

**Dewey Elementary New Student Enrollment**

ID# \_\_\_\_\_

Grade \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Other Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix (Jr, III, etc.) \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ **Student State of Birth** \_\_\_\_\_

**Parent Email (required)** \_\_\_\_\_

**Race – Circle one:** White Hispanic Black Asian American Indian Other \_\_\_\_\_

**Sex – Circle one:** Male Female **Student Date of Birth:** \_\_\_\_\_

Does student receive special education services (IEP) or have special needs? \_\_\_\_\_

\_\_\_\_\_

**Lives with – Circle One:** Parents Father Mother Grandparent Guardian Other \_\_\_\_\_

Previous Dewey Elementary Student? Yes No Last School attended \_\_\_\_\_

Please list any special needs or requirements for this student \_\_\_\_\_

\_\_\_\_\_

Please list any people who are not authorized to have contact with or pick up this student (legal documentation required) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(If non-custodial parent is listed, we must have a copy of legal documentation stating restrictions.)**

School Use Only below this line

Approved by School Nurse \_\_\_\_\_ Initials \_\_\_\_\_ Assigned Teacher \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Transportation Code entered \_\_\_\_\_ Initials \_\_\_\_\_ Transfer Forms completed \_\_\_\_\_ Initials \_\_\_\_\_

**PARENTS/GUARDIANS**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Legal Guardian? Yes No

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Relationship to Student \_\_\_\_\_ May this person pick student up from school? Yes No

If not a legal guardian, shall this person receive mailings such as progress reports, grades, etc.? Yes No

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Legal Guardian? Yes No

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Relationship to Student \_\_\_\_\_ May this person pick student up from school? Yes No

If not a legal guardian, shall this person receive mailings such as progress reports, grades, etc.? Yes No

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Legal Guardian? Yes No

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Relationship to Student \_\_\_\_\_ May this person pick student up from school? Yes No

If not a legal guardian, shall this person receive mailings such as progress reports, grades, etc.? Yes No

**Emergency Contacts** (not previously listed)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

May this person pick student up from school? Yes No

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

May this person pick student up from school? Yes No

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

May this person pick student up from school? Yes No

**Notice to Parent/Guardian**

Dewey Schools will carry all school records (including but not limited to: transcripts, grade cards, test records, class lists, honor rolls, publicity releases, etc.) in the **legal name** of the student, as established and verified by the given name listed on the student's birth certificate. Any assumed "goes by" last name may be listed in addition to the legal name, but **will not replace the legally given name** in any publication of school records. A change in the legal name will need to be verified by presenting the school office **a record of the name change by court order.**

**Non-custodial parents** will have the right to any information or record relating to a minor child which is available to the custodial parent including teacher/parent conferences, **unless restricted by court order.** In such case, it is the responsibility of the custodial parent to provide a copy of any such legal restrictions to the school office.

**Parent Questionnaire**

The following information will assist in determining your child’s educational needs and will be treated as confidential. Please complete the questions; however, you may omit any items that do not seem to apply to your child, or that you find objectionable.

**Identifying Information:** Child’s Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Child lives with: \_\_\_ Natural Parents \_\_\_ Adoptive Parents \_\_\_ Single Parent \_\_\_ Parent/Step Parent \_\_\_ Other

**Others in home:**

| Name | Relationship |
|------|--------------|
|      |              |
|      |              |
|      |              |
|      |              |

Primary Language Spoken in home \_\_\_\_\_ Secondary Language \_\_\_\_\_

- 1. Developmental/Medical History** Normal pregnancy? \_\_\_\_\_  
 Unusual event or conditions during pregnancy or birth process? \_\_\_\_\_  
 Developmental milestones reached at appropriate ages? \_\_\_\_\_

**NOTE: All PreK students are required to be fully toilet-trained. Each student must be able to attend to their own toileting needs.**

**2. Problems or concern in Student’s development:**

\_\_\_ Speech \_\_\_ Vision \_\_\_ Hearing \_\_\_ Headaches \_\_\_ Injuries \_\_\_ Asthma \_\_\_ Seizures  
 Any known allergies? \_\_\_ Food \_\_\_ Pollen \_\_\_ Mold \_\_\_ Medications  
 Surgeries? \_\_\_\_\_  
 Current Medications \_\_\_\_\_  
 Daycare/Preschool? \_\_\_\_\_ Head Start? \_\_\_\_\_  
 History of learning or behavior problems in the family? \_\_\_\_\_

