



# LAWTON PUBLIC SCHOOLS

## Educational Services Division Kindergarten Parent Questionnaire

Name of Student: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

School: \_\_\_\_\_

### Family Information

Family composition:

\_\_\_\_\_ Older Brother(s)      \_\_\_\_\_ Older Sister(s)  
\_\_\_\_\_ Younger Brother(s)      \_\_\_\_\_ Younger Sister(s)      \_\_\_\_\_ Others Living in Home

Language Spoken at home:  
\_\_\_\_\_

### Medical History

Check only those that apply

Premature Birth:

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Childhood Illnesses:

\_\_\_\_\_ Asthma      \_\_\_\_\_ Allergies  
\_\_\_\_\_ Headaches      \_\_\_\_\_ Ear Infections      \_\_\_\_\_ Accidents

Other:  
\_\_\_\_\_

Vision:

\_\_\_\_\_ Wears Glasses      \_\_\_\_\_ Holds Books Close      \_\_\_\_\_ Sits close to TV

Hearing:

\_\_\_\_\_ Hearing difficulties      \_\_\_\_\_ Sits Close to TV      \_\_\_\_\_ Says "What" repeatedly

### Child Development

Is Able to:

\_\_\_\_\_ Dress Self      \_\_\_\_\_ Wash & dry hands      \_\_\_\_\_ Care for own toileting needs

Eating Habits:

\_\_\_\_\_ Poor      \_\_\_\_\_ Fair      \_\_\_\_\_ Good      \_\_\_\_\_ Overeats

Sleeping Habits:

\_\_\_\_\_ Soundly      \_\_\_\_\_ Fitful      \_\_\_\_\_ Naps

Gross Motor:

\_\_\_\_\_ Throws a Ball      \_\_\_\_\_ Catches a Ball      \_\_\_\_\_ Rides a Tricycle      \_\_\_\_\_ Rides a Bicycle

Fine Motor:

\_\_\_\_\_ Draws      \_\_\_\_\_ Scribbles      \_\_\_\_\_ Colors      \_\_\_\_\_ Plays with Blocks

\_\_\_\_\_ Prefers Right Hand      \_\_\_\_\_ Prefers Left Hand

### Social/Emotional Development:

\_\_\_\_\_ Highly Active      \_\_\_\_\_ Quiet      \_\_\_\_\_ Easily Upset      \_\_\_\_\_ Interacts with Others

Attention:

\_\_\_\_\_ Follows Directions      \_\_\_\_\_ Stays on Task      \_\_\_\_\_ Listens to Stories

Language:

\_\_\_\_\_ Easily Understood      \_\_\_\_\_ Understands Simple Directions

## Lawton Public Schools Centralized Enrollment Center District Enrollment Checklist

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Proof of Residency**  
 \_\_\_\_\_ Utility bill or landlord statement (if utilities paid by owner) \_\_\_\_\_ Lease agreement  
 \_\_\_\_\_ Sibling already in attendance \_\_\_\_\_ Residency Form \_\_\_\_\_ Mortgage Statement  
 \_\_\_\_\_ Intradistrict Transfer \_\_\_\_\_ Out of district transfer (All transfers must have prior approval)

**Permission to Enroll (if applicable) from:** \_\_\_\_\_

**Birth Authority**      **Official State issued Birth Certificates required for Pre-K, K, and 1st grade**  
 \_\_\_\_\_ Birth Certificate      \_\_\_\_\_ Attending Physician's Certificate      \_\_\_\_\_ Custody Affidavit  
 \_\_\_\_\_ Previous Student      \_\_\_\_\_ Passport

<input type="checkbox"/>	<b>Immunization Record</b>	<b>On File</b>	<b>Exemption</b>
	<b>Ungraded/Pre-K</b>	<b>K through 10th</b>	<b>11th &amp; 12th</b>
_____	4 DTP/DTaP/Td	_____	5 DTP/DTaP/Td
_____	3 Polio	_____	4 Polio
_____	1 MMR	_____	2 MMR
_____	3 HEP B	_____	2* or 3 HEP B
_____	2 HEP A	_____	2 HEP A
_____	1 Varicella	_____	
		_____	<b>Had Chicken Pox</b>
		_____	<b>1 Tdap (7th Grade)</b>

