is: (check one)

_____ Federally Recognized, State Organized Indian Group
Including Alaska Native _____ Recognized _____ Terminated _____ Meeting #5 of the
Definition Above

Name of individual with tribal membership: _____

Individual named is (check one): _____ Child _____ Child's Parent _____ Child's
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) _____ **OR**

Other (explain) _____

Name and address of organization maintaining membership data for the tribe, band or group:

I verify that the information provided above is accurate:

PARENT'S SIGNATURE _____ DATE _____

Mailing Address _____ Telephone _____

Notice: Public Reporting Burden Notice on Reverse Side

** 1) The Title VII Student Eligibility form will need to have every line completed.
2) Because we are a multi school district, please send original forms to the Indian Education office located at Boulevard Academy. Schools may keep a copy for their records. Thank you.

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 3E200, Washington, D.C. 20202-6335.

OSSAA ELIGIBILITY RECORD FORM FOR NEW STUDENTS IN GRADES 7-12
(TO BE FILLED OUT BY THE STUDENT AND PARENT AND FILED IN PRINCIPAL'S OFFICE)

NAME OF STUDENT (PRINT) _____ Grade _____ Birth date _____ Age _____

Student's Current Address _____

Last School attended _____ Last School Address _____ Zip _____

NOTE: STUDENT AND PARENT MUST SIGN BELOW AND EXPLAIN ALL "YES" ANSWERS FROM BELOW ON BACK OF FORM.

YES NO

- 1. Will you be 14 years of age for 7th grade, 15 years of age for eighth grade, 16 years of age for ninth grade, or 19 years of age for high school participation before September 1? (Rule 1)
- 2. Have you missed school more than 10% of the school days taught for this 18-week grading period? (Rule 2)
- 3. Did you fail any classes during the last 18-week grading period? (Rule 3 & 4)
- 4. Are you currently failing any class? (Rule 3)
- 5. Were you ineligible to participate at any time during the last 18-week grading period? (Rules 3 & 4)
- 6. Have you done anything to jeopardize your amateur status such as receiving cash or merchandise connected with an athletic activity? (Rule 5)
- 7. Have you completed all 12th grade requirements for high school graduation? (Rule 6)
- 8. Have you failed any semesters (received no credit for the semester) since the time you entered the ninth grade? (Student's are allowed 8 semesters from 9th-12th grades) (Rule 7)
- 9. Are you now or have you ever repeated any grade since entering the 7th grade? (Jr. High Rule 7)
- 10. Do you live with someone now other than whom you lived with last school year? (Rule 8)
- 11. Do you live with someone other than your parents? (Rule 8)
- 12. Do you live with only one parent? (Rule 8)
- 13. Do you live outside this school district? (Rule 8)
- 14. Is more than one residence owned, rented or maintained by your parents or guardian? (Rule 8)
- 15. Have you ever attended school outside the district where your parents reside? (Rule 8)
- 16. Are there other family members in grades K-12 attending a different school district other than the district you are now attending?
- 17. Have you ever participated at any school outside the district in which both parents had residence? (Rule 8)
- 18. Have you, your parents, or your guardians ever been influenced in any manner by anyone in this school district to attend this school to engage in athletics? (Rule 8)
- 19. Have you ever been granted athletic eligibility on the basis of an OSSAA hardship waiver? (Rule 19)
- 20. Were you on an approved foreign exchange program last year? (OSSAA policy)
- 21. Have you participated in a foreign exchange program for more than 365 days? (OSSAA policy)
- 22. Were you suspended, expelled, or under discipline at the previous school attended, or were you or your parents having a conflict with a coach, teacher, or administrator at the time you left your previous school?

Each of the undersigned also acknowledge and agree that identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measures to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

If the above guidelines are not satisfied for athletic eligibility, the student may be ineligible for one year. (See Rule 8)
INCORRECT INFORMATION COULD CAUSE ELIGIBILITY TO BE REVOKED AND COULD RESULT IN THE FORFEITURE OF CONTESTS IN WHICH THE STUDENT HAS PARTICIPATED IN ADDITION TO OTHER PENALTIES.

(Student) (Date) (Coach) (Date)

(Parent/Guardian) (Date)

PLEASE EXPLAIN ALL "YES" ANSWERS IN THE SPACE BELOW.

FOR SCHOOL USE ONLY

TO BE COMPLETED AND CERTIFIED BY SCHOOL ADMINISTRATION

Each school must have the following information on file:

1. Copy of this eligibility record form. (Send copy to OSSAA office with hardship request.)
2. Physical examination and an annual parent consent form. (Rule 1)
3. Attendance record for current 18-week grading period. (Rule 2)
4. Transcript and any other documentation regarding student's eligibility status.

If the student answers no to all of the above questions, you can be reasonably assured he/she is eligible (residence) to participate at your school. This is only an aid to the administrators concerning new students in your school system and does not automatically guarantee a student is eligible. If the student answers yes to any of the questions, further examination is required to determine eligibility status. NOTE: Any outstanding athlete transferring to your district should not be certified for athletic participation without complete information being obtained from all sources concerning the student's athletic eligibility.

Based on the above questions

(student's name - PRINT _____ is eligible is not eligible

to participate at (school) _____ for the school year
20 ____ 20 ____.

Administrator's signature

Title

Date