**3. Social/Emotional/Physical**

\_\_\_ Highly active \_\_\_ Quiet \_\_\_ Sensitive \_\_\_ Separation Anxiety \_\_\_ Follows directions  
 \_\_\_ Attends task for 5 minutes \_\_\_ Dresses self \_\_\_ Normal eating habits \_\_\_ Normal sleeping habits  
 \_\_\_ Age appropriate toilet habits \_\_\_ Writes/Draws/Scribbles \_\_\_ Plays with manipulatives

|   |
|---|
| <b>Writing Hand Preference:</b> ___ Right ___ Left ___ Either |
|---|

**Concerns or problem areas:**

\_\_\_ Tantrums \_\_\_ Difficult to discipline \_\_\_ Fights w/siblings or others \_\_\_ Refuses directions  
 \_\_\_ Uncooperative \_\_\_ Gives up easily \_\_\_ Lacks confidence \_\_\_ Physically challenged  
 \_\_\_ Glasses

## Authority to Transfer Education Records

---

Previous School District \_\_\_\_\_

---

Street Address/P.O. Box/City, State, Zip \_\_\_\_\_

In accordance with the Family Education Rights and Privacy Act (FERPA), 34 CFR 99.31, transfer of education records is requested for:

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

Request for all education records includes, but is not limited to: **health, grades, cumulative, and special education records.**

Please include any confidential information and Accelerated Reading reports if available.

The student intends to enroll or is enrolled in our school district/agency. Therefore, please send records to:

**Dewey Elementary School**  
**#1 Bulldogger Road**  
**Dewey, OK 74029**  
**(918) 534-3800 Ext. 4000**  
**FAX: (918) 534-3801**  
**Email: Tjmeade@deweyk12.org**

From: \_\_\_\_\_

Jerri Moore, Principal

*Education records are maintained and released in accordance with the Family Education Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with 34 CFR 99.31.*

**Office use only:**

1<sup>st</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_ 3<sup>rd</sup> Request \_\_\_\_\_ Call Made \_\_\_\_\_

# FACEBOOK/TWITTER/SOCIAL MEDIA CONSENT

## Dewey Public Schools

**PURPOSE:** To share, promote, celebrate and inform the public of the great things happening at Dewey Public Schools where we are achieving personal success and becoming responsible and productive citizens. The Facebook and Twitter pages are designed to be a positive communication between the school and the public. Negative comments will not be accepted on the pages.

**GUIDELINES FOR THE FACEBOOK AND TWITTER PAGE:** Only first names will be used in posting pictures (at Dewey Elementary). Parents have the right to decline their child's picture being posted. The Dewey Public School Technology Teams will monitor postings and grant permission for comments. **This consent will be valid for the duration of the student school career at Dewey Public Schools.** *This consent can be cancelled at any time.*

### ACCEPT

I give Dewey Public Schools, and its teachers and staff, permission to post photos on Dewey Public Schools/Classroom teacher specific social media of my child, \_\_\_\_\_ on this day, \_\_\_\_\_. I understand that this consent is valid through the duration of my child's years at all Dewey Public Schools. I understand that I may cancel this consent by contacting the school office to sign a cancellation declaration.

**Parent Name**(Please print): \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

### DECLINE

I **DO NOT** give Dewey Public Schools, and its teachers and staff, permission to post photos on Dewey Public Schools/Classroom teacher specific social media of my child, \_\_\_\_\_ on this day, \_\_\_\_\_. I understand that I may give consent at any time by contacting the office to sign a consent form and it will be valid through the years my child attends Dewey Public Schools.

**Parent Name**(Please print): \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

## Dewey Public Schools

### Statement of Policy, Drug Free School

- A. All students will participate in a developmentally based drug and alcohol education and prevention program.
- B. Students are hereby notified that the use, possession, or distribution of illicit drugs, and alcohol is wrong and harmful to themselves as well as to others.
- C. Standard of Conduct: The use, possession, distribution, sale, or being under the influence of alcohol, illicit drugs and/or inhalants will not be tolerated on school property or within one thousand feet of school property. Compliance is mandatory.
- D. Disciplinary Sanctions: Students who violate paragraph "C" shall be subject to discipline deemed appropriate in view of all the facts and circumstances. Discipline will be consistent with local, state and federal law. Disciplinary sanctions may include the possibilities of:
  - 1. In school suspension
  - 2. Suspension from school (short or long term)
  - 3. Alternative education placement (as appropriate)
  - 4. Referral to law enforcement officials
  - 5. Completion of an appropriate and rehabilitation program
- E. Information about drug and alcohol counseling and rehabilitation and re-entry program are available in the principal's and/or counselor's office.
- F. Students and Parent will receive a copy of the Statement of Policy for a Drug Free School. (See Parent/Student Handbook).
- G. A biennial review of the policies will be conducted. Disciplinary Sanctions paragraph "D" will be consistently enforced.
- H. This record of notification and compliance of the Drug Free School policy will be kept in the student's cumulative record folder.

