

# Pre-Boarding Week Checklist

## Paperwork for Parents Only

This is a checklist of the things you will need to bring with you or upload for Pre-boarding. Please **PRINT** this checklist to complete along with your *required* documents. If you have children in multiple grades, you may bring the paperwork for ALL children at one time. **This is not a time for tours or meeting the teacher.**

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

Parent Name: \_\_\_\_\_

**T-Shirts:** My child's T-shirt size is: *(circle one)*

Youth sizes: XS/2-4   S/6-8   M/10-12   L/14-16   Adult Sizes: XS   S   M   L   XL

### **Please complete the following**

**STUDENT INFORMATION PACKET:** *(available in the link)*

- ☐ School-Parent-Student Compact Form
- ☐ Permissions & Authorizations Form
- ☐ Dismissal Directive Form
- ☐ Annual Medical Alert Form
- ☐ Authorization for the Administration of Medication (if applicable)
- ☐ Free/Reduced Meal Application (if applicable)
- ☐ Prior Participation
- ☐ Home Language Survey

Please upload a copy of the following documents:

- ☐ Birth Certificate
- ☐ Drivers License
- ☐ Immunization Record
- ☐ Most recent utility bill with current address

We hope having the opportunity to complete many of the required documents ahead of time will offer more time with your child's teacher on Meet Your Teacher night. You will also receive a copy of the following information:

- ☐ Student Handbook
- ☐ School Calendar
- ☐ School Supply list
- ☐ Vaccine Information



# WESTERN GATEWAY ELEMENTARY

## ENROLLMENT FORM 2023-24

### OFFICE USE ONLY:

Received by \_\_\_\_\_  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
#: \_\_\_\_\_ Order Received  
☐ Verified Address and Tier #

**Instructions:** The enrollment form is a required official record. The questions on this form ask for information that will help us provide services for your student. If you need help filling out this form, please contact us. Please complete all pages, then sign and date the last page. **If any information should change during the school year, you must notify the school immediately.**

### Prior to enrollment, you must provide the following documents:

- ☐ Home Language Survey
- ☐ Two (2) Proofs of Residency:
  1. Mortgage statement, deed statement, ad valorem tax statement, or rental lease agreement (term must be 9 month or more) listing all residents of the unit on the lease agreement; **AND**
  2. Current utility statement: Service must be in the name of the homeowner. No telephone or cable statements or cut-off/late notices accepted.
- ☐ **Residency Affidavit:** Complete only if you cannot provide proof of residency and reside with another person. The homeowner/host must be present and provide the items listed above. The school office will notarize the Residency Affidavit.

### At the time of initial enrollment, you must also provide the following documents:

- ☐ Valid driver's license or another legal photo identification for parent/guardian
- ☐ Consent to Release Information Form. We will use this to request educational records from previous school(s)
- ☐ Birth Certificate
- ☐ Vaccination Record <https://bit.ly/3u3Rx1W>
- ☐ Other Educational Records, if applicable. Provide a copy of the Individualized Education Plan (IEP) or 504 Plan, etc.
- ☐ Other Legal Records, if applicable. Provide a copy of any custody/guardianship documents, etc.

**Student Information: Grade Entering \_\_\_\_\_**

**Admission Tier: ☐1☐2☐3**

Sibling of a current student? ☐Yes ☐No If yes, what is the other sibling's name(s)? \_\_\_\_\_

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

Preferred First or Last Name (if different than above): \_\_\_\_\_

Gender ☐Female ☐Male Date of Birth: \_\_\_\_ / \_\_\_\_ / 20\_\_ Age: \_\_\_\_ Years \_\_\_\_ Months (as of 09/1/2021)

Place of birth: City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Student resides primarily with: (Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_

Residence Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_, OK ZIP \_\_\_\_\_ Neighborhood School: \_\_\_\_\_

*(List, even if you do not attend this neighborhood school)*

### Federal and state regulations require us to gather the following information for statistical reports.

**Note: Both Ethnicity and Race must be selected**

Are you of Hispanic, Latino or Spanish Origin?