- Student Enrollment Information Form
- Home Language Survey Form
- Title VII Eligibility Form
- Residency Questionnaire
- Initial Enrollment Prior Participation Form (First time in public school - Pre-K, K, 1st only)
- Kindergarten Questionnaire
- Media Release (Pre-K Only)
- Meal Application      \_\_\_\_\_ Parent Declined
- Sports Form      7th-12th Grade Only

**Medical Alerts**  
 \_\_\_\_\_ No alerts necessary      \_\_\_\_\_ Medication taken at home  
 \_\_\_\_\_ Parent/Guardian has paperwork      \_\_\_\_\_ Non-prescription  
 \_\_\_\_\_ Inhaler      \_\_\_\_\_ EPI-PEN      \_\_\_\_\_ Allergies  
 \_\_\_\_\_ Asthma      \_\_\_\_\_ Seizure      \_\_\_\_\_ Diabetes  
 \_\_\_\_\_ See Medical Info tab for additional medical information

**Special Needs**  
 IEP \_\_\_\_\_ Yes      \_\_\_\_\_ No  
 504 \_\_\_\_\_ Yes      \_\_\_\_\_ No      \_\_\_\_\_ Gifted/Talented  
 Speech Only \_\_\_\_\_ Yes      \_\_\_\_\_ No

**School Records**  
 \_\_\_\_\_ N/A      \_\_\_\_\_ Record Request Attached      \_\_\_\_\_ Parent/Guardian Possession

**Official Withdrawal Form** (required only during active school calendar)  
 \_\_\_\_\_ N/A      \_\_\_\_\_ Withdrawal Form      \_\_\_\_\_ Fax/Phone Withdrawal Sent

**Enrollment Process Status**  
 \_\_\_\_\_ Enrolled - Further documentation required within 10 days (Yellow form)      Due by \_\_\_\_\_  
 \_\_\_\_\_ Enrollment Complete (Blue form)

Enrolled by \_\_\_\_\_ Today's Date \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

# Lawton Public Schools Enrollment Form

School Use Only	IEP _____ 504 _____ GT _____	ID# _____	School _____
Today's Date _____	Enrollment Date _____	W/D Date _____	W/D Code _____
Transported Yes No	Bus# or Daycare _____	Lives on Federal Property Yes No	Teacher _____

## Student Information

**Student Must be Enrolled under their Legal Name**

Last Name _____	First Name _____	Middle Name _____
Grade Level _____	Date of Birth _____	Preferred Name _____
Home/Primary Phone Number _____	Age _____	Student's SSN _____
		City and State or Country of Student's Birth _____

### Ethnicity Category, Please answer both questions

1. Are you of Hispanic culture or origin? Yes No      2. What is your race? (Select one or more below)

American Indian/Alaskan Native   Asian   Black/African American   Native Hawaiian /Other Pacific Islander   White/Caucasian

## Student's Physical Address

House Number _____	N NW NE S SW SE W E Direction (please circle one)	Street Name _____	Apt or Lot Number _____
City _____	State _____	Zip Code _____	County _____

### Mailing Address (Only if different from Physical Address)

Mailing address _____	N NW NE S SW SE W E Direction (please circle one)	Street Name _____	Apt/Lot Number _____
City _____	State _____	Zip Code _____	County _____

## Student's 1st Parent or Guardian Information

Last Name _____	First Name _____	Relationship to student _____	Contact's SSN _____
Home Phone _____	Work Phone _____	Date of Birth _____	Military Rank _____
Cell Phone _____	Employer _____	Y N Is job on Federal Property?	Employer/Work Address _____

Is 1st contact's home address the same as the student's? Y N      Address if different: \_\_\_\_\_

1st Contact's Email Address \_\_\_\_\_

## Student's 2nd Parent or Guardian Information

Last Name _____	First Name _____	Relationship to student _____	Contact's SSN _____
Home Phone _____	Work Phone _____	Date of Birth _____	Military Rank _____
Cell Phone _____	Employer _____	Y N Is job on Federal Property?	Employer/Work Address _____

Is 2nd contact's home address the same as the student's? Y N      Address if different: \_\_\_\_\_