### Parent Statement of Acknowledgement

I have read the statement Policy, Drug Free School, and understand my child while in attendance in this school district will be governed by such policy.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dewey Public Schools**  
**Internet and Other Computer Networks**  
**Acceptable Use Policy**

The Board of Education believes that the use of the internet will further education by promoting the exchange of information and ideas and by providing intra- and inter-district, statewide, national, and global opportunities for staff, students, and the community. Students will be able to access the Internet under the supervision of their teachers.

Since the Internet constitutes an unregulated collection of education resources that change constantly, it is not possible to predict or control exactly what resources users may locate. The school district makes no guarantees of the accuracy of the information or the appropriateness of materials that a student may encounter. Students will be under teacher supervision; however, it is not possible to constantly monitor individual students and what they are accessing. Students and other users will refrain from intentionally accessing and downloading any text, picture, or online conferencing that includes materials which is to be considered to be obscene, libelous, indecent, vulgar, profane, or lewd; advertises any product or service to minors prohibited by law; presents a clear and present danger; or will cause the commission of unlawful acts or the violation of lawful school regulations. Users will not solicit or receive any information or service that could result in unauthorized expense to the district.

Users will be courteous and polite. Messages will be concise and not abusive in content or language. Personal information should not be revealed. Records of Internet use will be considered confidential; however, users must be aware that any message or information posted on the Internet may be accessed by others for whom it is not intended. Email and downloaded materials will be deleted from the system on a regularly scheduled basis.

Users of the services will respect all copyright and license agreements. Copyrighted software, pictures, or music will not be downloaded for use that violates the copyright laws.

Staff and students must agree to some Internet orientations that will address the issues of appropriate use of the Internet, copyright laws, Internet etiquette, and fees (if any) incurred during the use of the services. An Internet User Agreement will be signed by all persons wishing to use the services provided by the school district.

Violation of the Internet/Computer Network Acceptable Use Policy will result in forfeiture of all user privileges. Violators shall also be subject to appropriate disciplinary action. Pending investigation into a student/staff complaint of inappropriate use of the networks, user privileges will be suspended.

The district shall not be liable for users' inappropriate use of electronic communication resources or violations of copyright restrictions, users' mistakes or negligence, or costs incurred by users. The district shall not be responsible for ensuring the accuracy or usability of any information found on the Internet.



## Student Internet Access Agreement

### Student Section:

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Last) (First) (Middle)  
\_\_\_\_\_ Dewey Elementary School \_\_\_\_\_ Dewey Middle School \_\_\_\_\_ Dewey High School

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

*I have received a copy of the Internet Acceptable Use Policy as contained in the Student Handbook. I have read and agree to abide by their provisions. I understand that any violation of the use provisions may result in disciplinary action including, but not limited to, suspension and/or revocation of network privileges and suspension from school.*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian Section (Required):

I have read the Internet Acceptable Use Policy as contained in the Student Handbook for Dewey Public Schools. I understand that the School District has taken reasonable precautions to ensure that access to controversial material is limited to the extent possible. I realize, however, that it is not possible to completely prevent access to inappropriate material. I will monitor my child's use of the network and his/her access to the Internet, and will accept full responsibility for supervision in that regard if and when my child's use is not in a school setting. I hereby release the School District from liability in the event that my child acquires inappropriate material through use of the District's computing resources or the Internet. I hereby request that the District issue an account for my child and certify that the information contained on this form is correct.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Photo/Video Release

I give Dewey Public Schools the right to use all still and moving images that I appear in for any use. This use includes, but is not limited to: video, multimedia, web-based, and print curriculum, training materials, other instructional medial advertising, commercials, other promotional materials, video conferencing/distance learning, web page images, and all other forms of media. I give this right of the use of my likeness for the usable life of the media. I further understand and agree that my compensation for this use of my likeness of \$0 and that I will not request further compensation at a later date.

