

# HOME LANGUAGE SURVEY FOR PRE-K-12 SCHOOL DISTRICTS

**USE TAB KEY INSTEAD OF ENTER KEY TO ADVANCE THROUGH DOCUMENT.**



## STUDENT INFORMATION

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

Select one or more of the following races:

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

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 so, what language? \_\_\_\_\_
5. Does the parent/guardian need **translated** materials? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what language? \_\_\_\_\_
6. What was the date the student first enrolled in a school in the United States? \_\_\_\_\_  
MM/YYYY

You can use Adobe Sign PDFs at: <https://www.adobe.com/acrobat/online/sign-pdf.html> or you can sign the documents at the office. *watch this instructive video about Electronic Signature):* <https://www.youtube.com/watch?v=3tqb1htxz1k>

\_\_\_\_\_  
Date (MM/DD/YYYY)

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

## SCHOOL USE ONLY

**Please have test score documentation available for the Regional Accreditation Officer to review.**

- Other language than English indicated TWO OR MORE times on questions 1 – 3 above.** The student is classified as “more often” and automatically qualifies as **bilingual** on the accreditation report.
- Other language than English indicated ONLY ONCE on questions 1 – 3 above.** The student is classified as “less often” and only qualifies as **bilingual** on the accreditation report **if he or she meets one of the following** (any selection below REQUIRES appropriate documentation):
  - 1. Designated English Learner on one of the Oklahoma English language proficiency assessments: ACCESS for ELLs, Alternate ACCESS for ELLs, WIDA Screener, WIDA MODEL, K-WAPT, W-APT or Oklahoma Pre-K Language Screening Tool (PKST).
  - 2. Scored Basic or Below Basic in ELA on the Oklahoma State Testing Program (OSTP).
  - 3. Scored at or below the 35<sup>th</sup> percentile (or equivalent) composite reading score on the most recently administered state approved norm-referenced test (NRT). Qualifying score must not pre-date the start of the spring semester of the previous school year.

### DOCUMENTATION OF A TEST RESULT FOR STUDENTS MARKED LESS OFTEN

Date(s) of Kindergarten ACCESS, ACCESS for ELLs, or Alternate ACCESS Test	Score(s) on Kindergarten ACCESS, ACCESS for ELLs, or Alternate ACCESS	Date of WIDA Screener or K-WAPT/WAPT or WIDA MODEL	Score(s) on WIDA Screener or K-WAPT/WAPT or WIDA MODEL
	Composite / Overall Score		Composite / Overall Score
	1.		1.
	1.		
	1.		

Date(s) of ELA OSTP	Score(s) on ELA OSTP			
	Below Basic	Basic	Proficient	Advanced
	Below Basic	Basic	Proficient	Advanced
	Below Basic	Basic	Proficient	Advanced

Date of the Oklahoma Pre-K Language Screening Tool	Score on Pre-K Language Screening Tool
	%

Date(s) Norm Reference Test (NRT)	Name of the NRT	Composite / Percentile Score(s)

**Question 1: Reference WAVE code 1036**  
**Question 2: Reference WAVE code 1037**  
**Question 3: Reference WAVE code 1038**

# STUDENT ENROLLMENT FORM

## St. Paul's Lutheran Church & School

1626 E Broadway Ave.

Enid, Oklahoma 73701

school@stpaulsenid.com

P: 580.234.6646 F: 580.234.6692



### Student Information

#### Personal Information

Student ID Number	<input type="text"/>	<b>OFFICE USE ONLY</b>	Date:	<input type="text"/>			
First Name:	<input type="text"/>	Middle:	<input type="text"/>	Last:	<input type="text"/>		
Suffix:	<input type="text"/>	Date of Birth:	<input type="text"/>	Gender:	<input type="text"/>	Ethnicity:	<input type="text"/>
Church Attends:	<input type="text"/>	Grade Level:	<input type="text"/>				

