TRITON ELEMENTARY PRESCHOOL APPLICATION FORM

STUDENT S NAME						
BIRTHDAY		FIR RADE			IIDDLE I	
ADDRESS			HOMI	E PHONE		
E-MAIL ADDRESS		City				
Does the student have an I.E.	P. (Individual Educat	ion Plan)? YES	s no	(circle one)		
Father's Name		Cel	l Phone Number_			_
Mother's Name		Ce.	l Phone Number_			
Guardian of child (please circle	le one): PARENTS	5 FATHER	MOTHER	OTHER		
IF YOUR CHILD BECOMES I (PLEASE GIVE <u>TWO</u> LOCAL		ID YOU CANNOT	BE CONTACTED	WHO SHOULD V	VE CALL	?
3. Name			Phone Number_			
4. Name_ IT IS THE RESPONSIBILITY OF THEIR CHILD.	THE PARENTS TO MA					
Medical Information:			ni.			
Family Physician			Ph	one		
Hospital (IF HOSPITAL CARE OR HOSPI CHILD WILL BE TAKEN TO A L	TAL EMERGENCY ROC			YOU CANNOT BE	LOCATED,	YOUR
9. Does your child have 10. Asthma?yes List and Explain:	· ·	-	•	no		
11. Allergies: Medication To substitute food in 12. My child has permission 13. May we release this conf 14. Medical objection to im 15. Religious objection to im 16. Immunizations and I	cafeteria we must hat to speak with the school idential information to munizations?Yes munizations?Yes into Certificates must be obtain the services.	ol counselor if referre Triton Elementary St No ssNo ast be present at the es of the indicated pl	n by a physician of dYesN aff?Yes e school before sonysician and hospit	To No tudent can start. al in case the above	e named st	
suffers illness or accident, and ti whatever action is considered to	be in the best interest	of my child.			n omeials	то таке
Parent/Guardian Signa	ture			Date		
Office Use Only: Date Rec'd	d STN#	R	irth Cartificata	Immur	izatione	

TRITON ELEMENTARY SCHOOL

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

	the question must be answered.)
Part 1: Ethnicity	Is this individual Hispanic/Latino? (<u>Choose only o</u> No, not Hispanic/Latino
	Yes, Hispanic/Latino (A person of Cuban, Mexica Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, rega of race.)
Part 2: Race	What is the individual's race? (Choose one or more
	American Indian or Alaska Native: A person haviorigins in any of the original peoples of North American maintaining cultural identification through traffiliation or community recognition.
	Asian: A person having origins in any of the origin peoples of the Far East, Southeast Asia, or the Indesubcontinent including, for example, Cambodia, C India, Japan, Korea, Malaysia, Pakistan, the Philip Islands, Thailand, and Vietnam.
	Black or African American: A person having origi any of the black racial groups of Africa.
	Native Hawaiian or Other Pacific Islander: A pers having origins in any of the original peoples of Hav Guam, Samoa, or other Pacific Islands.
*	White: A person having origins in any of the origin peoples of Europe, the Middle East, or North Afric

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?

	ment services, to help them become fluent in English. If entered into the English language our 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:
	ministered and explained the HLS and the placement of a student into an English language velopment program if a language other than English was indicated:
Name:	Date:

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

Parent Report—Self-help and Social-Emotional Scales

PS Form 4, p 1

THE PARTY OF THE P
Child's Name
Directions: Read each item and circle the response or description that best reflects your child's behavior or skill level.

