

Oklahoma City Public Schools

STUDENT REGISTRATION/ENROLLMENT PACKET

WELCOME to Oklahoma City Public Schools, the largest school district in Oklahoma with dedicated staff providing a wide range of opportunities for an incredible year of student learning!

AGE REQUIREMENTS TO ENROLL IN PUBLIC SCHOOL:

On or before September 1st of the school year the child is enrolling for, the student must be age 4 to enroll in PK, age 5 to enroll in KG, and may be ages 6-21 to enroll in grades 1-12.

IN ADDITION TO THE ENCLOSED FORMS, PARENTS OR GUARDIANS MUST PROVIDE THE FOLLOWING:

1. CHILD'S BIRTH CERTIFICATE

The school will make a copy of the original to file in the student's cumulative folder. (Birth Certificate doesn't need to be provided if already on file at the school.)

2. CURRENT IMMUNIZATION RECORD

Requirements are listed on the Oklahoma State Department of Health's website: <https://www.occhd.org/eng/health-services/immunizations>

Vaccine Requirements: PK-12 grades

3. TWO PROOFS OF RESIDENCY

May include, but not limited, to the following:

- Proof of payment of local personal income or property taxes
- Title to residential property in the district, or a valid unexpired lease agreement, or current receipts for payment of rent on a district residence where the student lives
- Proof of current utilities (gas, water, or electric bills)
- A valid, unexpired driver's license or motor vehicle registration
- Voter registration

4. PHOTO ID OF PARENT

Acceptable forms of ID includes: State Issued ID, Driver's License, Matricula, or Passport. ID must have an expiration date and must be current.

- Contact your school site or the District PK-12 Schools Office at 587-0049 with any enrollment issues.

5. PREVIOUS SCHOOL'S WITHDRAWAL FORM AND REPORT CARD OR TRANSCRIPT

When enrolling from a non-OKCPS site, please include the withdrawal form from the student's previous school as well as a report card or transcript to expedite proper classroom and schedule placement.

PAQUETE DE REGISTRATION/ INSCRIPCIÓN DEL ESTUDIANTE

Los padres y tutores deben matricular a sus hijos en su escuela de residencia. Los padres pueden utilizar el localizador de la escuela de nuestro distrito que se encuentra en la página principal de www.okcps.org, o póngase en contacto con los Servicios Estudiantiles al 587-0438 para poder identificar la escuela de residencia que le pertenece.

REQUISITOS DE EDAD PARA INSCRIBIRSE EN LA ESCUELA PÚBLICA:

En o antes del 01 de septiembre del año escolar, el niño que se está inscribiendo debe tener 4 años de edad para inscribirse en PK, 5 años de edad para inscribirse en KG, y puede tener las edades de 6-21 años de edad para inscribirse en los grados 1-12.

ADEMÁS DE LOS FORMULARIOS DE INSCRIPCIÓN CERRADOS, PADRES O TUTORES DEBEN PROPORCIONAR LO SIGUIENTE:

1. CERTIFICADO DE NACIMIENTO DEL NIÑO

La escuela hará una copia del original para ser archivado en la carpeta escolar del estudiante.

(No será necesario proveer Certificado de nacimiento si ya está archivado en la escuela.)

2. REGISTROS DE VACUNAS

Los requisitos se encuentran en la página web del Departamento de Salud del Estado de Oklahoma: <https://www.occhd.org/eng/health-services/immunizations>

Vaccine Requirements: PK-12 grades Póngase en contacto con su médico regular o el Departamento de Salud del Estado para ubicar localidades donde su hijo podría obtener vacunas que aún puede necesitar.