2nd Contact's Email Address \_\_\_\_\_

## Emergency Contact other than 1st or 2nd Parent or Guardian

Last Name _____	First Name _____	Home Phone _____	Additional Phone _____
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Permission to release student to this Contact? Y N      Relationship to student \_\_\_\_\_

**Please Turn Over and Continue on Back**

**Additional Enrollment Information**

Name of School last attended \_\_\_\_\_

Grade \_\_\_\_\_

Last Date of Attendance \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Address City and State of last School \_\_\_\_\_

Students Name at Last School if Different (Adoption, Marriage, Name Change) \_\_\_\_\_

Has this student ever attended Lawton Public Schools? \_\_\_\_\_

Yes

No

If yes, which Lawton Public School? \_\_\_\_\_

What year? \_\_\_\_\_

Is this the first school year student has entered the 9th grade? Yes No N/A 1st year in 9th? \_\_\_\_\_

**Home Language Survey**

Is a language other than English spoken at home? Yes No

List any language other than English spoken in the home.

Does the student speak a language other than English? Yes No

**Please list all Brothers and Sisters attending Lawton Public Schools**

Student Name

Grade and School Attending

Allowed to pick up Sibling?

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

**Additional contacts not listed on the front who are authorized to pick student up from school**

Name

Relationship to Student

Home Phone

Work Phone

Cell Phone

**Medical Information**

Does your student require ANY medication during school hours? Y N

Doctor or Clinic Information in case of Emergency

Please list any current medications, allergies or illnesses:

Dr's Name

Phone

Please Circle Yes or No to give the school Permission to:

Call Doctor

Treat

Call Ambulance

Yes

No

Yes

No

Yes

No

**Consent for Emergency Medical Treatment**

I \_\_\_\_\_ hereby give consent for emergency treatment for \_\_\_\_\_

Parent/Guardian Name

Student Name

a student \_\_\_\_\_ Please transport student to: \_\_\_\_\_

School Name

Hospital Choice

If Parent or Guardian cannot be reached please call:

Name

Home Phone

Work Phone

Cell Phone

Other Phone

Parent/Guardian Signature:

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## 2011 – 2012 HOME LANGUAGE SURVEY FOR PreK-12 SCHOOL DISTRICTS



Name of Student: \_\_\_\_\_  
Last Name First Name Middle Name

Student ID #:       Gender: Male  Female

School Site: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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 or Alaskan Native  Asian   
 Native Hawaiian or Other Pacific Islander  Caucasian/White

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian's Address: \_\_\_\_\_

Parent's/Guardian's Telephone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

1. Is a language **other than English** used in your home as a form of communication? Yes  No

If **NO**, go to number 6 and 7. If **YES**, what is that language? \_\_\_\_\_

2. Is that language spoken: **MORE OFTEN** than English?  **LESS OFTEN** than English?

3. What language is spoken by adults in the home? \_\_\_\_\_

4. What was the first (1<sup>st</sup>) **language** your child learned to speak? \_\_\_\_\_

5. What was the date (month and year) your child **first enrolled** in a school in the United States? \_\_\_\_\_

6. Parent/Guardian Signature: \_\_\_\_\_ 7. Date: \_\_\_\_\_

### FOR SCHOOL USE ONLY

**THIS FORM MUST BE COMPLETED EVERY YEAR WITH CURRENT TEST DATA FOR STATE ACCREDITATION**

If a language other than English is spoken more often (see question #2), the student qualifies as **bilingual** on application for accreditation.

**OR**

If a language is spoken less often, student qualifies as **bilingual** on application for accreditation if he or she meets **ONE OF THE FOLLOWING**:

- 1. Scores 35% or below on norm-referenced test (NRT) on the composite **reading** score.
- 2. Scores limited knowledge or unsatisfactory on **Reading** Oklahoma Core Curriculum Tests (OCCT).
- 3. Designated Limited English Proficient on an Oklahoma English language proficiency assessment: WIDA ACCESS for English language learners (ELLs) Test (including K WAPT and W-APT) or the Pre-K Language Screening Tool.

