

Please fill out completely and accurately.

DeForest Area School District

\* Required field for State or District reporting

Get Together for Kids (GT4K) Enrollment Form

STUDENT INFORMATION:

BC \_\_ / PR \_\_ / Imm \_\_ / ID# \_\_\_\_\_

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_

\*Middle Name (Full): \_\_\_\_\_ Name to use in classroom: \_\_\_\_\_

\*Address (where student resides 50% or more of the time): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Township: \_\_\_\_\_ Co.:  Dane  Columbia

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Gender:  M or  F \*Grade Entering: 4K

\*Birthplace: \*City \_\_\_\_\_ \*County \_\_\_\_\_ \*State \_\_\_\_\_

\*Ethnicity: Is your student Hispanic or Latino?  Yes  No

\*What is your student's race? (Please mark all that apply)

- Black or African American  White  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander

\*Has this student ever received:  Special Education Services -- Does your student have a current IEP?  Yes  No Last 4K Program Attended: \_\_\_\_\_ City/State \_\_\_\_\_

FAMILY INFORMATION: \*(Primary Parent/Guardian #1 - who student resides with 50% or more of the time)

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

Gender:  M or  F \*Relationship: \_\_\_\_\_ \*Primary Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

\*(Primary Parent/Guardian #2 living at same address)

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

Gender:  M or  F \*Relationship: \_\_\_\_\_ \*Primary Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ \*Email: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

ADDITIONAL FAMILY INFORMATION: (Parent/Guardian #1 NOT residing at primary residence)

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

Gender:  M or  F \*Relationship: \_\_\_\_\_ \*Primary Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

\*(Parent/Guardian #2 living at same address as #1 NOT residing at primary residence)

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

Gender:  M or  F      \*Relationship: \_\_\_\_\_ \*Primary Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_      \*Email: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_      Employer: \_\_\_\_\_

**Additional Family Receives Report Cards and Forms?**     Yes     No

**Are there legal/court ordered restrictions on a member of the additional family?**     Yes     No

**\*Parent In Military:** (check all that apply)

- Is either parent or guardian on active duty in the military?
- Is either parent or guardian a traditional member of the Guard or Reserve?
- Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?

**EMERGENCY/HEALTH INFORMATION:**

\*Physician: \_\_\_\_\_ \*Phone: (\_\_\_\_) \_\_\_\_\_

\*Hospital:  St. Mary's     Meriter     UW Hospital

**\*Medical/Health Information:** (Check all that apply)

- Asthma Use inhaler?  Yes     No    If yes, where will the inhaler be kept? \_\_\_\_\_
- Allergies: To what? \_\_\_\_\_ medication (which one[s]?) \_\_\_\_\_
- Does your student need an epi-pen?     Yes     No
- Diabetes       Heart problems       Other \_\_\_\_\_

Will your student take any daily medication at school?     Yes     No    If yes, what medication? \_\_\_\_\_

Emergency contacts: (i.e. parent/guardian, grandparent, sibling, aunt, uncle, friend, neighbor)

- 1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
- 2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
- 3. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**List all siblings 0 to 3 years old?**

<u>Full Name:</u>	<u>D.O.B.:</u>	<u>Birth City/State:</u>	<u>Gender M/F:</u>
_____	_____	_____	_____
_____	_____	_____	_____

*The following information is necessary to complete registration. These will be viewed at the Early Learning Fair, August registration or provide to Peg Reis, 4K Administrative Assistant, at the District Office, 520 E Holum St., DeForest. The documents can be provided via scan/email, fax (608-842-6508), US Mail, or in person.*

- 1. Your child's birth certificate (for verification only-we don't keep it);
- 2. Proof of Residency (i.e., utility bill, lease agreement, home purchase document, landline phone bill; driver's license, we don't keep)
- 3. Your child's immunization record (we keep)

Signed \_\_\_\_\_ Relationship to student \_\_\_\_\_ Date \_\_\_\_\_

Contact information: DeForest Area School District, District Office, 520 E Holum St., DeForest, WI 53532  
 Phone: 842-6579      Email: [preis@deforestschools.org](mailto:preis@deforestschools.org)      FAX: 842-6508



# DeForest Area School District Home Language Survey

## Purpose

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

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

Grade: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

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

Grade: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

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

Grade: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

Date of Administration: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Parent/Guardian Information

First Name	Last Name	Relationship to Student

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

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

HLS administered by: \_\_\_\_\_ Position \_\_\_\_\_

## Section 1

1. Was the first language used by this student English?

- Yes: Go to Question 2
- No: Go to Question 3

2. When at home, does this student hear or use a language other than English more than half of the time?

- Yes: Go to Question 4
- No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

3. When at home, does this student hear or use a language other than English more than half of the time?

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 4

**4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?**

- Yes: Administer ELP Screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 5

**5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time?**

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 6

**6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time?**

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 7

**7. Is this student a Native American, Native Alaskan, or Native Hawaiian?**

- Yes: Go to Question 8
- No: Go to Question 9

**8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?**

- Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.
- No: Go to Question 9

**9. Has this student recently moved from another school district where they were identified as an English Learner?**

- Yes: Rescreen the student if they meet the criteria for rescreening. See EL Policy Handbook. Otherwise, student's ELP should be carried over from the sending district.
- No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

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## **Section 2**

HLS Result: **Screen / Do not Screen** (circle one)

Languages other than English used by student, if identified: \_\_\_\_\_

**Preference for languages used for school communications (may be multiple):**

Parent /Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Oral: \_\_\_\_\_

Oral: \_\_\_\_\_

Written: \_\_\_\_\_

Written: \_\_\_\_\_