

2020-2021 Elementary  
PK-K Enrollment Packet



- |  |           |
|--|-----------|
| 1. IEP/504 Accommodations  | Yes or No |
| 2. Authority to Transfer Educational Records   | Yes or No |
| 3. Copy of Parent/Guardian ID  | Yes or No |
| _____ in cases of divorce/current custody papers <b>required</b>   |           |
| _____ in cases of guardianship/current court ordered papers <b>required</b>                                |           |
| 4. Proof of Residency Form, Copy of Electric or Water Bill,<br>Lease and/or Verification of Residency Form | Yes or No |
| 5. Title VI Eligibility Form (Indian Education)  | Yes or No |
| 6. Initial Enrollment Form   | Yes or No |
| 7. Early Childhood Questionnaire (2 pages)   | Yes or No |
| 8. Child Nutrition/Free and Reduced price meal benefits  | Yes or No |
| 9. Copy of State Issued Birth Certificate  | Yes or No |
| 10. Social Security Card   | Yes or No |
| 11. Copy of Up to Date Shot Records  | Yes or No |
| 12. Current School Photograph/Portrait of Students (Wallet Size)   | Yes or No |
| 13. Student/Parent Usage Agreements (Media Publications, Handbook)   | Yes or No |
| 14. Student Medical & Health History   | Yes or No |
| 15. Homeless Checklist   | Yes or No |

**4 year old programs/Pre-K** \_\_\_ 4 doses DTP/DTaP \_\_\_ 3 doses Polio  
\_\_\_ 1 dose MMR \_\_\_ 3 doses HEP B \_\_\_ 2 doses HEP A \_\_\_ 1 dose Varicella

**Kindergarten-6<sup>th</sup> grade** \_\_\_ 5 doses DTP/DTaP \_\_\_ 4 doses Polio  
\_\_\_ 2 dose MMR \_\_\_ 3 doses HEP B \_\_\_ 2 doses HEP A \_\_\_ 1 dose Varicella

\*Please complete information and return to Elementary office to complete enrollment.

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(To be completed by school personnel)

Date Received \_\_\_\_\_ Office Signature \_\_\_\_\_

DIBBLE PUBLIC SCHOOLS NEW STUDENT ENROLLMENT INFORMATION

ID# \_\_\_\_\_ Processing Date \_\_\_\_\_ Grade \_\_\_\_\_ Bus \_\_\_\_\_

Last School Attended \_\_\_\_\_  
(School Name) (City) (State)

Student's Legal Name \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

Student's Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_  
(Mo.) (Day) (Year) (City) (State)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Student SS# \_\_\_\_\_

Health Insurance \_\_\_\_\_ Student ID Number \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

**Custody Papers in effect?** Yes/No  
**Is the student currently receiving Special Education Services?** Yes/No  
**Has the student ever qualified for Gifted/Talented classes?** Yes/No

Please explain driving directions to your home \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female Ethnicity: \_\_\_\_ Black \_\_\_\_ Native American \_\_\_\_ Asian \_\_\_\_ Caucasian \_\_\_\_ Pacific Islander

**Is any language other than English used in your home? If so, Language** \_\_\_\_\_ **Yes/No**  
**Has the student ever qualified for ESL services?** **Yes/No**  
**Date first enrolled in any U.S. School** \_\_\_\_\_

Please list names of adults with whom the child lives:

Name	Relationship	Place of Employment	Contact Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Local Emergency Contacts:

\_\_\_\_\_  
\_\_\_\_\_

Other Children in home: Name Age Grade/School

\_\_\_\_\_  
\_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

# Welcome to Pre-Kindergarten

## Dibble Public Schools

### A Parent Guide

Students enrolled in the voluntary Pre-Kindergarten program at no charge by Dibble Public Schools are getting ready for Kindergarten, and they're learning a lot more than their ABC's. Class sizes are limited and are taught by Early Childhood Certified teachers. Each class also has a teacher assistant. To be eligible, children must be four years old by September 1 and parents or legal guardians must be residents of the Dibble Public School District.