1. Does your child use a spoon? 1. Does your child use a spoon? 1. Does your child place the spoon in his/her mouth without turning the spoon upside down, with little or no spilling of food? Rarely/No 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? Rarely/No 3. Does your child hold a fork in his/her fingers, not in his/her fist? Rarely/No 5. Does your child put on his/her shoes? Criteria: Buckling, tying, or Velcro® fastening is not required for credit. No Ves (completely dresses himself/herself, including tying shoelaces and fasteners) Yes (completely dresses himself/herself, including tying shoelaces and fastening all fasteners) Sometimes Nost of the time. Yes (completely dresses himself/herself, including tying shoelaces and fastening all fasteners) Sometimes Most of the time, except for help with difficult fasteners Yes (completely dresses himself/herself, including tying shoelaces and fastening all fasteners) Sometimes Most of the time, except for help with difficult fasteners Yes (completely dresses himself/herself, including tying shoelaces and fastening all fasteners) Most of the time, except for help with difficult fasteners Yes (completely dresses himself/herself, including tying shoelaces and fastening all fasteners) Most of the time, except for help with difficult fasteners Yes (completely dresses himself/herself, including tying shoelaces and fastening all fasteners) Most of the time, except for help with difficult fasteners Yes (completely dresses himself/herself, including tying shoelaces and fastening all fasteners) Most of the time, except for help with difficult fasteners Yes (completely dresses himself/herself, including tying shoelaces and fastening all fasteners)			T			,		쬬			1		,		₹.
ur child use a spoon? Sarely/No Sometimes Wost of the time ur child use the side of the fork for cutting soft food, such of baked potato or a piece of cake? Most of the time ur child hold a fork in his/her fingers, not in his/her fist? Sarely/No Sometimes Wost of the time ur child put on his/her shoes? Buckling, tying, or Velcro® fastening is not required t. No Yes (sometimes on Yes (each shoe on corn foot 90% of the time) ur child dress himself/herself, all fasteners) Post of the time, excelled put on his/her socks? Rarely/No Sometimes Nost of the time, excelled fasteners all fasteners) Wost of the time, excelled fasteners Another socks? Wost of the time, excelled fasteners Wost of the time, excelled fasteners Wost of the time, excelled fasteners Another socks? Most of the time, excelled fasteners Wost of the time, excelled fasteners Sometimes Wost of the time, excelled fasteners Wost of the time, e		O)			Ċι		4	Dre	L	ω		'n			Eati
he spoon in his/her mouth without wn, with little or no spilling of food? Sometimes Most of the time of the fork for cutting soft food, such piece of cake? Sometimes Most of the time of this/her fingers, not in his/her fist? Sometimes Most of the time on this/her fastening is not required for the time of the time	Rarely/No	Does your child put on	Yes (completely dresses himself, putting all clothes on correctly fasteners)	Rarely/No	Does your child dress hi	No	Does your child put on l Criteria: Buckling, tying for credit.	sing Skills	Rarely/No	Does your child hold a f	Rarely/No	Does your child use the a piece of baked potato	Rarely/No	If yes, does your child pl turning the spoon upsic	ng Skills
/her mouth without or no spilling of food? Most of the time cutting soft food, such as Most of the time Most of the time /Yes (each shoe on correct foot 90% of the time) Prvised? Most of the time, except for help with difficult fasteners pletely dresses himself/herself, tying shoelaces and fastening ers) Most of the time Most of the time, except for help with difficult fasteners	Sometimes	his/her socks?	self,	Sometimes	mself/herself unsupe	Yes (sometimes on wrong feet)	nis/her shoes? y, or Velcro® fastenir		Sometimes	ork in his/her finger	Sometimes	side of the fork for or a piece of cake?	Sometimes	ace the spoon in his e down, with little o	
	Most of the time		pletely dresses himself/herself, tying shoelaces and fastening ers)	Most of the time, except for help with difficult fasteners	ervised?	Yes (each shoe on correct foot 90% of the time)	g is not required		Most of the time	s, not in his/her fist?	Most of the time	cutting soft food, such as	Most of the time	/her mouth without or no spilling of food?	

