

**OKLAHOMA SCHOOL FOR THE DEAF**  
**APPLICATION FOR ADMISSION**

Child's Full Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

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

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

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

Child's SS # \_\_\_\_\_

**FAMILY INFORMATION**

Mother's full name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Birth date \_\_\_\_\_

Place of Employment \_\_\_\_\_ Telephone \_\_\_\_\_

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

Education Completed: elementary high school college - graduate level

Father's full name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Birth date \_\_\_\_\_

Place of Employment \_\_\_\_\_ Telephone \_\_\_\_\_

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

Education Completed: elementary high school college graduate level

Stepparent or Guardian \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Place of Employment \_\_\_\_\_ Telephone # \_\_\_\_\_

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

Who has legal custody? \_\_\_\_\_

Please provide documentation

Sibling of child

Name

Sex

Birth date

deaf/hearing

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

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Emergency Telephone Numbers:

Number

name

city/state

relationship

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

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

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

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History of Hearing Loss and other disabilities:

What is your child's hearing loss?

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When was your child first identified as hearing impaired?

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:

Hearing  
Loss

Age Loss  
Occurred

Educated  
at a School  
for the  
Deaf

Father	Yes	No	_____	Yes	No
Mother	Yes	No	_____	Yes	No
Sibling(s)	Yes	No	_____	Yes	No

Other family members: Yes \_\_\_ No \_\_\_

Does your child have any other handicapping conditions or health concerns?

Please explain:

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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?

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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.