A primary goal of the program is to provide students with instruction in language and literacy, math, science, as well as social and self-care skills. Students get hands-on instruction through activities in the classroom, preparing them for the next step in their schooling-kindergarten!

Dibble's Pre-Kindergarten is successfully preparing children for school by providing an opportunity for them to develop school readiness skills in an environment that encourages them to have fun while learning. The year before kindergarten begins is such a wonderful time of growth and development and we are extremely excited about having Pre-Kindergarten as part of our district.

## Is My Child Ready for Pre-Kindergarten?

Early Childhood and Family Information <http://ok.gov/sde/early-childhood-and-family-education#EC/>

Pre-K Academic Standards [https://sde.ok.gov/sites/ok.gov.sde/files/OAS-Math-Final%20Version\\_3.pdf](https://sde.ok.gov/sites/ok.gov.sde/files/OAS-Math-Final%20Version_3.pdf)

How will you know if your child is ready for preschool? There is no one quality or skill that children need to do well in preschool, but a combination of things contribute to success. Remember that all children are unique. They grow and develop at different rates and no one thing guarantees that a child is ready for pre-k.

### **Some things your child should know and be able to do before coming to Pre-Kindergarten include:**

- Beginning to choose and to follow routines, such as listening to a story before bedtime
- Beginning to recognize his or her first name in print
- Knowing how to ask an adult for help
- Recognizing a favorite book by its cover and asking that it be read aloud
- Being curious about letters, words, numbers and counting
- Repeating parts of rhymes or some words from familiar songs
- Following basic two or three step directions, such as, "Get your coat, put it on, and stand by the door."
- Listening to a story when read aloud
- Handling books carefully
- Following some basic rules at home, such as putting toys away

**\*\*\*\*Children must be completely potty-trained. Diapers and pull-ups are not allowed. Students should also be able to clean themselves after using the toilet.**

*To ease the transition to school here are a few suggestions for parents*

- Talk with and read to your child daily.
- Build a happy attitude toward school.
- Teach your child safety rules (street, strangers, etc.).

- Encourage your child to dress independently.
- Let your child play with other children of the same age.
- Encourage naming shapes, colors, sizes, pictures and things in the environment.
- Help your child learn to follow directions.
- Acknowledge your child's attempts to perform a task in order to build self-confidence.
- Teach your child his/her full name.
- Discuss with the teacher any conditions which may hinder your child's progress in school.

**Language Arts/Early Literacy**

- Understands and responds to simple oral directions
- Talks and listens appropriately while in a group
- Expresses ideas in complete sentences
- Recognizes his/her name in print
- Names six basic colors (red, blue, green, yellow, orange, brown)
- Identifies some printed alphabet letters
- Prints and identifies letters in first name
- Recognizes some sounds that rhyme
- Demonstrates knowledge of print: left to right top to bottom
- Arranges story cards in sequential order
- Begins to dictate sentences, phrases, and words
- Work with child writing their first name (Capitalize first letter).

**Social Skills**

- Separates from parents without undue stress
- Demonstrates awareness of the five senses
- Understands and respects the property and rights of others, as well as plays in small and large groups
- Knows and observes classroom rules/routines
- Works on an activity for a reasonable length of time (10-15 minutes)

<b>Helpful Hints</b>	
<p><b>Your Child's Clothing Should Be:</b> Simple, Washable, Well-Fitting, Easy to manage, labeled, Appropriate for the weather conditions</p>	<p><b>You Should Establish:</b> A certain bedtime, Regular resting time, Play time</p>
<p><b>Encourage You Child to:</b> Put away their own toys, do simple tasks when asked, Listen while others are speaking, follow directions, assume responsibility</p>	<p><b>Make Sure Your Child:</b> Arrives promptly at school, attends school regularly, is picked up on time</p>
<p><b>Health: Please do not send your child if your child has:</b> Fever, sore throat or tonsillitis w/ fever, any eruption of the skin, or rash w/ fever, any nasal discharge w/fever, sever cough, vomiting or diarrhea, head lice, impetigo, ring worm, and scabies until adequately treated.</p>	<p><b>Routines should be established in early August so your child is comfortable with them before school begins.</b></p>

**\*Children must be fever free for 24 hours before returning to school.\***

## Special Notice for Parents

### ATTENDANCE

Regular classroom attendance is of tremendous value to your child as well as to the school. To receive the maximum benefit from classroom instruction, your child must be present each and every day and must be on time.