I further agree that I will not hold Dewey Public Schools liable for any reason if the image is used in accordance with the acceptable uses as stated above. This institution then promises and agrees to use all images in an appropriate educational manner. Please sign below signifying your acceptance to the agreement.

Student Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

# Initial Enrollment Prior Participation Form

## Student Information

**If your child has attended an Oklahoma school before, please leave this form blank.**

*The following information should be completed by the parent or guardian of the student. This information is collected on a student's initial enrollment into a school district. Please print legibly.*

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

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

**Student Gender** – Please circle one: Male Female

Did the student participate in any of the follow programs? Please indicate by checking YES or NO for each statement.

| PROGRAM   | YES | NO |
|---|-----|----|
| A childcare program that is licensed pursuant to the tiered licensing system 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 Parents 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 Health   |     |    |
| Any federally funded Head Start program   |     |    |

## Dewey Public Schools Student Enrollment Questionnaire

|                |               |         |
|----------------|---------------|---------|
| Student Name:  | Today's Date: |         |
| Date of Birth: | Grade:        | School: |

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

**Where are you and your family currently living? Please check one of the boxes below.**

**SECTION A**

Rent/own my own home or apartment

**STOP:** *If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your own home or apartment, please continue to the next section.*

**SECTION B**

- Temporarily with another family member or friend until we can locate affordable housing
- In an emergency or transitional shelter
- In a vehicle, park, campground, or on the streets
- In a house, building, or trailer WITHOUT running water or electricity
- In a hotel or motel
- With an adult that is not a parent or legal guardian
- Alone or in different locations, without an adult serving as a caregiver
- Wherever I can find a place to stay at night
- Other Please Explain:

**If you checked a box in section B, in the space below please list all children currently living with you who attend Dewey Public Schools.**

| FIRST & LAST NAME OF STUDENT | MALE OR FEMALE | DATE OF BIRTH | GRADE | SCHOOL NAME |
|------------------------------|----------------|---------------|-------|-------------|
|                              |                |               |       |             |
|                              |                |               |       |             |
|                              |                |               |       |             |
|                              |                |               |       |             |
|                              |                |               |       |             |
|                              |                |               |       |             |

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child?    Yes    No

**The undersigned certifies that the information provided is correct and accurate.**

(Print) Parent/Guardian or Adult Caring for the Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Signature: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

# OSIIS - Authorization to Use or Share Protected Health Information to School or Day Care

Student Name: \_\_\_\_\_ Demographic/Client ID #: \_\_\_\_\_

(For School/Day Care receiving PHI to fill out)

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

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to: \_\_\_\_\_  
(Name of Person/Organization receiving PHI)

---

### The information may be disclosed for the following purpose(s):

to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310: 535-1-3

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

### I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be **one year** from the date of my signature or upon the occurrence of the following event [ e.g., child no longer enrolled in school/day care center] \_\_\_\_\_

\_\_\_\_\_  
Signature of Student or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Legal Representative's Authority

SCHOOL YEAR:

# HOME LANGUAGE SURVEY



## STUDENT INFORMATION

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

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Gender: Male Female  
MM/DD/YYYY

Is the student of Hispanic or Latino culture or origin? YES NO

Please select one or more of the following races:

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

**The purpose of the following questions is to help determine if a student’s exposure to a language other than English may make them eligible to receive additional English Learner (EL) supports.**

1. What is the dominant language most often spoken by the student? \_\_\_\_\_
2. What is the language routinely spoken in the home, regardless of the language spoken by the student? \_\_\_\_\_
3. What language was first learned by the student? \_\_\_\_\_
4. Does the parent/guardian need interpretation services? YES NO If YES, in what language? \_\_\_\_\_
5. Does the parent/guardian need translated materials? YES NO If YES, in what language? \_\_\_\_\_
6. What was the date the student first enrolled in a school in the United States? \_\_\_\_\_  
MM/YYYY

\_\_\_\_\_ Date (MM/DD/YYYY) Parent or Guardian Signature

## SCHOOL USE ONLY

The response of a language other than English to any or all of questions #1, #2, and #3 above should prompt local review of the student’s potential EL identification and assessment history in the state Accountability Reporting application. If no previous EL history is present, the student must be administered a state-approved screening tool to determine their EL status.