3. TWO PRUEBAS DE RESIDENCIA

Puede incluir lo siguiente, pero no está limitado a:

- Comprobante de pago de la renta personal o de impuestos locales de propiedad.
- Título de propiedad residencial en el distrito, o un contrato de arrendamiento vigente válido, o los recibos de pago de alquiler en una residencia del distrito donde vive el estudiante
- Comprobante de utilidades actuales (gas, agua, o las facturas de electricidad)
- Licencia de conducir o registración del vehículo válida y vigente
- La inscripción de votantes

4. ID CON FOTO DE LOS PADRES

Formas aceptables de identificación incluyen: ID del Estado, Licencia de Conducir, Matricula, o Pasaporte. El ID debe tener una fecha de vencimiento y debe estar al día.

- Contact your school site or the District PK-12 Schools Office at 587-0049 with any enrollment issues.

5. FORMULARIO DE RETIRO DE LA ESCUELA ANTERIOR (si procede)

Cuando se matricule en una escuela que no corresponde a OKCPS, incluya el formulario de baja de la escuela anterior del estudiante, así como un certificado de estudios para agilizar el proceso y sea colocado en el aula y horario adecuado.

Oklahoma City Public Schools

STUDENT REGISTRATION/ENROLLMENT PACKET

Welcome to Oklahoma City Public Schools!

Please gather the following to complete the Registration/Enrollment Information:

- Household Information - address and phone numbers (2 proofs of residency)
- Parent Information - work and cell phone numbers, email addresses (Photo ID)
- Student Information - demographic/health/medication (Birth Certificate & Immunization Record)
- Emergency Contact(s) - address(es), date of birth, and phone number(s)

The district will receive the data exactly as it is entered by you:

- Please spell student name(s) exactly as it appears on the birth certificate
- Please spell parent/guardian name(s) exactly as it appears on the photo ID
- Capitalize the first letter of a name and use proper punctuation when applicable (First Middle Last)
- Please enter Dates as MM/DD/YYYY (MM = Month; DD = Day; YYYY = Year)
- Please enter phone numbers as xxx-xxx-xxxx
- Please contact your school's front office for assistance.

Parent/Guardian, please complete the following questions regarding your student enrolling today:

- My student is returning to OKCPS. Previously Attended School: _____
- My student is brand new to OKCPS. Previous District, School, City, State _____

School Previously Attended

- Public Private Charter Homeschool Parochial None

Student Name
ID Number

REGISTRATION/ENROLLMENT PACKET

HOUSEHOLD INFORMATION (Provide 2 Proofs of Residency to Front Office)

HOUSING SURVEY (Check where Student Resides/Sleeps at Night)

PERMANENT ADDRESS:

- At the Primary address listed below (Address is in the OKCPS boundary for _____ School.)
If enrolling in a different OKCPS site, (must have received Principal approval): In-District Transfer
- At the Primary address listed below (Address is outside of OKCPS boundaries and is in _____ Public Schools)
Transfer approval required through Student Services (must have received Principal approval): Open Transfer Emergency Transfer

TEMPORARY ADDRESS: (Mckinney Vento information will be provided to the District Office)

- In an Emergency or Transitional Shelter (List Name: _____)
- Living in a car, park, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, abandoned building, substandard housing, bus or train station, public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings or similar settings.
- In a house, building or trailer without water or electricity.
- Temporarily with another family member or friend due to parent/guardian's loss of job, loss of housing until we can locate affordable housing (doubled up)
- In a hotel or motel until we can locate affordable housing
- With an adult that is not a parent or legal guardian
- With friends/relatives/alone/or in different locations without an adult serving as a caregiver (unaccompanied youth)
- Wherever I can find a place to stay at night
- Other. Please explain _____

If you selected one of the options above, please fill out the **McKinney-Vento Enrollment Questionnaire** available in the school's front office.

