



Let's get ready for Pre-K

Suggestion for Parents to Ease the Transition to School

- Talk with and read to your child daily.
- Build a happy attitude toward school.
- Teach your child safety rules (street safety, fire safety, strangers. ect.).
- Encourage your child to dress independently. (ex, button up, zip, turn jacket the right way)
- Let your child make decisions at home.
- Encourage your child to pick up toys and help clean up messes they make.
- See that your child eats well and gets enough sleep.
- Let your child play with other children of the same age.
- Encourage naming shapes, colors, sizes, pictures, and things in the environment.
- Give your child as many experiences as possible such as picnics, small trips, visits to the zoo, etc.
- Give your child a sense of security and Love.
- Encourage your child to take care of toilet needs. They must be fully potty trained.
- Help your child learn to follow directions.
- Acknowledge your child's attempts to perform a task to build self-confidence.
- Teach your child his/her full name
- Discuss with the teacher any conditions that may hinder your child's progress in school.

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FRIEND SCHOOL ENROLLMENT FORM



Student's Legal Name _____ Grade _____ Gender M or F

Residential Address _____

Mailing Address (if different) _____

Please check one: rents or owns a home/ rents an apartment other *(If other, please take a questionnaire.)*

Home/Cell Phone _____ Student Cell #(if applicable) _____

Birth Date _____ Age on Aug. 1st _____ Birth Place _____

Does your child reside in the Friend School District? _____ If no, what district? _____

Bus rider? Yes- No Bus # _____ Travel by car? Yes- No Has permission to walk home? Yes- No

Directions to home (new students only) _____

*NEW STUDENTS - Name/phone of school attended last year _____

ETHNICITY(culture/origin): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not of Hispanic Origin	RACE (Check all that apply) <input type="checkbox"/> American Indian or Alaskan Native Tribe _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White or Caucasian <input type="checkbox"/> Asian
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PARENTS/GUARDIANS:

Name	Relationship	Place Employed	Work Phone	Cell Phone

LIST ALL PARTIES/ PHONE # AUTHORIZED TO PICK UP YOUR CHILD OTHER THAN PARENT/GUARDIANS:

Name	Cell Phone	Name	Cell Phone

Yes - No	Does your child have food allergies, if yes, list food(s) _____
Yes - No	Does your child use a name other than his/her legal name? If so, what is it _____
Yes - No	Are there any legal documents concerning child custody of which the school should be aware? (ie. divorce decree, custody documents, foster parent documents, name change, guardianship, etc.) Please attach copies.
Yes - No	If you answered yes to the question above, who has primary custody? _____ Relationship to the child _____
Yes - No	Do you use a language other than English in your home? If so, what is it? _____
Yes - No	Permission is given for my child to participate in and travel to class field trips.
Yes - No	Permission is given for my child to participate in and travel to athletics/extracurricular events.
Yes - No	Permission is given for my child to take medication I provide to the school.
Yes- No	I have received a copy of the Friend School Handbook

Parent/Guardian Signature _____

Date _____

**FRIEND SCHOOL
EMERGENCY AUTHORIZATION**

Minor's Information

Name: _____ Grade: _____

Last

First

Middle

Address: _____

City

State

Zip

Birthday: _____ Age: _____ Home Phone: _____

Allergies: _____ Date of last Tetanus Shot _____

Prescribed Medications: _____

Medical History: _____

Parent/Guardian Information (Name of Person to whom Minor is entrusted)

Father/Guardian: _____ Cell Phone: _____

Mother/Guardian: _____ Cell Phone: _____

In case of emergency, illness, or accident to the above-named minor, the school is authorized to proceed as indicated below. Please check all approved actions.

- Take Minor to the nearest Emergency Hospital or Urgent Care Facility.
- And contact other persons listed below in case of emergency. (besides parents/guardian)

Name: _____ Phone: _____

Name: _____ Phone: _____

Statement of Consent

I, the undersigned parent or guardian of the minor listed above, having legal custody and/or guardianship, DO HEREBY AUTHORIZE FRIEND PUBLIC SCHOOL TO CONSENT TO any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon, or dentist licensed under the laws of the State of Oklahoma.

IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hospital care, it may not be possible to contact me. And that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each and the risks attendant to foregoing all treatment. In such situations, I authorize a physician, surgeon, or dentist to exercise his/her professional judgment and assess the risks of the incident to and choose the necessary alternative and render such care and perform such treatment as he/she determines to be necessary for the health and safety of the above minor.

Parent or Legal Guardian Signature

Date



Friend Public School

Parent Authorization to Administer Medication

I am the parent or legal guardian of _____, a student attending Friend School. This student may require medication at intervals during the school day. I am supplying either the over-the-counter or prescription medication, in the original container, with the student's name and instructions clearly marked.

Over-the-Counter Medication

I authorize and give my consent to the school office or other designated school employees to administer over-the-counter medicines that I have provided in the original container with the student's name and instructions clearly marked.

- Yes
 No

Prescription Medication

I authorize and give my consent to the school office or other designated school employees to administer a filled prescription medication, which may include asthma inhalers and/or anaphylaxis medications, which I am supplying in accordance with the directions, to be administered as listed on the prescription label on the container.