- ☐ No, not Hispanic, Latino or Spanish origin
- ☐ Yes, Mexican, Mexican Am., or Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino or Spanish origin

**Race** — Select at least one:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African Am.
- ☐ White
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Some Other Race

**Parent Information: Phone numbers and email addresses may be used to communicate important school information.**

A legal document must be provided to the school in advance to prevent a non-custodial parent from having access to a student at school. Documentation must be kept up to date. School records may be provided to the non-custodial parent, unless the school is in possession of a legal document prohibiting the non-custodial parent from receiving such records.

**Parent/Guardian:** ☐Mother ☐Father ☐Guardian ☐Other \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Living with student? ☐Yes ☐No      Permission to pick up? ☐Yes ☐No      Same as Student Address ☐Yes ☐No

Address (if different than above) \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone No. (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone No. (\_\_\_\_\_) \_\_\_\_\_

Work Phone No. (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

**Parent/Guardian:** ☐Mother ☐Father ☐Guardian ☐Other \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Living with student? ☐Yes ☐No      Same as Student Address ☐Yes ☐No      Permission to pick up? ☐Yes ☐No

Address (if different than above) \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone No. (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone No. (\_\_\_\_\_) \_\_\_\_\_

Work Phone No. (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

---

**Additional Emergency Contacts: In an emergency, the parent/guardian(s) listed above will be called first. By listing additional names as emergency contacts, you are thereby granting permission to the school to release your student to them, if you are unable to be contacted.**

1. Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Primary Phone No. (\_\_\_\_\_) \_\_\_\_\_  
Additional Phone No. (\_\_\_\_\_) \_\_\_\_\_ Additional Phone No. (\_\_\_\_\_) \_\_\_\_\_
2. Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Primary Phone No. (\_\_\_\_\_) \_\_\_\_\_  
Additional Phone No. (\_\_\_\_\_) \_\_\_\_\_ Additional Phone No. (\_\_\_\_\_) \_\_\_\_\_
3. Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Primary Phone No. (\_\_\_\_\_) \_\_\_\_\_  
Additional Phone No. (\_\_\_\_\_) \_\_\_\_\_ Additional Phone No. (\_\_\_\_\_) \_\_\_\_\_
4. Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Primary Phone No. (\_\_\_\_\_) \_\_\_\_\_  
Additional Phone No. (\_\_\_\_\_) \_\_\_\_\_ Additional Phone No. (\_\_\_\_\_) \_\_\_\_\_

**Program Information:** In order to best serve the needs of your student, please answer the following:

Has your student ever been in a dual language program? ☐ Yes ☐ No If yes, please indicate languages \_\_\_\_\_

Does your student currently receive any special education services? ☐ Yes ☐ No If yes, briefly explain: \_\_\_\_\_

Type of special education program/supports: \_\_\_\_\_ Type of service(s): \_\_\_\_\_ (e.g. Speech OT, PT, other)

Has your student been evaluated by an outside/private agency? ☐ Yes ☐ No If yes, briefly explain: \_\_\_\_\_

Does your student receive any services from an outside/private agency? ☐ Yes ☐ No If yes, briefly explain: \_\_\_\_\_

Does your student have a **current Individualized Education Plan (IEP)**? ☐ Yes ☐ No If yes, attach a copy of your student's most recent IEP.