<p>PRIMARY ADDRESS {List Student's Primary (Permanent or Temporary) House# and Street Name}</p> <p>House # _____ Street Name _____ Apt. _____ (include direction and street type)</p>	<p>City _____</p> <p>State _____ Zip _____</p> <p>County _____</p>
<p>SECONDARY ADDRESS (List Secondary House#/Street where Second Parent/Guardian Resides) <i>If Applicable</i></p> <p>House # _____ Street Name _____ Apt. _____ (include direction and street type)</p>	<p>City _____</p> <p>State _____ Zip _____</p> <p>County _____</p>
<p>MAILING ADDRESS (List PO Box/Other for Receiving Mail) <i>If Applicable</i></p> <p>House # _____ Street Name _____ Apt. _____ (include direction and street type)</p>	<p>City _____</p> <p>State _____ Zip _____</p> <p>County _____</p>

Parent Information (Provide Photo ID to Front Office)

PARENT/GUARDIAN/OTHER (1) NAME (WRITE NAME AS SHOWN ON PHOTO ID)		DATE OF BIRTH (MM/DD/YYYY)		GENDER <input type="checkbox"/> F <input type="checkbox"/> M	
Resides at: (Address Listed on Page 2) <input type="checkbox"/> Primary Address <input type="checkbox"/> Secondary Address <input type="checkbox"/> Other: _____		HOME LANGUAGE Is a language other than English used in your home? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>List Language</i> _____ Spoken <input type="checkbox"/> More Often <input type="checkbox"/> Less Often Note: All students must have a completed 'HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS' form on file.		I prefer to receive letters or phone calls from school in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
HOUSEHOLD INFORMATION SURVEY is used in a number of ways that impact other federal and state funding to your school. Please help us gather this important information, that will be confidential and not shared with anyone except state and federal funding sources.					
* Annual Gross Income: (Report all household income)		List the Number of People in your Household = _____			
<input type="checkbox"/> Less than \$21,775 <input type="checkbox"/> Between \$21,775 and \$29,471 <input type="checkbox"/> Between \$29,471 and \$37,167		<input type="checkbox"/> Between \$37,167 and \$44,863 <input type="checkbox"/> Between \$44,863 and \$52,559 <input type="checkbox"/> Between \$52,559 and \$60,255		<input type="checkbox"/> Between \$60,255 and \$67,951 <input type="checkbox"/> Between \$67,951 and \$75,647 <input type="checkbox"/> Between \$75,647 and \$83,343	
				<input type="checkbox"/> Between \$83,343 and \$91,03 <input type="checkbox"/> Between \$91,039 and \$98,735 <input type="checkbox"/> Between \$98,735 and \$106,431 <input type="checkbox"/> Over \$106,431	
* Highest Level of School Completed: <input type="checkbox"/> No Diploma or Degree <input type="checkbox"/> GED <input type="checkbox"/> HS Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree <input type="checkbox"/> Doctorate					
Relationship to Student: Emergency Contact, and <input type="checkbox"/> Legal Guardian/Custody <input type="checkbox"/> Custody Alert (Provide legal documentation) <input type="checkbox"/> Other: List _____		Place of Employment: Are you a civilian working on federally owned property? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Please list where employed: _____ Are you in the Military? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Check: <input type="checkbox"/> Armed Forces <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves		Are you a migrant worker? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Parent(s)/Guardian(s) must Complete and Sign the enclosed Release Agreements form.		Home Phone (xxx) xxx-xxxx	Cell Phone (xxx) xxx-xxxx		Work Phone (xxx) xxx-xxxx
PARENT/GUARDIAN (1) EMAIL: _____ @ _____					
Contact preferences will default for you to receive notifications through your Infinite Campus Parent Portal and email (if applicable).					