#### Documentation of test results for students who marked **less often**:

NRT Test Date: \_\_\_\_\_ Name of the NRT: \_\_\_\_\_ Reading Total Composite Score: \_\_\_\_\_

Reading OCCT Test Date: \_\_\_\_\_ Score on Reading OCCT:  Limited Knowledge  Unsatisfactory  Satisfactory  Advanced

ACCESS for ELL's Test Date: \_\_\_\_\_ Score on ACCESS for ELLs: 1. \_\_\_\_\_ overall / 2. \_\_\_\_\_ literacy

ACCESS for ELL's Placement (K WAPT or W-APT) Date: \_\_\_\_\_ Score on KWAPT or W-APT: 1. \_\_\_\_\_ / 2. \_\_\_\_\_

Pre-K Language Screening Tool Date: \_\_\_\_\_ Score on Pre-K Language Screening Tool: \_\_\_\_\_

1. Composite Score	2. Literacy Score
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Services for Bilingual Students: Non-Qualifier ____ Qualifier ____ Date entering services: _____ Staff Initials: _____	Services for English Language Learners: Non-Qualifier ____ Qualifier ____ Date entering services: _____ Staff Initials: _____
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**WHITE – Federal Programs**

**Pink – Cumulative File**



U.S. DEPARTMENT OF EDUCATION  
OFFICE OF INDIAN EDUCATION  
WASHINGTON, DC 20202  
**TITLE VII STUDENT ELIGIBILITY CERTIFICATION**  
Elementary and Secondary Education Act, Title VII, Part A, Subpart 1

**Parents: Please return this completed form to your child's school.** In order to apply for a formula grant under the Indian Education Program, your child's school must determine the number of Indian children enrolled. Any child who meets the following definition may be counted for this purpose. You are not required to complete or submit this form to the school. However, if you choose not to submit a form, the school cannot count your child for funding under the program. **This form will become part of your child's school record and will not need to be completed every year.** This form will be maintained at the school and information on the form will not be released without your written approval.

*Definition: Indian means any individual who is (1) a member (as defined by the Indian tribe or band) of an Indian tribe or band, including those Indian tribe or bands terminated since 1940, and those recognized by the State in which the tribe or band reside; or (2) a descendent in the first or second degree (parent or grandparent) as described in (1); or (3) considered by the Secretary of the Interior to be an Indian for any purpose; or (4) an Eskimo or Aleut or other Alaska Native; or (5) a member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.*

NAME OF CHILD \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(As shown on school enrollment records)

School Name \_\_\_\_\_ Grade \_\_\_\_\_

NAME OF TRIBE, BAND OR GROUP \_\_\_\_\_

Tribe, Band or Group is: (check one)

\_\_\_\_\_ Federally Recognized, State Organized Indian Group  
\_\_\_\_\_ Including Alaska Native \_\_\_\_\_ Recognized \_\_\_\_\_ Terminated \_\_\_\_\_ Meeting #5 of the  
\_\_\_\_\_ Definition Above

Name of individual with tribal membership: \_\_\_\_\_

Individual named is (check one): \_\_\_\_\_ Child \_\_\_\_\_ Child's Parent \_\_\_\_\_ Child's  
Grandparent

Proof of membership, as defined by tribe, band, or group is:

A. Membership or enrollment number (if readily available) \_\_\_\_\_ OR

Other (explain) \_\_\_\_\_

Name and address of organization maintaining membership data for the tribe, band or group:

\_\_\_\_\_

I verify that the information provided above is accurate:

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Notice: Public Reporting Burden Notice on Reverse Side

School Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Initial Enrollment Prior Participation Form  
Student Information**

The following information should be completed by the parent/legal guardian of the student. This information is collected on any Pre-Kindergarten, Kindergarten, or 1st Grade student upon their initial enrollment into a public school district. Please print legibly.

Student Legal Name: \_\_\_\_\_  
Last Name First Name

Student Date of Birth: \_\_\_\_\_  
Month Day Year

Student Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Did the student participate in any of the following programs? Please indicate by checking Yes or No for each statement

<b>Program</b>	<b>Yes</b>	<b>No</b>
A childcare program that is licensed pursuant to the tiered licensing established by the Department of Human Services (a DHS Licensed childcare program)		
The Sooner Start Program operated by the State Department of Education		
The Oklahoma Parens as Teachers (OPAT) program operated by the State Department of Education		
The Children First program operated by the State Department of Health		
Any child abuse prevention program operated by the State Department of Education		
Any federally funded Head Start program		

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date