\*However, we do understand children have to be absent from school. **It is the responsibility of the parents to call the school when their child is not going to be at school and to be aware of the number of absences their child has accumulated.**

### FOLDERS

Your child will come home daily with a folder with information provided by the teacher that you must view daily in order for your child to be successful.

### SCHEDULE

Your child should arrive at the Early Childhood Building no later than 8:05. After 8:05 no one is available to get child where they need to be. If they are not there by 8:05 you will have to check the student in at the office, in the main building, and transport to the area where their class is which will be provided to you from the office. School ends at 3:30. Please be prompt when picking up your child.

### PARKING

You may bring your child to the Early Childhood Building from 7:35- 8:05. After 8:05 no one will be there to receive your child. (see above) \*You **may not** park on the gravel road in front of the building. **It is not permitted to drop them off on Main Street, as the traffic can get backed up.** Parking areas include: Grassy area south of the football field and the High School and Cafeteria parking spots. There will be someone to assist you the first couple of weeks, until you know the system.

Becky Lee  
Dean of Students  
405-344-6868  
lee@dibble.k12.ok.us

# **Pre-Kindergarten Supply List**

**4 packages - 8 count Crayolas (no jumbo)**

**1 package of washable markers**

**2 pocket folders with brads**

**1 pair of child scissors**

**4 packages of glue sticks**

**4 packages of Clorox Wipes**

**Ticonderoga Jumbo Pencils**

**4 packages of Play-doh brand play dough**

**2 roll of paper towels**

**2 boxes of Kleenex**

**1 box of baby wipes**

**1 package of brown paper bags**

**1 box zip lock baggies**

**2 bottles of hand sanitizer**

**Boys: 1 package of Astrobright colored paper Girls: 1 package colored cardstock**

## Authority to Transfer Education Records

To: \_\_\_\_\_  
SCHOOL DISTRICT/AGENCY

\_\_\_\_\_  
STREET ADDRESS/P.O. BOX CITY STATE ZIP

In accordance with the Family Education Rights and Privacy Act (FERPA), 34 CFR 99.31, transfer of education records is requested for:

\_\_\_\_\_  
NAME OF CHILD BIRTHDATE

\_\_\_\_\_  
PARENT SIGNATURE DATE

Request for education records includes, but is not limited to: health, grades, cumulative, discipline records, and special education records. Transfer of student records, including disciplinary records, must be made in a timely manner, within three business days of receipt of request, under state law. (70 O.S. 24-101.4)

DIBBLE ELEMENTARY SCHOOL  
PO BOX 9  
DIBBLE, OK 73031  
PH# 405-344-6868 FAX# 405-344-6868

From: \_\_\_\_\_  
SIGNATURE OF SCHOOL DISTRICT/AGENCY OFFICIAL DATE

Education records are maintained and released in accordance with the Family Educational Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with

**STUDENT MEDICAL AND HEALTH HISTORY**

**TO BE COMPLETED BY PARENT**

**DATE** \_\_\_\_\_

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_

GENERAL HEALTH CONCERNS: Please (x) any of the following conditions your child has:

\_\_\_\_ ADD or ADHD When was it diagnosed? \_\_\_\_\_ Medications? \_\_\_\_\_  
Will they need to be taken at school? \_\_\_\_\_ How often? \_\_\_\_\_

\_\_\_\_ Allergies: (food, pets, etc...) Please list \_\_\_\_\_

\_\_\_\_ What happens when allergies occur? \_\_\_\_\_

\_\_\_\_ Epi-Pen needed? (circle) Yes No

\_\_\_\_ Asthma-Is an inhaler used? Yes No How Often? \_\_\_\_\_

List all medications taken for Asthma \_\_\_\_\_

\_\_\_\_ Heart Problems \_\_\_\_\_

\_\_\_\_ Diabetes /Age it was diagnosed: \_\_\_\_\_ Doctor's Name \_\_\_\_\_ *(copy of plan will be needed)*