PARENT/GUARDIAN/OTHER (2) NAME (WRITE NAME AS SHOWN ON PHOTO ID)		DATE OF BIRTH (MM/DD/YYYY)		GENDER <input type="checkbox"/> F <input type="checkbox"/> M	
Resides at: (Address Listed on Page 2) <input type="checkbox"/> Primary Address <input type="checkbox"/> Secondary Address <input type="checkbox"/> Other: _____		HOME LANGUAGE Is a language other than English used in your home? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>List Language</i> _____ Spoken <input type="checkbox"/> More Often <input type="checkbox"/> Less Often Note: All students must have a completed 'HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS' form on file.		I prefer to receive letters or phone calls from school in: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	
Relationship to Student: <input checked="" type="checkbox"/> Emergency Contact, and <input type="checkbox"/> Legal Guardian/Custody <input type="checkbox"/> Custody Alert (Provide legal documentation) <input type="checkbox"/> Other: List _____		Place of Employment: Are you a civilian working on federally owned property? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Please list where employed: _____ Are you in the Military? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Check: <input type="checkbox"/> Armed Forces <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves		Are you a migrant worker? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Parent(s)/Guardian(s) must Complete and Sign the enclosed Release Agreements form.		Home Phone (xxx) xxx-xxxx	Cell Phone (xxx) xxx-xxxx		Work Phone (xxx) xxx-xxxx
PARENT/GUARDIAN (2) EMAIL: _____ @ _____					

1. Emergency Contact Name & Address (Write Name/Address as shown on Photo ID)		Date of Birth (MM/DD/YYYY)		GENDER <input type="checkbox"/> F <input type="checkbox"/> M	
Relationship to Student Emergency Contact		Home Phone (xxx) xxx-xxxx	Cell Phone (xxx) xxx-xxxx	Work Phone (xxx) xxx-xxxx	

2. Emergency Contact Name & Address (Write Name/Address as shown on Photo ID)		Date of Birth (MM/DD/YYYY)		GENDER <input type="checkbox"/> F <input type="checkbox"/> M	
Relationship to Student Emergency Contact		Home Phone (xxx) xxx-xxxx	Cell Phone (xxx) xxx-xxxx	Work Phone (xxx) xxx-xxxx	

Student Information (Provide Birth Certificate(s) & Immunization Records for Student to Front Office)