**If this HLS will be used for the purposes of Non-EL Bilingual qualification, please indicate one of the following:**

A language other than English is indicated **TWO OR MORE TIMES** in questions #1, #2, and #3 above. The student is considered “**more often**” and has previously demonstrated English language proficiency on the PKST\* or WIDA assessment :

|                         |  |                       |  |               |  |
|-------------------------|--|-----------------------|--|---------------|--|
| <b>Assessment Name:</b> |  | <b>Year Assessed:</b> |  | <b>Score:</b> |  |
|-------------------------|--|-----------------------|--|---------------|--|

A language other than English is indicated **ONE TIME** in questions #1, #2, and #3 above. The student is considered “**less often**” and has demonstrated English language proficiency on the PKST\* or WIDA assessment. The student’s PKST\* or WIDA assessment score and additional qualifying score is noted on the attached “Less Often” Non-EL Bilingual Qualification Form.

\*A PKST score is valid only for a student's pre-K year(s). Regardless of the PKST score earned, a student administered the PKST must be administered the WIDA K Screener at the outset of kindergarten. To qualify a student as Non-EL Bilingual beyond their pre-K year, a student must either demonstrate initial proficiency on the WIDA K Screener or subsequently on the K ACCESS or ACCESS assessment.

**DATOS DEL ALUMNO**

Nombre del alumno: \_\_\_\_\_ Grado: \_\_\_\_\_  
 Apellido(s)                      Nombre                      Segundo Nombre

Fecha de nacimiento: \_\_\_\_\_ Escuela: \_\_\_\_\_ No. de carnet estudiantil: \_\_\_\_\_ Genero: Masculino      Femenino  
 MM/DD/AAAA

¿Es el alumno de cultura u origen hispano o latino?      **SI**                      **NO**

Seleccione una o más de las siguientes razas:

- afroamericana/negra                      amerindia o nativa de Alaska                      asiática
- Hawaiana o isleña del Pacífico                      caucásica/blanca

**Las preguntas siguientes nos ayudan a determinar si exposición del estudiante a idiomas fuera del ingles podria hacerlos eligibles para recibir recursos adicionales de English Learners (Aprendiz de inglés).**

1. ¿Cuál es el idioma predominante que con mayor frecuencia habla el alumno? \_\_\_\_\_
2. ¿Cuál es el idioma que normalmente se habla en el hogar, independientemente del idioma que habla el alumno? \_\_\_\_\_
3. ¿Cuál fue el idioma que el alumno aprendió por primera vez? \_\_\_\_\_
4. ¿Requiere el padre/tutor servicios de interpretación?      **SI**      **NO**      En su caso, ¿para qué idioma? \_\_\_\_\_
5. ¿Requiere el padre/tutor materiales traducidos?      **SI**      **NO**      En su caso, ¿para qué idioma? \_\_\_\_\_
6. ¿En qué fecha se inscribió el alumno por primera vez en una escuela en Estados Unidos? \_\_\_\_\_  
MM/AAAA

\_\_\_\_\_                      \_\_\_\_\_  
 FECHA (MM/DD/AAAA)                      Firma del padre/tutor

**SOLO PARA USO ESCOLAR**

The response of a language other than English to any or all of questions #1, #2, and #3 above should prompt local review of the student’s potential EL identification and assessment history in the state Accountability Reporting application. If no previous EL history is present, the student must be administered a state-approved screening tool to determine their EL status.

**If this HLS will be used for the purposes of Non-EL Bilingual qualification, please indicate one of the following:**

A language other than English is indicated **TWO OR MORE TIMES** in questions #1, #2, and #3 above. The student is considered “**more often**” and has previously demonstrated English language proficiency on the PKST\* or WIDA assessment :

|                         |  |                       |  |               |  |
|-------------------------|--|-----------------------|--|---------------|--|
| <b>Assessment Name:</b> |  | <b>Year Assessed:</b> |  | <b>Score:</b> |  |
|-------------------------|--|-----------------------|--|---------------|--|

A language other than English is indicated **ONE TIME** in questions #1, #2, and #3 above. The student is considered “**less often**” and has demonstrated English language proficiency on the PKST\* or WIDA assessment. The student’s PKST\* or WIDA assessment score and additional qualifying score is noted on the attached “Less Often” Non-EL Bilingual Qualification Form.

\*A PKST score is valid only for a student's pre-K year(s). Regardless of the PKST score earned, a student administered the PKST must be administered the WIDA K Screener at the outset of kindergarten. To qualify a student as Non-EL Bilingual beyond their pre-K year, a student must either demonstrate initial proficiency on the WIDA K Screener or subsequently on the K ACCESS or ACCESS assessment.