If no, does your student have an **expired IEP**? ☐ Yes ☐ No

If no, is your student currently being considered and/or evaluated for **eligibility for an IEP**? ☐ Yes ☐ No

Does your student have a current **Section 504 Plan**? ☐ Yes ☐ No

If no, is your student currently being considered and/or evaluated for a **504 Plan**? ☐ Yes ☐ No

Has your student been evaluated or qualified for a **Gifted & Talented** program at another school? ☐ Yes ☐ No

---

**Previous School(s) Attended:**

**Last School Attended:** \_\_\_\_\_ School District: \_\_\_\_\_

School Phone #: (\_\_\_\_\_) \_\_\_\_\_ Years Attended: \_\_\_\_\_ to \_\_\_\_\_

**Previous School Attended:** \_\_\_\_\_ School District: \_\_\_\_\_

School Phone #: (\_\_\_\_\_) \_\_\_\_\_ Years Attended: \_\_\_\_\_ to \_\_\_\_\_

**Previous School Attended:** \_\_\_\_\_ School District: \_\_\_\_\_

School Phone #: (\_\_\_\_\_) \_\_\_\_\_ Years Attended: \_\_\_\_\_ to \_\_\_\_\_

---

Is your student **currently** under suspension from any school or school district? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

**At any time**, has your student ever been suspended or expelled from any school or district? ☐ Yes ☐ No If yes, explain: \_\_\_\_\_

Has your student ever been advanced (skipped) a grade? ☐ Yes ☐ No Which grade and why? \_\_\_\_\_

Has your student ever repeated/retained in a grade? ☐ Yes ☐ No Which grade and why? \_\_\_\_\_

Has a school ever recommended retention? ☐ Yes ☐ No Which grade and why? \_\_\_\_\_

---

**Student Medical Information:** School staff must know if your student has a medical condition for which he/she may require assistance during the school day. Current state required vaccinations must be current or an exemption approved by the Oklahoma State Health Department before your child may attend school.

**Initial**  I authorize and give consent to Western Gateway Elementary School to look up immunization record(s) or look State Immunization System ("OSIIS") for my student's immunization record(s).

**Explain or describe any medical conditions:** \_\_\_\_\_

**Please check any/all medical conditions that apply:** ☐ Allergies (List:) \_\_\_\_\_

☐ Diabetes ☐ Asthma ☐ Heart Disease ☐ Seizure Disorder ☐ Other \_\_\_\_\_

**List any medications to be administered while at school.** A current Authorization for Medication form **MUST** be completed and on file for the school to be able to administer medications.

\_\_\_\_\_

### Title X McKinney-Vento Program: (OPTIONAL)

This program guarantees that students, no matter their living situation, have access to public education. A school representative will be in touch, if you check a box.

- ☐ I am staying in a motel, car or campsite until I can find affordable housing
- ☐ I am sharing housing with another family due to economic hardship
- ☐ My student is living with a relative, friend or anyone other than his/her biological parents
- ☐ I am living in a shelter, temporary housing or moving from place to place without permanent housing
- ☐ I am experiencing housing difficulties related to finances and would like to be contacted about services.

---

### Language Information:

Does your family need an interpreter for school meetings? ☐ Yes ☐ No If yes, please indicate language: \_\_\_\_\_

---

### Sibling Information: List all siblings, even if enrolled at another school:

Name	Age/DOB	School Attending	Grade

---

### Enrollment Declaration: 2023-24

I hereby certify I am the parent and legal guardian of, or have obtained legal guardianship through the courts for, \_\_\_\_\_ (Student's Name).

I also certify that all the information I provided in this enrollment packet is current and accurate. I certify that any false information, omissions, or misrepresentations of facts may result in rejection of this enrollment packet, revocation of a transfer, or dismissal of the enrollee.

I shall submit proof of legal guardianship and all other requested documentation to complete the enrollment. Failure to do so will result in my child's enrollment being deemed ineligible.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_





## HOME & SCHOOL COMPACT 2023-24

As a teacher, I \_\_\_\_\_, will strive to:

- Believe that each child can learn;
- Respect and value the uniqueness of each child and his/her family;
- Provide an environment that promotes active learning;
- Enforce the rules and expectations in the classroom and throughout the school in a fair and consistent manner;
- Assist each child in achieving the essential academic learning requirements;
- Document ongoing assessment of each child's academic progress;
- Maintain open lines of communication with students and parents;
- Seek ways to involve parents in the school programs; and
- Demonstrate professional behavior and a positive attitude.

