



# Oklahoma Department of Rehabilitation Services

Oklahoma School for the Deaf

[www.okdrs.gov](http://www.okdrs.gov)

Dear Parent or Guardian:

Thank you for your interest in the Oklahoma School for the Deaf. This packet includes information about OSD as well as information needed if you are interested in your child attending OSD. Enclosed you will find brochures about OSD as well as an "Application for Admissions" form with a "Consent for the Release of Confidential Information" form. This will allow us to request records on your child from their current school. These two (2) forms are the first step of the admissions process.

When returning the application for admissions, please include a copy of your child's social security card, birth certificate, and immunization card. Once we have all the needed documents, the Admissions Committee will review your child's records and request for admission. If your child is accepted, you will then receive an enrollment packet to complete.

You may also go to [www.osd.k12.ok.us](http://www.osd.k12.ok.us) to view more information about OSD. Please let me know if you any questions or concerns. You may reach me at (580) 622-4930. Again, thank you for your interest in OSD. We look forward to hearing from you again.

Sincerely,

Traci Prince

Director, Student Assessment Center

Admissions Committee Chair

SCHOOL YEAR 2017-2018

*Empower Oklahomans with Disabilities*

1100 E. Oklahoma St., Sulphur, OK 73086 | Voice/TTY: (580) 622-4900 | Fax: (580) 622-4950

Interim Director Noel Tyler  
Commissioners Lynda Collins, April Danahy and Jack Tucker



## Records Needed Prior to Enrollment (Admissions Committee Review)

Application \_\_\_\_\_ Date \_\_\_\_\_

- Copy of Social Security Card
- Copy of Birth Certificate
- Recent Picture of Student
- Current Immunization Record
- Medications: Does your child currently take medications? If so, are there any changes being made such as increasing, lowering dosage or taking your child off medications?
- Legal Documents: If parents are divorced or someone else has custody/guardianship of a child.
- Transcript/grades/state mandated testing reports
- Both MEEGS and IEP
- Psychological Evaluation
- Audiogram
- Speech Evaluation
- Discipline Records
- Proof of Oklahoma residency (copy of utility bill that shows current residential address)

For 7<sup>th</sup> – 12<sup>th</sup> grade only: List all sports child participates in school:

\_\_\_\_\_

**For School Use Only:**

Accepted/Not Accepted:

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

Teacher: \_\_\_\_\_ Photo ID \_\_\_\_\_ Student Handbook \_\_\_\_\_

OJA [ ]

**SCHOOL YEAR 2017-2018**

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Interim Director Noel Tyler  
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School Year 2017-2018  
Grade \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY</b> 1 <sup>st</sup> EOD to OSD DATE: _____ INITIALS: _____ Keyed to PS _____
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**OKLAHOMA SCHOOL FOR THE DEAF**  
**APPLICATION FOR ADMISSION**

Child's Full Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Child's SS # \_\_\_\_\_

Does your child receive SSI, VA, SS, or AFDC \_\_\_\_ Amount \_\_\_\_\_ Payee \_\_\_\_\_

Child's School District \_\_\_\_\_ School Name \_\_\_\_\_

Physical Address \_\_\_\_\_  
Street City State Zip

**(Proof of Oklahoma Residency must be furnished. Copy of utility bill with current residential service address)**

Mailing Address \_\_\_\_\_  
Street City State Zip

**(Please keep school advised of current phone numbers and addresses.)**

**FAMILY INFORMATION**

**MOTHER**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Telephone \_\_\_\_\_ Video Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email address (if none, so state) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work phone \_\_\_\_\_

Position \_\_\_\_\_ SS # \_\_\_\_\_ DOB \_\_\_\_\_

Education Completed: (Circle one) Elementary High school College Grad.

**FATHER**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Video Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address (if none, so state) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work phone \_\_\_\_\_

Position \_\_\_\_\_ SS # \_\_\_\_\_ DOB: \_\_\_\_\_

Education Completed: (Circle One) Elementary High school College Graduate Level

**STEP PARENT OR GUARDIAN**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Home phone \_\_\_\_\_ Video phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Address (if none, so state) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work phone # \_\_\_\_\_

Position \_\_\_\_\_ SS # \_\_\_\_\_ DOB: \_\_\_\_\_

With whom does the child live? \_\_\_\_\_ Relationship \_\_\_\_\_

Who has legal custody? \_\_\_\_\_  
Please provide documentation

**SIBLING(S) OF CHILD**

1. \_\_\_\_\_  
Name Sex Birth date deaf/hearing

2. \_\_\_\_\_  
Name Sex Birth date deaf/hearing

**The following persons are authorized to take my child from campus:**

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

**Emergency Telephone Numbers**

1. \_\_\_\_\_  
Name                      Number                      City/State                      Relationship

