



## PHOENIX RISING INITIAL CONTACT FORM

Today's Date \_\_\_\_\_ Person Contacted \_\_\_\_\_

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Number \_\_\_\_\_

Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell (Guardian) \_\_\_\_\_ Cell (Student) \_\_\_\_\_

Number of Credits \_\_\_\_\_ Last School Attended \_\_\_\_\_

Last Date Attended \_\_\_\_\_ Pending Expulsion/Suspension/Safe Placement? \_\_\_\_\_

Other Schools Attended (Please list all schools, including any Placements, OJA, Out of State schools, etc.)  
\_\_\_\_\_

IEP OR Special Education Services Y ☐ N ☐ NOT SURE ☐ \_\_\_\_\_

Counseling or Therapy? Y ☐ N ☐ NOT SURE ☐ If yes, where and with whom? \_\_\_\_\_

Pending Court Case? Y ☐ N ☐ NOT SURE ☐ If yes, next court date \_\_\_\_\_

Probation/Parole? Y ☐ N ☐ NOT SURE ☐ If yes, name & number \_\_\_\_\_

Parent/Guardian currently or previously incarcerated? Y ☐ N ☐ NOT SURE ☐

### **Check All That Apply to Student**

Off-Track Academically	<input type="checkbox"/>	Incarcerated	<input type="checkbox"/>
Pregnancy/Parenting- No Child Care	<input type="checkbox"/>	Loss/Bereavement	<input type="checkbox"/>
Babysitting for Siblings	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>
Need Academic Support	<input type="checkbox"/>	Separation/Loss	<input type="checkbox"/>
Safety Concerns	<input type="checkbox"/>	Trauma/Witness to Violence	<input type="checkbox"/>
Suspension/Expulsions	<input type="checkbox"/>	Family Conflict	<input type="checkbox"/>
Transportation Issues	<input type="checkbox"/>	DHS Involvement	<input type="checkbox"/>
Have Medical Concerns/Hospitalized	<input type="checkbox"/>	Anger/Depression/Anxiety	<input type="checkbox"/>



PHOENIX RISING

T U L S A  
PUBLIC SCHOOLS



**INDEPENDENT SCHOOL DISTRICT #1 OF TULSA COUNTY**

**PARENTAL REQUEST/AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

The undersigned hereby authorizes school # 1 \_\_\_\_\_

The undersigned hereby authorizes school # 2 \_\_\_\_\_

The undersigned hereby authorizes school # 3 \_\_\_\_\_

to release copies of the following official records: All school records, immunizations, cumulative file, withdrawal grades, special education information, psychological evaluations, and confidential files for:

\_\_\_\_\_  
Full Legal Name of Student

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

\_\_\_\_\_  
Current Grade

Reason for Request: Appropriate educational placement, enrollment, and services needed for evaluation.

If you are able to email documents, please email to:

[elliski1@tulsaschools.org](mailto:elliski1@tulsaschools.org) or [khall@tulsacounty.org](mailto:khall@tulsacounty.org)

Or by mail:

**PLEASE SEND TO:**

Phoenix Rising Alternative School/Site 628

Attn: Academic Counselor or Administrator

3441 East Archer Street

Tulsa, OK. 74115

918-833-8650

# STATE OF OKLAHOMA STANDARD FORM

## CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I understand that these 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 on year from the date of signature.  
(Please write legibly.)

**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:

Tulsa Public School  
NAME/AGENCY

Phoenix Rising Alternative School  
NAME/AGENCY

Tulsa County Juvenile Bureau  
NAME/AGENCY

3027 South New Haven  
ADDRESS

3441 East Archer Street  
ADDRESS

500 W. Archer Street  
ADDRESS

Tulsa, Oklahoma 74114

Tulsa, Oklahoma 74115

Tulsa, Oklahoma 74103

CITY, STATE, ZIP

CITY, STATE, ZIP

CITY, STATE, ZIP

The following information: \_\_\_\_\_

KIND AND/OR EXTENT OF INFORMATION TO BE RELEASED

For the following purpose(s): \_\_\_\_\_

If the records to be disclosed are education records (which may include discipline records), they are maintained and released in accordance with 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 student.

☐ **NOTARY:**

Print Name of Notary

Subscribed and sworn to me \_\_\_\_\_ 20\_\_\_\_

My commission number \_\_\_\_\_

My commission expires \_\_\_\_\_ 20\_\_\_\_

Signature Notary Public / Clerk or Judge

Print name of person authorizing release of information

Signature of person authorizing release

Date

Signature of person authorizing release

Date

☐ **TPS AGENCY VERIFICATION IN LIEU OF NOTARY:**

Staff Signature

Title

Date