As a parent/guardian, I \_\_\_\_\_, will strive to:

- Believe my child can learn and demonstrate growth
- Show respect and support for my child, the staff and the school;
- **See that my child attends school regularly and is on time;**
- Provide a quiet place for my child to study at home;
- Encourage my child to complete all homework assignments;
- Talk with my child about his or her school activities each day; and
- Encourage my child to read at home and apply all of their learning to daily life.

As a Student, I \_\_\_\_\_, will strive to:

- Believe that I can learn and grow.
- Show respect for myself, my school, and other people;
- Always try to do my best in my work and my behavior;
- Work cooperatively with students and staff;
- Obey the rules and expectations in the classroom and throughout the school; and
- Come to school prepared with my homework and supplies.

As members of the Western Gateway educational community, together we are partners in your child's education as we uphold the intent of this compact.

As Head of School I, Heather Garcia represent all of Western Gateway staff and students in affirming this contract.



**Western Gateway Elementary School**  
**Permissions & Authorizations**

X \_\_\_\_ INITIAL: **CHARTER SCHOOL** I understand that by enrolling my child at WGES, I am waiving my right to attend the local, non-charter public school.

X \_\_\_\_ INITIAL: **AFFIRMATION OF MISSION STATEMENT** I understand and agree to support the mission statement of WGES, "We create a learning experience that values children, language, culture, and community. We challenge our students to learn, grow, give back to our world, and be confident explorers in life. We invite your family to be part of our school family."

I also agree to support the Head of School and Faculty in pursuing this mission.

X \_\_\_\_ INITIAL: **TRANSPORTATION** I understand that WGES does **not** provide transportation services for students to and/or from school. I further understand that it is my responsibility to provide or arrange for transportation for my child to and/or from school each day. I will comply with state compulsory attendance laws. WGES will work through transportation issues and needs with families on a case-by-case basis.

X \_\_\_\_ INITIAL: **WALKING FIELD TRIPS** I hereby grant permission for my child to participate in walking field trips from WGES to nearby locations (e.g. Wheeler Park, Rotary Park, Capitol Hill Library, etc.) Teachers will notify parents about regularly scheduled trips. Teachers will also notify parents of any additional walking trips at least 24 hours in advance.

X \_\_\_\_ INITIAL: **PHOTOGRAPHS** I understand that student photographs may be used in yearbooks, newsletters, websites, and other school-related publications (e.g. PTA publications.) If I do **not** want my student's photograph used or released for these purposes or for news media, I must contact the school office to submit a written request. This form must be completed each year.

X \_\_\_\_ INITIAL: **SCHOOL DIRECTORY** I understand that the school or PTA may publish a school directory and share contact information with classroom representatives that could include: student name, grade level, classroom teacher, parent/guardian names, and contact information. If I do **not** want my name and contact information released for these purposes, I must contact the school office to submit a written request. This form must be completed each year.

X \_\_\_\_ INITIAL: **INTERNET USAGE** I understand WGES provides computer network resources. The use of electronic resources shall be consistent with the purpose, mission, and goals of WGES and used only for educational and professional purposes. I understand that my child may be using an electronic device (e.g. iPad, Chromebook, tablet) and that the usage is monitored by student safety and device management software.

X \_\_\_\_ INITIAL: **COMMITMENT OF PARENT/GUARDIAN INVOLVEMENT** I acknowledge and affirm parental involvement in a child's education is of primary importance. The role of parents/guardians is to reinforce and assist the teacher in academics, as well as social/emotional, learning in the classroom and at home. Parents are encouraged to demonstrate this involvement by becoming active members of the WGES educational environment. Parent involvement is expected and may be monitored to allow the school to make data-driven decisions regarding parental involvement opportunities.

X \_\_\_\_ INITIAL: **PROMPTNESS, ATTENDANCE:** I understand that WGES begins the school day at 8:00 a.m. and dismisses at 3:30 p.m. on Monday, Tuesday, Thursday, and Friday. The school day begins at 8:00 a.m and dismisses at 2:00 p.m on Wednesdays. Attending and being on time every day is very important. I pledge to support promptness/attendance at WGES. Failure to maintain satisfactory attendance & punctuality in accordance with the WGES Student Handbook may result in revocation of the transfer, if applicable, or other disciplinary actions.

X \_\_\_\_ INITIAL: **UNIFORM DRESS CODE** I pledge to support the published uniform dress code. Failure to maintain satisfactory dress in accordance to the Uniform Policy may result in revocation of the transfer, if applicable, or other disciplinary actions. X \_\_\_\_ INITIAL: **DISCIPLINE AND ACADEMIC WORK** I acknowledge that my child will follow the WGES Code of Conduct and Expectations as well as Leveled Discipline Plan. In order to have a climate conducive to learning, each child is responsible for his/her own behavior and learning. Complying with the published rules is mandatory. Failure to do so will result in revocation of the transfer, if applicable, or other disciplinary actions. Additionally, my child and I are committed to academic work, homework, daily class assignments and maintaining continual academic growth.

X \_\_\_\_ INITIAL: **STUDENT HANDBOOK** I acknowledge that my child and I understand the WGES Student Handbook and that it is available online at the WGES website. We will read and comply with the policies contained therein. Paper copies will be made available upon request.

---

Parent Name (Please Print)

---

Student Name (Please Print)

---

Teacher Name

---

Date

---

Parent Signature 2023-24

---

Parent Phone Number

# WGES Dismissal Parent Directive 2023-24

The information below assists our staff in making sure your child is in the right location for dismissal procedures. It is our goal that every child is safely dismissed from Western Gateway. Your child's teacher must know the directions from you, the parent, in order to carry them out successfully each day. *Changing this information can be confusing to students and teachers.* **Please remember, all students are only released to adults with Student Number Match Card.**

Child's Name \_\_\_\_\_ Dismissal Number (completed by office): \_\_\_\_\_

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

Please indicate by placing an X in the respective column *for each day* how your child will go home at the end of the day and **leave this form with your child's teacher.**

	Car Rider	DayCare Bus/Van Rider	Walker	YMCA (on-Site)	Authorized Persons for Pick-up
					Please list the names of those authorized to pick up your child on a regular basis.
Monday					● _____
Tuesday					● _____
Wednesday 2:00 dismissal					● _____
Thursday					● _____
Friday					● _____

\*DAYCARE - If your child will be riding a Daycare Bus/Van, please list the following:

Daycare Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

\*Sibling Information: We always send the older sibling to the youngest sibling's loading zone for pick-up. If your child has a sibling at Western Gateway, please fill out the following information:

Sibling(s) Name(s): \_\_\_\_\_

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

\* If your children will not be picked-up together please indicate on the back of this form.

Print Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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



**ANNUAL MEDICAL ALERT**  
**Western Gateway Elementary School**

Student Name: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

LEGAL GUARDIAN: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_ GRADE: \_\_\_\_\_

*A signed copy of this form must be turned in to the office as part of the annual enrollment.*

If prescription medication is to be administered at school, it **must** be in the *original* prescription container **and** the form *Authorization for the Administration of Medication* must be signed by the prescribing physician and parent/legal guardian.

\_\_\_\_\_ My child does **not** have any medical conditions.

\_\_\_\_\_ My child does have medical condition(s). Please check and explain any medical conditions your child has that you would like the school and faculty and staff to be informed of

Conditions	Treatment
Allergies <input type="checkbox"/> Hay Fever <input type="checkbox"/> Reactions to insect bites/stings <input type="checkbox"/> Medications <input type="checkbox"/> Foods <input type="checkbox"/> Other _____	
Asthma	
Diabetes	
Seizure Disorder	Action plan required. See office.
Hearing Problems	Action plan required. See office.
Visual Problems	
Other (please explain):	

**PHYSICAL EDUCATION CLASS:**

\_\_\_\_\_ My child can participate in P.E. with **NO** restrictions.