\_\_\_\_ Seizure Disorder/Last seizure date: \_\_\_\_\_ Medication: \_\_\_\_\_

\_\_\_\_ Surgeries \_\_\_\_\_

\_\_\_\_ Concussion/Fractures: Date and Type: \_\_\_\_\_

\_\_\_\_ Emotional Concerns/Medications: \_\_\_\_\_

\_\_\_\_ Any other Health Concerns? \_\_\_\_\_

**\*All medication needs to be turned into office.** Parents must notify school office to update the medical health history page.

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notes:**



## VERIFICATION OF RESIDENCE

Student's Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Physical Address \_\_\_\_\_

Housing Addition \_\_\_\_\_ County \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

**I hereby verify that my child resides with me in the \_\_\_\_\_ school district, at the above address. I understand that under law I am required to immediately notify school officials if there is a change in the above address/residence.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

*House Bill 557, effective July 1, 1997, implements a \$500 penalty for those providing false residency false residency information to schools.*

Acceptable documents are listed below. Documents must be on file submitted to verify the above address information.

**DO NOT WRITE BELOW THIS LINE. FOR SCHOOL OFFICIAL USE ONLY.**

- Current utility bill reflecting the service address (GAS, ELECTRIC or WATER ONLY)
- Mortgage Agreement
- Home/Apartment Lease Agreement
- Transfer (\_\_\_\_ Intra-District \_\_\_\_ Inter-District)
- Residency Affidavit

VERIFICATION: \_\_\_\_\_ ACCEPTED: \_\_\_\_\_ DENIED: \_\_\_\_\_

SIGNATURE OF SCHOOL OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_

# PROOF OF RESIDENCE AFFIDAVIT

Dibble Public Schools  
100 Main Street  
PO Box 9  
Dibble, OK

RE: Students

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Student's Names \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address of Residence

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STATE OF OKLAHOMA    }  
  }**SS**  
COUNTY OF MCCLAIN    }

The undersigned (relative, caretaker, homeowner, or landlord) of lawful age, being first duly sworn, on oath says that the above referenced school-aged children are legally and fully residing within a property owned and maintained by the undersigned.

\_\_\_\_\_  
(Relative, Caretaker, Homeowner, or Landlord)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public (or Clerk or Judge)

Commission Expires \_\_\_\_\_

COMPLETE ONLY FOR PRE-K AND KINDERGARTEN ENROLLMENT

## INITIAL ENROLLMENT PRIOR PARTICIPATION FORM STUDENT INFORMATION

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 SoonerStart 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.		

**2019-2020 Dibble Elementary School  
Student Information Page**

Student's Legal Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Names (Living where student resides) \_\_\_\_\_

Mother's Name, phone and email \_\_\_\_\_

Father's Name, phone and email \_\_\_\_\_

Resident Address \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student's Age as of Sept. 1, 2020 \_\_\_\_\_ SS# \_\_\_\_\_

Allergies/Health \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #3 \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

My student (circle one)    WALK    PICK-UP    BUS    DAYCARE

Authorized to Pick-up Student \_\_\_\_\_ Phone \_\_\_\_\_

Authorized to Pick-up Student \_\_\_\_\_ Phone \_\_\_\_\_

I have updated and completed the student information page for the 2020-2021 school year. If there are any changes to this information, I will notify in writing of the changes to the Elementary office to have the information updated as needed.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Return to school by September 1, 2020

## Homeless Screening

Yes or No

- \_\_\_\_\_ 1. Do you live in a designated shelter (all or part time)?
- \_\_\_\_\_ 2. Do you live in a motel or campground?
- \_\_\_\_\_ 3. Do you live in a car, park, abandoned building, bus or train station?
- \_\_\_\_\_ 4. Do you live in "Double-Up" housing due to loss of housing or economic hardship?