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13.		12.		=======================================					10,		ဖွ		ē	,		Toile
How frequently does your child take a Nap?	Rarely/No	Does your child go 1 asked or reminded?	Rarely/No	Does your child take care of his/her toileting needs?	Rarely/No	Does your child	OR	Rarely/No	Does your child	Rarely/No	Does your child urinate one accident a week)?	Rarely/No	potty (no more than one accident a week)?	Rarely/No	Does your child get on the toilet on he/she needs help with clothing)?	Tolleting Skills
ntly does y		go to the I ded?	Sometimes	take care o		wipe himse					urinate ("p week)?		than one a	-	get on the	
our child ta	Sometimes	oathroom o		of his/her to	Sometimes	elt/herself in		Sometimes	wipe himse	Sometimes	ee") in the	Sometimes	di movemeni dident a wo	Sometimes	toilet or por thing)?	
ike a Nap?	is	n his/her ow	Yes (flushing the toilet most of the time after using it)	leting needs	is .	dependentl		in	elf/herself af	\$	toilet or pot	ß	ts ("poop") eek)?	10	tty by himse	
(M) 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12	Most of the time	Does your child go to the bathroom on his/her own without being asked or reminded?	Yes (flushing the toilet and washing and drying his/her hands most of the time)	s?	Most of the time	Does your child wipe himself/herself independently after toileting?		Most of the time	attempt to wipe himself/herself after toileting?	Most of the time	Does your child urinate ("pee") in the toilet or potty (no more than one accident a week)?	Most of the time	in the toilet or	Most of the time	Does your child get on the toilet or potty by himself/herself (even if he/she needs help with clothing)?	

Never

Sometimes

Most of the time

Self-help and Social-Emotional Scales

Parent Report—Self-help and Social-Emotional Scales (continued)

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Rarely/No	20. Does your child give verbal directions or incorporate verbal directions into play activities?	Rarely/No	19. Does your child play cooperatively in a large-group game, such as duck-duck-goose, tag, or kickball?	No	18. Does your child have a best friend with whom he/she is close who reciprocates by coming over for play dates or extending an invitation to a party?	No	17. Does your child have several friends but one who is a special or best friend?	Play and Relationships with Peers	Rarely/No	16. Does your child share his/her thoughts and ideas with you?	Rarely/No	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	14. Does your child look forward to sharing his/her feelings with you when he/she is happy?	Rarely/No	13. Does your child respond with feelings of pride and enthusiasm when he/she earns positive feedback?	Relationships with Adults
Sometimes	al directions or incorpo	Sometimes	peratively in a large-gro kickball?		est friend with whom hing over for play dates		eral friends but one wh	1 Peers	Sometimes	her thoughts and idea	Sometimes	ring information with /she likes, names of his id over the weekend?	Sometimes	vard to sharing his/her	Sometimes	with feelings of pride a dback?	with Adults
Most of the time	orate verbal directions	Most of the time	oup game, such as	Yes	ne/she is close and or extending	Yes	no is a special or		Most of the time	s with you?	Most of the time	you about himself/ s/her family members	Most of the time	feelings with you	Most of the time	and enthusiasm when	

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-	20	2		27.		,	٠,	25.				24,		23,	Τ	22.	T		21.	
Rarely/No	~~~		restricted, such as going		-				Prosocial Skills and Behaviors	Rarely/No	outside or someone tapping a pencil?			1	Rarely/No			activity or project?	Does your child maintain interest when engaged in a small area.	Motivation and Self-Confidence
Sometimes	poes your child react to a disappointment or failure in an acceptable manner by being a good sport and refraining from shouting or getting upset?	Sometimes	restricted, such as going to the bathroom or leaving the classroom?	Does your child ask an adult for permission before using things	Sometimes	turns, perhaps willingly taking turns even if he/she isn't asked to?	Sometimes	If supervised by an adult, does your child take turns without undue objection?	iors	Sometimes	pping a pencil?	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 a size	Sometimes	Does your child approach new tasks with confidence and a attitude?	Sometimes	Does your child show that he/she likes to finish what he/she starts, perhaps by dawdling less than at an earlier age?	Sometimes	100 mg	in interest when engage	idence
Most of the time	silure in an acceptable rom shouting or	Most of the time	aving the classroom?	fore using things	Most of the time	to share and take she isn't asked to?	Most of the time	turns without undue		Most of the time	o a cai ilianiilg Holse	e has been asked to do	Most of the time	dence and a "can-do"	Most of the time	what he/she starts,	Most of the time	iii a siiiali-gioup	of in a constitution	