STUDENT (1) FULL NAME (WRITE NAME AS SHOWN ON BIRTH CERTIFICATE OR OTHER APPROVED SOURCE)				DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH	
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Suffix</i>	CITY	STATE	
				COUNTRY		
GENDER <input type="checkbox"/> F <input type="checkbox"/> M		Date student FIRST ENROLLED in U.S. Public School (MM/DD/YYYY) _____		Entering Grade Level		
Has Student Ever Been Retained <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What Grade(s)? _____		School Previously Attended <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Homeschool <input type="checkbox"/> Parochial <input type="checkbox"/> None		Name of Last School or Pre-School Attended		
ETHNICITY/RACE Is the Student Hispanic/Latino? <input type="checkbox"/> No <input type="checkbox"/> Yes Please check all that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		If Student is enrolling for the FIRST time in Public Education in grade PK, K, or 1; Please check the following if the student or parent participated: (SB 569): <input type="checkbox"/> Childcare/Daycare licensed by Department of Human Services (DHS) <input type="checkbox"/> Head Start, Early Start, or Even Start <input type="checkbox"/> SoonerStart Program operated by Oklahoma State Department of Education (OSDE) <input type="checkbox"/> Early Birds Program (for Parents) <input type="checkbox"/> Oklahoma Parents as Teachers (OPAT) operated by OSDE <input type="checkbox"/> A Public School Prekindergarten <input type="checkbox"/> Children First Program operated by the Oklahoma State Department of Health <input type="checkbox"/> Child abuse prevention program operated by the Oklahoma Department of Health (i.e. Foster Care) <input type="checkbox"/> State Dept of Health Programs (Child Guidance Services-Healthy Families, Positive Parents, Growing in Families)				
TRANSPORTATION <input type="checkbox"/> Walks to School <input type="checkbox"/> Is a Car Rider <input type="checkbox"/> Rides OKCPS School Bus <input type="checkbox"/> Rides Daycare Bus Daycare Name: _____ Daycare Contact: _____ Daycare Phone: _____ <input type="checkbox"/> Student is a Car Driver Driver License # _____ Tag # _____ Make _____ Model _____		STUDENT NUTRITION SERVICES <input type="checkbox"/> Student attends a Community Eligibility Provision (CEP) School (check with Office if unsure) <input type="checkbox"/> Student does not attend a CEP School; Parent must complete the SNS - Online Meal Application each year within 30 days prior to the start of school. Visit Nutrition Services online at www.okcpsnutrition.org		TITLE VII STUDENT ELIGIBILITY Student has an active enrollment in a United States Tribe: <input type="checkbox"/> No <input type="checkbox"/> Yes: List Tribe* _____ *Please complete the form: Title VII Student Eligibility Certification Form available at school front office		
STUDENT SERVICES RECEIVED <input type="checkbox"/> IEP (Individualized Educational Program) <input type="checkbox"/> 504 Plan (Medical; non-IEP) <input type="checkbox"/> ELD/ELL <input type="checkbox"/> Gifted/Talented <input type="checkbox"/> Foster Care Placement <input type="checkbox"/> Other (Please list) _____						
OTHER CHILDREN IN HOUSEHOLD						
Name		Age	Gender	Name of School	Grade	Date of Birth
HEALTH SERVICES*						
Physician: _____		Physician Phone: _____		Hospital Preference: _____		
Check any Medical or Mental Health Conditions that have been diagnosed or is an ongoing problem for your child:						
<input type="checkbox"/> ALLERGIES food/insect/medication	<input type="checkbox"/> Uses Pump/Other _____	<input type="checkbox"/> Cancer	<input type="checkbox"/> Seizures*			
<input type="checkbox"/> Asthma*	<input type="checkbox"/> Wears hearing aids	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Stomach Problems			
<input type="checkbox"/> Diabetes* Type I or II/Hypoglycemia	<input type="checkbox"/> Wears contacts/glasses/cataract	<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Tuberculosis			
<input type="checkbox"/> Hearing or Speech problems	<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Head injuries/Headaches/Migraines	<input type="checkbox"/> Other: _____			
<input type="checkbox"/> Vision problems	<input type="checkbox"/> Anemia/Bleeding problems/Sickle Cell	<input type="checkbox"/> Heart Condition				
<input type="checkbox"/> Uses EpiPen	<input type="checkbox"/> Anxiety/depression	<input type="checkbox"/> Hospitalizations/Surgeries				
<input type="checkbox"/> Uses Inhaler/breathing machine	<input type="checkbox"/> Bladder/Bowel problems					
*Additional forms available for students with asthma, diabetes and seizure disorders.						
List Medications your child takes regularly and check time of day:						
1. _____	<input type="checkbox"/> Before School	<input type="checkbox"/> During School	<input type="checkbox"/> After School			
2. _____	<input type="checkbox"/> Before School	<input type="checkbox"/> During School	<input type="checkbox"/> After School			
3. _____	<input type="checkbox"/> Before School	<input type="checkbox"/> During School	<input type="checkbox"/> After School			
Students requiring ANY medication at school MUST have a current school Medication Request and Release on file. Form available at school front office. Physician authorization and parental consent is required for any prescribed or over the counter medication to be given at school.						
OFFICE USE ONLY						
IMMUNIZATIONS (Provide to Front Office to Verify)		TRANSFER Approved by Principal		Parent Provided: (Provide to Front Office to Verify)		
PK	K-6	7-12	<input type="checkbox"/> In-District Resident student transferring from another OKCPS site	<input type="checkbox"/> Report Card/Transcript		
___ 4 DPT	___ 5 DPT	___ 5 DPT	<input type="checkbox"/> Open Transfer * Non-Resident student from an outside District during OT period or meets SDE criteria	<input type="checkbox"/> Enrollment History		
___ 3 Polio	___ 4 Polio	___ 4 Polio	<input type="checkbox"/> Emergency Transfer * Non-Resident student from an outside District during the year * Parent must visit Student Services for Approval	<input type="checkbox"/> Discipline History		
___ 1 MMR	___ 2 MMR	___ 2 MMR		<input type="checkbox"/> Parent did not provide records;		
___ 3 Hep B	___ 3 Hep B	___ 3 Hep B		Submitted Request for Records:		
___ 2 Hep A	___ 2 Hep A	___ 2 Hep A		Date Requested _____ by Initials _____		
___ 1 Varicella	___ 1 Varicella	___ 1 Varicella		Notes:		
___ 1 Tdap						

