



PANAMA HIGH SCHOOL
P.O. Box 1680 Panama, Oklahoma 74951
Phone (918) 963-0409 Fax (918) 963-2638
Jamie Hoffman, Dean of Students

2024-2025

DATE OF ENROLLMENT: _____

LAST SCHOOL ATTENDED

Name and grade of last school attended: _____
(Name of school) (Last grade attended)

Address of last school attended: _____
(Street or box number) (City) (State) (Zip)

STUDENT INFORMATION

Student Name: _____ **Grade:** _____ **Sex:** M F
(Last) (First) (Middle Name)

Date of birth: _____ **Age:** _____ **Place of birth:** _____
(Month-Date-Year) (Town) (State) (Ethnicity)

Are you of Hispanic/Latino culture or origin? (Yes or No)

- What is your race?(Choose one or more)** **A. American Indian or Alaskan Native (CDIB CARD) Yes or No**
B. Asian
C. Black/African American
D. Native Hawaiian or Other Pacific Islander
E. White

SSN: _____ **Home telephone:** _____

Mailing address: _____ **Town and zip code:** _____

Physical address: _____ **Town and zip code:** _____

What bus number do you ride? _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1: _____

Employer: _____ **Telephone:** _____

E-Mail Address: _____

Parent/Guardian #2: _____

Employer: _____ **Telephone:** _____

E-Mail Address: _____

(SIBLING INFORMATION (LIST THE NAMES, AGES, & SCHOOL THEY ATTEND))

LIST TWO EMERGENCY NAMES AND TELEPHONE NUMBERS (Contact School if Number Changes)

Emergency Name #1: _____ **Telephone:** _____

Emergency Name #2: _____ **Telephone:** _____

We must have a copy of Transcript and Withdrawal grades and Test Scores from previous school to enroll.

Also Need Copy of: (State Issued Birth Certificate) (Shot Record) and (Social Security Card)

Parent signature: _____