



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 11th grade-12th grade**

7th - 10th grade only for 2014-2015

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> _____ 4 doses DTP/DTaP _____ 3 doses Polio _____ 1 dose MMR _____ 3 doses HEP B _____ 2 doses HEP A _____ 1 dose Varicella* | <ul style="list-style-type: none"> _____ 5 doses DTP/DTaP _____ 4 doses Polio _____ 2 doses MMR _____ 3 doses Hep B _____ 2 doses Hep A _____ 1 dose Varicella* | <ul style="list-style-type: none"> _____ 5 doses DTP/DTaP & 1 Tdap booster _____ 4 doses Polio _____ 2 doses MMR _____ 3 doses Hep B _____ 2 doses Hep A _____ 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
- _____ Oklahoma Migrant Education Program Identification and Recruitment Parent 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.)

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 Cellular Phone (____) _____

Notification Phone (____) _____ Notification 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.



20__ - 20__ 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/Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander Caucasian/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: _____

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 OCCT: 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: _____

Note: Have test score documentation available for regional accreditation officer review. 1 2



EDMOND PUBLIC SCHOOLS

*ANNUAL 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 as part of annual enrollment.

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. The medication form can be found on the EPS website or obtained from the student's school.

My child does not have any medical conditions.

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	

*This form must be completed annually.

Signature of Parent/Legal Guardian

Date



Oklahoma Migrant Education Program

Identification & Recruitment

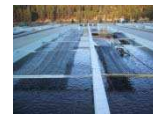
Parent Survey

Address/Domicilio _____

How long has your family lived at your present address?/¿Cuánto tiempo ha vivido su familia en su domicilio actual? ____years/años ____months/meses

Has your family moved in the last 3 years?/¿Se ha movido su familia en los tres años pasados?
 Yes/SÍ No/No

Has anyone in your family worked in anything related to the jobs listed below?/ ¿Alguien en su familia ha trabajado en cualquier cosa relacionada con los trabajos mencionados abajo?
 Yes/ SÍ No/No



Feed Cattle, Processing, Packing/La alimentación de ganado, Procesamiento, Embalaje

Dairy/ Lácteos

Eggs/ Los Huevos

Cultivation, Preparation of soil/ Cultivo, Preparación la tierra

Fishing/Pesca



Harvest (fruit and vegetables)/ Cosecha (frutas y verduras)

Milling, Cotton/ Molienda, Algodón

Trees, Planting,Cutting/ Arboles, Plantando, Cortando

Greenhouse, Nursery, Sod/ Invernadero, Vivero, Césped

Name of Parents/Nombres de los padres _____

Please list all children under 21 years of age/ Por favor anote todos los niños más joven de 21 años:

First/Nombre	Last/Apellido	Sex/Sexo (M/F)	School/Escuela	Grade/Grado	Date of Birth/ Fecha de Nacimiento

Telephone Number/Teléfono: _____

Best time to call/ La mejor hora de llamar: _____

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, Including Alaska Native State Recognized Terminated Organized Indian Group 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

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 PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

PLEASE PRINT

DATE OF EXAM _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal physician _____ Phone _____

In case of emergency, contact: Name _____

Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers below. Circle questions you don't know the answers to.

- | | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|---|----------------------------------|------------------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> | 24. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing or chronic illness? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been hospitalized overnight? | <input type="checkbox"/> | <input type="checkbox"/> | 26. Do you cough, wheeze, or have trouble breathing during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> | 29. Do you or does someone in your family have sickle cell trait or disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> | 30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had a rash or hives develop during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 31. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 32. Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 33. Have you ever had a sprain, strain, or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 34. Have you broken or fractured any bones or dislocated any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> | 36. If yes, check appropriate box and explain below. | | |
| 14. Have you had high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip |
| 15. Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh |
| 16. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee |
| 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/calf |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper arm | | <input type="checkbox"/> Foot |
| 20. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> | 37. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever been knocked out, become unconscious, or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> | 38. Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | 39. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | 40. Record the dates of your most recent immunizations (shots) for: | | |
| | | | Tetanus _____ Measles _____ | | |
| | | | Hepatitis _____ Chickenpox _____ | | |

Explain "Yes" answers on a separate sheet.

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, 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 an/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

Signature of parent/guardian _____ Signature of Athlete _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM _____

Name _____ Date of Birth _____

Height _____ Weight _____ Body fat (optional) _____% Pulse _____ BP _____/_____ Color Blind Yes No (circle one)

Vision: R 20/_____ L 20/_____ Corrected Y / N Pupils: Equal _____ Unequal _____

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

() Cleared

() Cleared after completing evaluation/rehabilitation for: _____

() Not cleared for: _____ Reason: _____

Recommendations: _____

Name & Title of Examiner (Print/Type) _____ Date _____

Address _____ Phone _____

Signature of Examiner _____

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_____.

(School Administrator Name and Title)

(Date)