Specialized Label:	<input type="checkbox"/> 1 – Drama Club	<input type="checkbox"/> 2 – Before Care	<input type="checkbox"/> 3 – After Care
	<input type="checkbox"/> 4 – G.A.T.E.	<input type="checkbox"/> 5 – Science Club	<input type="checkbox"/> 6 – Math Club
	<input type="checkbox"/> 7 – Cross County	<input type="checkbox"/> 8 – Robotics Club	<input type="checkbox"/> 9 – Photography Club

Scholarship:	<input type="checkbox"/> 1 – Parent Choice Tax Credit	<input type="checkbox"/> 2 – Sponsorship Recipient	<b>OFFICE USE ONLY</b>
	<input type="checkbox"/> 3 – LNHS Recipient	<input type="checkbox"/> 4 – Hardship Recipient	

Student Status:	<input type="text"/>	Diploma Type: GENERAL	<b>OFFICE USE ONLY</b>		
Enrollment Date:	<input type="text"/>	Withdrawal Date:	<input type="text"/>	Graduation Date:	<input type="text"/>

### Login Information

Email:	<input type="text"/>	@stpaulsenid.com	Password: <b>Stpauls01</b>
	<i>students first name and last name initial</i>		<b>OFFICE USE ONLY</b>

### Address Information

Address:	<input type="text"/>	City:	<input type="text"/>		
County:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>

# STUDENT ENROLLMENT FORM

## Student Information

### Medical Conditions: *(Attach multiple forms if needed)*

Medical Illness:

Description/Note:

Medical Illness:

Description/Note:

Medical Illness:

Description/Note:

Immunization Records must be submitted to office with this enrollment form

OFFICE USE ONLY – SUBMITTED

Birth Certificate (copy excepted) must be submitted with this enrollment form

OFFICE USE ONLY – SUBMITTED

### Medications:

Type:  Prescription/Medicine Name:

Medication Instructions:

Type:  Prescription/Medicine Name:

Medication Instructions:

Type:  Prescription/Medicine Name:

Medication Instructions:

### Allergies:

Allergy Name:

Allergy Description/Note:

Allergy Name:

Allergy Description/Note:

Allergy Name:

Allergy Description/Note:

# STUDENT ENROLLMENT FORM

## Student Information

### Primary Care Physician:

Name:  Phone:   
Address:  City:  State:  Zip:

### Dentist:

Name:  Phone:   
Address:  City:  State:  Zip:

### Emergency Contacts:

First Name:  Last Name:  Phone 1:   
Phone 2:  Relationship to Student:  Add to approved check-out list   
First Name:  Last Name:  Phone 1:   
Phone 2:  Relationship to Student:  Add to approved check-out list   
First Name:  Last Name:  Phone 1:   
Phone 2:  Relationship to Student:  Add to approved check-out list   
First Name:  Last Name:  Phone 1:   
Phone 2:  Relationship to Student:  Add to approved check-out list

### Approved Check-Out List:

First Name:  Last Name:   
First Name:  Last Name:   
First Name:  Last Name:   
First Name:  Last Name:   
First Name:  Last Name:   
First Name:  Last Name:

Photo ID on File:	<input type="checkbox"/>
Photo ID on File:	<input type="checkbox"/>
Photo ID on File:	<input type="checkbox"/>
Photo ID on File:	<input type="checkbox"/>
Photo ID on File:	<input type="checkbox"/>
Photo ID on File:	<input type="checkbox"/>
<b>OFFICE USE ONLY</b>	

# STUDENT ENROLLMENT FORM

## Parent/Guardian Information

### Personal Information Parent/Guardian #1

First Name:  Last Name:

Home Phone Number:  Mobile:  Work:

Primary email address:

### Address Info:

Address:  City:

State:  Zip:

### Work Info:

Vocation:

Employer Name:

Address:  City:

State:  Zip:

Relationship to Student:  Lives with student:  Check-Out Student:

### Personal Information Parent/Guardian #2

First Name:  Last Name:

Home Phone Number:  Mobile:  Work:

Primary email address:

### Address Info:

Address:  City:

State:  Zip:

### Work Info:

Vocation:

Employer Name:

Address:  City:

State:  Zip:

Relationship to Student:  Lives with student:  Check-Out Student: