## SEQUOYAH ELEMENTARY SCHOOL STUDENT PRE-K AND KINDERGARTEN ENROLLMENT FORM 2020-2021

*MUST HAVE AT TIME OF ENROLLMENT (OFFICE USE ONLY) Grade:Site: Date enrolled: Student ID# ICAP Advisor								
Transfer 🔲 In-District 🗆 POA 🗆 Proof of Residency (Electric Bill, Rental Agreement) 🗀 Birth Certificate 🗀 Shot Record 🗀								
Indian Info  Lunch Form  Athletic Packet  Withdraw Form  Transcript  ELL Form								
STUDENT INFORMATION								
Student's Legal Name: Last First Middle (Preferred Name)								
Last First Middle (Preferred Name) Student's Physical Address: City: Zip Code:								
Mailing Address: (if different from above): Home Phone #:								
Socail Security Number (Last 4 digits): Student Birth Date: Age:								
Gender:MF								
Ethnic Origin (check all that apply):HispanicAsianPacific IslanderAmerican IndianBlackWhite Other:								
Place of Birth: If born outside of U.S., entry date in U.S.:								
Country/State & City First date in U.S. schools:								
1 list date in C.S. selloois.								
PARENT/GUARDIAN INFORMATION Student resides with (check one)MotherFatherMother /FatherMother/StepfatherFather/StepmotherGrandparent Other Who has legal custody? Court documents declaring custody must be in this child's school file.								
Parent/Guardian 1 Phone #: Phone #:								
(First Name) (Last Name)								
Employer:								
Parent/Guardian 2 Relationship: Phone #:								
(First Name) (Last Name) Employer Work Phone #: Cell Phone #:								
Email Address:								
*Emergency contact other than above which access to student records may be given:  HEALTH/EMERGENCY INFORMATION Local adults other than parent/guardian we could notify in an emergency/illness and/or to whom we can release your child:								
Name         Phone #'s:         Relationship:           Name         Phone #'s:         Relationship:           Name         Phone #"s:         Relationship:								
Name Phone #"s: Relationship:								
Please indicate if your child wears corrective lenses, hearing aid, orthopedic devices, prostheses, etc								
My child is currently taking the following prescription medication:								
Student's physician: Phone #:								
In case of serious accident/illness when parents cannot be contacted, do we have your permission to take your child to an appropriate medical facility? ""Yes or ""No Hospital choice:  Do you give consent for listed physician or ER physician to treat your child in your absence? Yes or No								
If your child is covered by Health Insurance: Yes No								
Please list provider: Policy #								

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Do you have any c	DIAN REGISTRATION legree of American Indian ancestry? Yes lete a 506 Indian Form provided in your	es No If you have a CDIB card #
HOME LANGUA Is a language other		gu"""Pq If yes, what language? If yes, please fill out Home Language Survey
		No If yes, last date attended:  If yes, date withdrawn:
	of last school attended:	
	REN IN HOME OR CURRENTLY IN S Name	SEQUOYAH PUBLIC SCHOOLS: School & Grade
PERMISSION R □YES □ NO	EQUESTED  Has this student ever been retained? If s	o, when?
□YES □ NO	Is this student currently on a 504 plan?	
□YES □ NO	Is this student currently on an Individual	
□YES □ NO	How does your child usually get to home	ad a half (1.5 miles) from the school he or she attends?  e from school? (Circle one) Walk Car Rider Bus #  Phone #_aaaa
□YES □ NO	Does your child reside in the Sequoyah s	school district? If no, what district?
□YES □ NO	Is your child a Transfer Student? (Resid	lence is out of Disctrict) If yes, what district?
	PS student will occasionally be photographed for and other screenings.	or publications & social media, participate in day field trips as a part of their instruction &
that all information	on provided is correct. The facts stated he	nmediate withdrawal. My signature certifies that I am the legal guardian and rein are true. The child resides with me and our residence is in the Sequoyal transfer paperwork in the superintendent's office.
Parent/Guardian	filling out this Form	Date
Parent/Guardian	. Signature	Date