Oklahoma City Public Schools

Release Agreements (Annual Permissions)

UNLESS 'NO' IS CHECKED BELOW, PARENT AND STUDENT(S) AGREE TO THE FOLLOWING:	
<input type="checkbox"/> No	Expectations and Student Code of Conduct - Student and parent understand the student will be held accountable for behavior and subject to disciplinary consequences outlined in the expectations and student code of conduct.
<input type="checkbox"/> No	OKCPS Acceptable Use Policy (AUP) - Student and parent understand violating the OKCPS acceptable use policy (AUP) may result in loss of internet / computer privileges and/or other district disciplinary measures. Student is given parent permission to access, produce, video conference, and communicate information on the district network resources for the current school year for class assignments under the supervision of the teacher.
<input type="checkbox"/> No	Textbook Responsibility - Parent will be responsible for any textbooks issued to student listed below for his/her use while he/she is enrolled in OKCPS.
<input type="checkbox"/> No	Student Directory Information - Parent gives permission for release of student directory information which may include a student's name, address, telephone number, the name of the student's parents, the student's date and place of birth, the student's major field of study, study and class designation (grade), the student's extracurricular participation, the student's achievements or honors, the student's photograph or video, the student's dates of attendance, and the most recent educational institution the student attended prior to enrolling in the OKCPS district. If the student is a member of an athletic team, the student's height and weight may be provided to third-parties upon request, directory information will be provided, without parental notification or written authorization, to third-parties who requests the information.
<input type="checkbox"/> No	Military Recruiters - Parent grants permission for the OKCPS district to release directory information regarding the student listed below to military recruiters.
<input type="checkbox"/> No	Metropolitan Library Card - Parent gives permission for the OKCPS district to release directory information regarding the student listed below to the Metropolitan Library for issuance of a library one card.
<input type="checkbox"/> No	Medical Treatment - When a principal or teacher is unable to reach you in the event that your child is injured in an accident or becomes seriously ill, EMSA may be called and the cost directed to you. EMSA will only be called in medical emergencies and/or if you cannot be contacted. You must provide your school with current phone numbers and additional emergency contacts to be reached should your child become seriously ill or injured during school hours, thus requiring emergency medical treatment.
<input type="checkbox"/> No	CPR Instruction for Students - Parent gives permission for the student to receive CPR instructions provided by OKCPS. All students in public schools shall receive instruction in cardiopulmonary resuscitation (CPR) at least once between ninth and twelfth grade, as required by the Dustin Rhodes and Lindsey Steed CPR training act (70 o.s. § 1210.199). As required by the act, instruction of CPR shall be based upon an instructional program which is nationally recognized and evidence-based. School districts may use emergency medical technicians, paramedics, police officers, firefighters, teachers, other school employees, or other similarly qualified individuals or organizations to provide the instruction. A school administrator may waive this requirement for an eligible student who has a disability.
<input type="checkbox"/> No	Tutors and Mentors - OKCPS is committed to offering opportunities for the community to be involved in our schools. Through this commitment, your child may be provided with a tutor, mentor, and/or other volunteers who will support educational achievement.
<input type="checkbox"/> No	Photo/Media Release Permission - Under the supervision of the principal or district administrator for district activities, student and parent agree to the usage and/or publishing of photographs, video, or interview on the district website, social or news media websites.
<input type="checkbox"/> No	Parent Notification - Parent agrees to receive text messages, autodialed and/or prerecorded calls and text messages from the district or school regarding school closings or upcoming events. Telephone Consumer Protection Act (TCPA) - http://www.celaw.com/blog/telephone-consumer-protection-act-compliance-recent-fcc-rules-school-districts

Print Student Name	Student Signature	Date
Print Parent/Guardian Name	Parent/Guardian Signature	Date