

TRITON ELEMENTARY PRESCHOOL
APPLICATION FORM

STUDENT'S NAME _____

LAST FIRST MIDDLE NAME
BIRTHDAY _____ GRADE _____ GENDER _____ FEMALE _____ MALE

ADDRESS _____ HOME PHONE _____

City
E-MAIL ADDRESS _____ DO YOU HAVE ONLINE ACCESS? _____ YES _____ NO

Does the student have an I.E.P. (Individual Education Plan)? YES NO (circle one)

Father's Name _____ Cell Phone Number _____

Mother's Name _____ Cell Phone Number _____

Guardian of child (please circle one): PARENTS FATHER MOTHER OTHER

IF YOUR CHILD BECOMES ILL OR INJURED AND YOU CANNOT BE CONTACTED WHO SHOULD WE CALL?
(PLEASE GIVE TWO LOCAL CONTACTS)

3. Name _____ Phone Number _____

4. Name _____ Phone Number _____

IT IS THE RESPONSIBILITY OF THE PARENTS TO MAKE ARRANGEMENTS CONCERNING TRANSPORTATION HOME FOR THEIR CHILD.

Medical Information:

Family Physician _____ Phone _____

Hospital _____

(IF HOSPITAL CARE OR HOSPITAL EMERGENCY ROOM TREATMENT IS NECESSARY, AND YOU CANNOT BE LOCATED, YOUR CHILD WILL BE TAKEN TO A LOCAL HOSPITAL.)

9. Does your child have any health or medical problems/conditions? _____ yes _____ no

10. Asthma? _____ yes _____ no Prescription Medications? _____ yes _____ no

List and Explain:

11. Allergies: Medication _____ Food _____

To substitute food in cafeteria we must have documentation by a physician on file.

12. My child has permission to speak with the school counselor if referred. _____ Yes _____ No

13. May we release this confidential information to Triton Elementary Staff? _____ Yes _____ No

14. Medical objection to immunizations? _____ Yes _____ No

15. Religious objection to immunizations? _____ Yes _____ No

16. Immunizations and Birth Certificates must be present at the school before student can start.

I give my permission for the school to obtain the services of the indicated physician and hospital in case the above named student suffers illness or accident, and the parent or guardian cannot be contacted. I authorize Triton School Corporation officials to take whatever action is considered to be in the best interest of my child.

Date _____

Parent/Guardian Signature

Office Use Only: Date Rec'd _____ STN# _____ Birth Certificate _____ Immunizations _____

TRITON ELEMENTARY SCHOOL

200 Triton Drive
 Bourbon, Indiana 46504-1813
 (574) 342-2355
 (574) 342-0053 Fax

Student's Name _____

Student's Grade _____

Race and Ethnicity: (Note: Both *Part 1* and *Part 2* of the question must be answered.)

<p>Part 1: Ethnicity</p>	<p>Is this individual Hispanic/Latino? (<i>Choose only one</i>)</p> <p><input type="checkbox"/> No, not Hispanic/Latino</p> <p><input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)</p>
<p>Part 2: Race</p>	<p>What is the individual's race? (<i>Choose one or more</i>)</p> <p><input type="checkbox"/> American Indian or Alaska Native: A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.</p> <p><input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p>

Parent/Guardian Signature _____

Date: _____



Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the LAS Links placement test will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____

2. What language(s) is spoken most often by the **student**? _____

3. What language(s) is spoken by the **student** in the home? _____

X _____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____

Parent Report—Self-help and Social-Emotional Scales

PS Form 4, p 1

Child's Name _____

Child's Date of Birth _____

Today's Date _____

Parents/Caregiver's Name _____

Teacher's Name _____

Directions: Read each item and circle the response or description that best reflects your child's behavior or skill level.

SELF-HELP SKILLS

A. Eating Skills			
1.	Does your child use a spoon?		
	If yes, does your child place the spoon in his/her mouth without turning the spoon upside down, with little or no spilling of food?		
2.	Does your child use the side of the fork for cutting soft food, such as a piece of baked potato or a piece of cake?		
3.	Does your child hold a fork in his/her fingers, not in his/her fist?		
B. Dressing Skills			
4.	Does your child put on his/her shoes?		
	Criteria: Buckling, tying, or Velcro® fastening is not required for credit.		
5.	Does your child dress himself/herself unsupervised?		
6.	Does your child put on his/her socks?		

C. Toileting Skills			
7.	Does your child get on the toilet or potty by himself/herself (even if he/she needs help with clothing)?		
8.	Does your child have bowel movements ("poop") in the toilet or potty (no more than one accident a week)?		
9.	Does your child urinate ("pee") in the toilet or potty (no more than one accident a week)?		
10.	Does your child attempt to wipe himself/herself after toileting?		
	OR Does your child wipe himself/herself independently after toileting?		
11.	Does your child take care of his/her toileting needs?		
12.	Does your child go to the bathroom on his/her own without being asked or reminded?		
13.	How frequently does your child take a Nap?		

Never	Sometimes	Most of the time
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Parent Report—Self-help and Social-Emotional Scales (continued)

SOCIAL AND EMOTIONAL SKILLS

D. Relationships with Adults			
13.	Does your child respond with feelings of pride and enthusiasm when he/she earns positive feedback?	Rarely/No	Most of the time
		Sometimes	
14.	Does your child look forward to sharing his/her feelings with you when he/she is happy?	Rarely/No	Most of the time
		Sometimes	
15.	Does your child enjoy sharing information with you about himself/herself, such as things he/she likes, names of his/her family members or pets, or what he/she did over the weekend?	Rarely/No	Most of the time
		Sometimes	
16.	Does your child share his/her thoughts and ideas with you?	Rarely/No	Most of the time
		Sometimes	
E. Play and Relationships with Peers			
17.	Does your child have several friends but one who is a special or best friend?	No	Yes
18.	Does your child have a best friend with whom he/she is close and who reciprocates by coming over for play dates or extending an invitation to a party?	No	Yes
19.	Does your child play cooperatively in a large-group game, such as duck-duck-goose, tag, or kickball?	No	Yes
20.	Does your child give verbal directions or incorporate verbal directions into play activities?	Rarely/No	Most of the time
		Sometimes	

F. Motivation and Self-Confidence			
21.	Does your child maintain interest when engaged in a small-group activity or project?	Rarely/No	Most of the time
		Sometimes	
22.	Does your child show that he/she likes to finish what he/she starts, perhaps by dawdling less than at an earlier age?	Rarely/No	Most of the time
		Sometimes	
23.	Does your child approach new tasks with confidence and a "can-do" attitude?	Rarely/No	Most of the time
		Sometimes	
24.	Does your child remain focused on what he/she has been asked to do even when there are minor distractions, such as a car making noise outside or someone tapping a pencil?	Rarely/No	Most of the time
		Sometimes	
G. Prosocial Skills and Behaviors			
25.	If supervised by an adult, does your child take turns without undue objection?	Rarely/No	Most of the time
		Sometimes	
26.	Does your child understand or accept the need to share and take turns, perhaps willingly taking turns even if he/she isn't asked to?	Rarely/No	Most of the time
		Sometimes	
27.	Does your child ask an adult for permission before using things that belong to others or before engaging in an activity that may be restricted, such as going to the bathroom or leaving the classroom?	Rarely/No	Most of the time
		Sometimes	
28.	Does your child react to a disappointment or failure in an acceptable manner by being a good sport and refraining from shouting or getting upset?	Rarely/No	Most of the time
		Sometimes	