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## HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS



		STUD	ENT INFORMA	TION						
Name of Student:  Last Name First Name			Middle Name			Grade:				
Date of Birth:		Stu	ident ID#		Gender:	MaleF	emale			
Is the student of Hispanic or Latino culture or origin? Yes No										
Select one or more of the following races:  African American/Black American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander Caucasian/White										
What is the dominant language <b>most often</b> spoken by the student?										
2. What is the language <b>routinely</b> spoken in the home, regardless of the language spoken by the student?										
3. What language was <b>first</b> learned by the student?										
4. Does the parent/guardian need <b>interpretation</b> services? Yes No If so, what language?										
5. Does the parent/guardian need <b>translated</b> materials? Yes No If so, what language?										
6. What was the date the student first enrolled in a school in the United States?										
				MM/YYYY						
Parent/Guardian Signature (Person filling out this Form)  Date (MM/DD/YYY)										
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SCHOOL USE ONLY Please have test score documentation available for the Regional Accreditation Officer to review.										
☐ Other language than English indicated TWO OR MORE times on questions 1 – 3 above. The student is classified as "more often" and automatically qualifies as bilingual on the accreditation report.										
☐ Other language than English		•			only qualifi	es as <b>bilingual</b> on t	ne accreditation			
	sh Learner on one of the O				s 2.0, Alterr	nate ACCESS for EL	Ls,			
WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool (PKST).  ☐ 2. Scored Basic or Below Basic in ELA on the Oklahoma State Testing Program (OSTP).										
□ 3. Scored at or below the 35 <sup>th</sup> percentile (or equivalent) composite reading score from <u>spring</u> of the previous school year on a state approved norm-referenced test (NRT).										
DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN  Date(s) of Kindergarten ACCESS, Score(s) on Kindergarten ACCESS, Date of WIDA Screener or Score(s) on WIDA Screener or										
		ACCESS for ELLs 2.0,or Alternate ACCESS		K-WAPT/WAPT or WIDA MODEL		K-WAPT/WAPT or WIDA MODEL				
ACCESS for ELLs 2.0, of Alternate ACCESS Tes	or	Alternate ACCES	,	WIDA MODE	L	VVID.				
ACCESS for ELLs 2.0, o	or t	Alternate ACCES Composite / Overall	SS	WIDA MODE	L	Composite	Overall Score			
ACCESS for ELLs 2.0, o	or t		SS	WIDA MODE	L		/ Overall Score			
ACCESS for ELLs 2.0, o	or t		SS	WIDA MODE	EL	Composite	/ Overall Score			
ACCESS for ELLs 2.0, o	1. 1. 1.	Composite / Overall  Score(s) on ELA OST	Score			Composite	Score on Pre-K			
ACCESS for ELLs 2.0, c Alternate ACCESS Tes	1. 1. 1. Below Basic	Composite / Overall  Score(s) on ELA OSTI  Basic	Score  Proficient	Advanced	Date of the	Composite 1.				
ACCESS for ELLs 2.0, c Alternate ACCESS Tes	1. 1. 1.	Composite / Overall  Score(s) on ELA OST	Score	Adm	Date of the	Composite 1. Oklahoma Pre-K	Score on Pre-K Language			
ACCESS for ELLs 2.0, c Alternate ACCESS Tes	1. 1. 1. Below Basic Below Basic Below Basic	Score(s) on ELA OSTI Basic Basic Basic	P Proficient Proficient	Advanced Advanced Advanced	Date of the	Composite 1. Oklahoma Pre-K	Score on Pre-K Language Screening Tool			
ACCESS for ELLs 2.0, of Alternate ACCESS Tes  Date(s) of ELA OSTP	1. 1. 1. Below Basic Below Basic Below Basic	Score(s) on ELA OSTI Basic Basic Basic	P Proficient Proficient Proficient	Advanced Advanced Advanced	Date of the Language	Composite 1. Oklahoma Pre-K	Score on Pre-K Language Screening Tool %			