2. \_\_\_\_\_  
Name                      Number                      City/State                      Relationship

3. \_\_\_\_\_  
Name                      Number                      City/State                      Relationship

Has your child had a psychological or educational evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

What were you told? \_\_\_\_\_

**History of Hearing Loss and other disabilities**

What is your child's hearing loss? \_\_\_\_\_

When was your child first identified as having a hearing loss? \_\_\_\_\_

Does your child wear hearing aids? \_\_\_\_\_ If so, one or two? \_\_\_\_\_

At what age was your child fitted with hearing aids? \_\_\_\_\_ Brand? \_\_\_\_\_

Name/Serial number of aids? \_\_\_\_\_

Does anyone else in your family have a hearing loss? If so, please indicate below:

Father	_____	_____	_____
	Hearing Loss	Age Loss Occurred	Education at a School for the Deaf

Mother	_____	_____	_____
	Hearing Loss	Age Loss Occurred	Education at a School for the Deaf

Sibling(s)	_____	_____	_____
	Hearing Loss	Age Loss Occurred	Education at a School for the Deaf

Other	_____	_____	_____
	Hearing Loss	Age Loss Occurred	Education at a School for the Deaf

Does your child have any other handicapping conditions or health concerns? Please explain \_\_\_\_\_  
\_\_\_\_\_

**What type of language does your child use to communicate?**

American Sign Language only \_\_\_\_\_ Oral only \_\_\_\_\_ Uses both sign and voice \_\_\_\_\_  
Uses a Signed English system? Please circle which one: SE SEE I SEE II

What is the primary language used in the home? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Can your child independently dress themselves?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Is your child potty trained?

I hereby make application for admission of my child to the Oklahoma School The Deaf, Sulphur, Oklahoma. If admitted, I agree that my child will Abide by the Policies and procedures of the school that have been approved by the Oklahoma Department of Rehabilitation Services and printed in the school handbook.

I understand that any information provided that is not true, can be reason for non admittance, or removal from OSD after enrollment.

In case of emergency, illness or accident regarding immediate operation or surgical procedure in the opinion of the attending physician, I request that I be contacted and in the event I cannot be immediately reached, I authorize the Superintendent of the school to act in my stead in my child's behalf.

I hereby give my consent for the school to administer screening test to my child for visual acuity, hearing acuity, speech pathology and to administer such evaluation procedures as it deems necessary for the placement and administration of an education program designed to meet the needs of my child. I further give my consent for the administration of various standardized or teach devised tests that are needed to measure my child's achievement in any educational area. The authorization shall be in effect as long as my child is a student of the Oklahoma School for the Deaf.

\_\_\_\_\_  
Signature of parent/Guardian

\_\_\_\_\_  
Date

Or attending Professional

In compliance with the 1964 Civil Rights Act, no person shall be excluded from participation, denied any benefits of subject to discrimination on the basis of race, color or national origin. In compliance with Title IX of the Education Amendments of 1972, the Department's policy is that no student or employee at the Oklahoma School for the Deaf shall, on the basis of sex be excluded from participation in any educational endeavor or other activity sponsored by the school. Parents are granted full and free right to examine information, which is collected at the school services records, disciplinary records and medical reports.

## Student Behavior Profile

(To be completed Only by Parent)

In order for us to understand your child and make a valid least restrictive placement we need your input. Please answer the following questions openly and honestly. Failure to do this could result in delay in placement.

Student Name	Grade	Date
1. Has your child ever had discipline problems at school? *If yes, please explain.	_____	_____ YES _____ NO
2. Has your child ever been sent to ISS (In School Suspension)? *If yes, please explain.	_____	_____ YES _____ NO
3. Has your child had discipline problems in a dorm setting? *If yes, please explain.	_____	_____ YES _____ NO
4. Has your child ever been restricted, or lost privileges at school or in the dorm? *If yes, please explain.	_____	_____ YES _____ NO
5. Is your child or has your child been on any behavior modification? *If yes, please explain.	_____	_____ YES _____ NO
6. Does your child take any behavior medication? *If yes, please attach list.	_____	_____ YES _____ NO
7. Has your child ever been arrested or detained by the police? *If yes, please explain.	_____	_____ YES _____ NO

(continued on other side)

8. Has your child ever had discipline problems on the bus? \_\_\_\_\_ YES \_\_\_\_\_ NO  
\*If yes, please explain.

9. Is your child currently, or has your child been, in counseling? \_\_\_\_\_ YES \_\_\_\_\_ NO  
\*If yes, please explain.

10. In your estimate how would you rate your child's behavior? \_\_\_\_\_ EXCELLENT  
\_\_\_\_\_ GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_ NEEDS ASSESSMENT OR ASSISTANCE

Please make any comments below that you feel would assist us in making your child's stay with us rewarding, and enriching to his/her education.