\_\_\_\_\_ My child can participate in P.E. **with certain** restrictions.

EXPLAIN: \_\_\_\_\_

\_\_\_\_\_ My child CANNOT participate in P.E. because of medical restrictions. (*Physician's note required*)

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Western Gateway Elementary School**  
**Authorization for the Administration of Medication**

Authorization and Request for the Administration of Medication at school to be used when a physician orders:

- A. Prescription Medication that is to be given for longer than a 10(ten) day period.
- B. Medication that is to be given only when needed.
- C. Non-prescription or "over-the-counter" medication.

**Student:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Teacher/Classroom:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Date form received by the school:** \_\_\_\_\_

**TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER:**

**1. Reason for medication:** \_\_\_\_\_

**2. Name of medication:** \_\_\_\_\_

**3. Dosage/amount to be given:** \_\_\_\_\_

**4. Specific time to be administered:** \_\_\_\_\_

**5. Duration (week, month, indefinite, etc.)** \_\_\_\_\_

**6. Anticipated reaction to medication (symptoms, side effects, etc.)** \_\_\_\_\_

**7. Form of medication/treatment:** \_\_\_\_\_

**Tablet** \_\_\_\_\_ **Liquid** \_\_\_\_\_ **Inhaler** \_\_\_\_\_ **Injection** \_\_\_\_\_ **Nebulizer** \_\_\_\_\_ **Other** \_\_\_\_\_

**8. Special storage requirements:**

**None** \_\_\_\_\_ **Refrigerate** \_\_\_\_\_

\_\_\_\_\_  
**Physician's Name**

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Fax**

**TO BE COMPLETED BY THE PARENT/GUARDIAN:**

I hereby request and give my permission for the above named school to administer the medication prescribed on this form to my child. If the medication is prescribed by a physician, the pharmacy label must be attached to the medication. If this medication is an "over the counter medication" it must be brought in the original container/box. I further understand that I will be responsible for picking up any medication at the end of the school year. Any medication left at school after June 1<sup>st</sup> will be discarded utilizing proper procedure.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

***\*\*This form is only for students whose grade level is Pre-Kindergarten, Kindergarten or 1<sup>st</sup>\*\****

# Western Gateway Elementary

## Initial Enrollment Prior Participation Form Student Information for the School Year \_\_\_\_ - \_\_\_\_

For legislative purposes, Senate Bill 569 requires a school district to request student participation information from the parent or guardian upon initial enrollment in an Oklahoma Public School.

**Please fill out this form if:**

- Student's grade level for this school year is Pre-Kindergarten, Kindergarten or 1<sup>st</sup>.
- This is the first time the student has enrolled in an Oklahoma Public School.
- You are the parent or legal guardian of the student.

**Please print legibly.**

**School district:** Western Gateway Elementary School

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

**Student's legal name:** \_\_\_\_\_  
First Last

**Student's date of birth:** \_\_\_\_\_  
Month Day Year

**Student's gender (Please check one):** ☐ Male ☐ Female

**Student's grade level for school year listed above:** ☐ PK ☐ K ☐ 1<sup>st</sup>

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

Program	Yes	No
A childcare program that is licensed by the Department of Human Services		
The Sooner Start program operated by the State Department of Education		
The Oklahoma Parents as Teachers (OAT) 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 (i.e. Foster Care)		
Any federally funded Head Start program		

**Please return this form to your school office.**

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.**

- What is the dominant language most often spoken by the student? \_\_\_\_\_
- What is the language routinely spoken in the home, regardless of the language spoken by the student? \_\_\_\_\_
- What language was first learned by the student? \_\_\_\_\_
- Does the parent/guardian need interpretation services? YES NO If YES, in what language? \_\_\_\_\_
- Does the parent/guardian need translated materials? YES NO If YES, in what language? \_\_\_\_\_
- 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 :

Assessment Name:		Year Assessed:		Score:	
------------------	--	----------------	--	--------	--

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.