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

\_\_\_\_\_  
Date

Thank you.





STATE OF OKLAHOMA STANDARD FORM
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I understand that these records are protected under federal and State confidentiality regulations and cannot be released without written consent unless otherwise provided for in the regulations. Federal regulations prohibit further disclosure of the records without specific written consent, or as otherwise permitted by such regulation. I also understand I may revoke this consent in writing at any time unless action has already been taken based upon this consent and in any event this consent expires one year from the date of signature.

AUTHORIZING PERSON -- [ ] CHILD [ ] PARENT [ ] GUARDIAN [ ] LEGAL CUSTODIAN [ ] OTHER
request that information concerning:

NAME OF CHILD DATE OF BIRTH SSN

be released and authorize
NAME OF PERSON OR AGENCY RELEASING INFORMATION

ADDRESS OF PERSON OR AGENCY RELEASING INFORMATION: INCLUDE STREET ADDRESS/P.O. BOX, CITY, STATE AND ZIP
to release to: FAX: (580) 622-4960 ATTN: Social Worker

Oklahoma School for the Deaf
NAME/AGENCY NAME/AGENCY NAME/AGENCY
1100 E. Oklahoma
ADDRESS ADDRESS ADDRESS
Sulphur, OK. 73086
CITY, STATE, ZIP CITY, STATE, ZIP CITY, STATE, ZIP

the following information: Educational, special education, cumulative, health, discipline, all testing including academic and special educational.
KIND AND/OR EXTENT OF INFORMATION TO BE RELEASED

for the following purpose(s): Proposed enrollment at OSD.

If the records to be disclosed are education records (which may include discipline records), they 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. Redisclosure, except as provided at 34 CFR § 99.31, requires prior consent of parents or eligible students.

THE INFORMATION I AUTHORIZE FOR RELEASE MAY INCLUDE INFORMATION AND RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR NONCOMMUNICABLE DISEASE, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).

[ ] NOTARY:
(Notary)
Subscribed and sworn to me 20
My commission number
My commission expires 20
Notary Public
(or Clerk or Judge)
(signature of person(s) authorizing release)
(date)

[ ] AGENCY VERIFICATION IN LIEU OF NOTARY:
(staff signature and title) (date)

## **Notification of Rights under FERPA for Elementary and Secondary Institutions**

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that affords parents and “eligible students” over 18 years of age certain rights with respect to their child’s education records. They are:

- The right to inspect and review the child’s education records within 45 days from the day the school district receives a request for access.

Parents or eligible students must submit a written request to the school principal or appropriate school official that identifies the record(s) they wish to inspect. This school administrator will make arrangements for access to the education records and will notify the parent or eligible student of the time and place where these records may be inspected.

- The right to request correction of the child’s education records that the parent or eligible student believes is inaccurate, misleading, or otherwise in violation of the child’s privacy rights.

Parents or eligible students may ask the school district to amend a record they believe is inaccurate, misleading, or otherwise in violation of the child’s privacy rights. They must submit a written request to the school principal, clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading or otherwise in violation of the child’s privacy rights.

If the school district decides not to make changes in the record as requested, the school district must notify the parent or eligible student of the decision and advise them of their right to a formal hearing regarding the request for correction. Additional information about hearing procedures will be provided to the parent or eligible student at the time of this notification.

- The right to consent to disclosures of personally identifiable information contained in the child’s education records, except to the extent that FERPA authorizes disclosure without consent (34 CFR § 99.31).

School officials with legitimate educational interests are permitted disclosure without consent. A school official is a person employed by the school district as an administrator, supervisor, instructor, or support staff member, including health or medical staff and law enforcement unit personnel; a person serving on the school board; a person or company with whom the school district has contracted to perform a special task, such as an attorney, auditor, medical consultant or therapist, or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if that official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the school district will disclose education records without consent to officials of another school district in which a student seeks or intends to enroll. (NOTE: FERPA requires a school district to state in its annual notification that it intends to forward records on request.) School districts may disclose, without consent, “directory” information; however, school districts must inform parents and eligible students about directory information, allowing them a reasonable amount of time to request that the school not disclose directory information about that child.

School districts must notify parents and eligible students annually of their rights under FERPA by means of a special letter, inclusion in a Parent/Teacher Association (PTA) bulletin, student handbook, and/or other means left to the discretion of each school district.

- The right to file a complaint with United States Department of Education concerning alleged failures by the school district to comply with requirements of FERPA. The name and address of the office that administers FERPA is: Family Policy Compliance Office, United States Department of Education, 400 Maryland Avenue, SW, Washington, D.C.