- Yes
 No

Self-Administered Medication

I authorize and give my consent to the school to allow my child/student to self-administer an inhaled asthma medication and/or an anaphylaxis medication. **I must provide written direction from a physician which includes a diagnosis and permission for self-administration.**

- Yes
 No

I understand that under state law, the Friend Board of Education, the Friend School District, or the employees of Friend School District shall not be liable to the student or the student's parents/guardians for civil damages for any personal injuries to the student which result from the acts or omissions of school employees in administering the medication I have authorized.

Parent or Legal Guardian

Date

Medication must be brought to the school by a parent or legal guardian and in the original container with the student's name and instructions clearly marked.



**Friend Public School
Communication & Publication
Permission Form**

Student's Name _____

Grade _____

Pictures and video recordings are frequently taken of your child to use with the classroom as well as for public education/awareness purposes. Please circle if we have your permission:

- | | | |
|------------|-----------|--|
| Yes | No | I give permission for my child's photo/video to be used only for classroom purposes. |
| Yes | No | I give permission for my child's name/photo/video for community publication. |
| Yes | No | I give permission for my address/phone number to be given to parents for invitation purposes. |

In the event that your child will be included in a yearbook, class/school picture, school website, school Facebook page/social media, please circle if we have permission:

- | | | |
|------------|-----------|---|
| Yes | No | I give permission for my child's name/photograph to be in the class/school picture. |
| Yes | No | I give permission for my child's name/photo/video to be posted on Facebook/Social Media. |
| Yes | No | I give permission for my child's name/photo/video to be posted on the website. |
| Yes | No | I give permission for my child's name/photo to be in the yearbook |

Communication with families is key to creating a successful learning environment. Friend School uses TeacherEase for our student information system and grading. The use of TeacherEase is a great way for parents to stay involved in their child's academic progress. Please fill out the information below.

Please print neatly:

#1 Parent/Guardian Name _____
Parent/Guardian email _____

#2 Parent/Guardian Name _____
Parent/Guardian email _____

Parent/Legal Guardian Signature _____

Date _____

Initial Enrollment Prior Participation Form Student Information

The following information should be completed by the parent or guardian of the student. This information is collected on a student's initial enrollment in to a school district. Please print legibly.

Student Legal Name: _____
First Last

Student Date of Birth: _____
Month Day Year

Student Gender – Please check one: Male Female

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

PROGRAMS	YES	NO
A childcare program that is licensed pursuant to the tiered licensing system established by the Department of Human Services (a DHS licensed childcare program)		
The Sooner Start program operated by the State Department of Education		
The Oklahoma Parents as Teachers (OPAT) 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		
Any federally funded Head Start program		

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.

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 YES, in what language? _____
5. Does the parent/guardian need translated materials? YES NO If YES, in what language? _____
6. 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:	
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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.



PLEASE READ CAREFULLY AND COMPLETE FULLY

No student or family will be discriminated against based upon any of the information provided in this form. The information you provide is confidential. The answers you give will help us determine the services your student may be eligible to receive under the McKinney-Vento Act.

Student Name:		Date of Birth:
School:		Grade:
Person Completing This Form:	Relation to Student:	Phone:
Current Address:		How Long?

	Yes	No
1. Is this current address a temporary living arrangement?		
2. Is this temporary living arrangement due to loss of housing, economic hardship, or domestic violence?		
3. Is the student being enrolled by someone other than parent or legal guardian?		
4. Is the student an unaccompanied youth (not living with a parent or legal guardian)?		
5. Is the student a Foster Child or waiting for Foster Placement?		

If you answered **NO to ALL questions**, please sign and date below. Submit form to school personnel.

➡ Parent/Guardian Signature: _____ Date: _____

If you answered **YES to ANY question above**, please complete the remainder of this form.

Please select the option that best describes your current living situation:

- With more than one family in a house or apartment. # Bedrooms: _____ # People: _____
- In a motel/hotel due to lack of alternative, adequate accommodations. Name of motel: _____
- In a shelter/transitional housing. Name of agency: _____
- In a house, building, or trailer WITHOUT running water, electricity, or gas.
- Living with family or friends because you are an unaccompanied youth (not living with parent or legal guardian).
- In a car, campground, abandoned building, or other public place not intended for regular habitation.
- Wherever I can find a place to stay at night.

Please list **all children** (under 21 y/o) currently living with you, including those not yet old enough for school enrollment.

First and Last Name of Child	Relationship to Student	Date of Birth	Grade	School Name

I certify that the information provided above is correct and accurate.

➡ Signature of Person Completing this form: _____ Date: _____



Friend School Title I Parent Compact

As a school, we will:

- Provide a high-quality effective learning environment that is safe and that enables the student to meet the State's student academic achievement standards be it in school or through distance learning
- Provide ongoing two-way communication between teachers and parents through parent-teacher-student conferences and frequent reports to parents
- Provide reasonable access to staff through an "open door" policy
- Provide opportunities for parents to volunteer and participate in their child's class and observe classroom activities
- Provide a mutually respectful relationship between all parties (students, parents, teachers, and volunteers)

As a parent, I will:

- Support my child's learning by ensuring that he/she has proper rest and nutrition and attends school on time and on a regular basis or has a place to work at home if the option for distance learning has been chosen
- Support my child's learning by reading with him/her
- Help set a positive tone for learning with my child
- Strive to make positive use of my time with my child ("quality" one on one time)
- Participate in decisions relating to the education of my child through a mutually respectful relationship with school staff
- Provide a mutually respectful relationship between all parties (students, parents, teachers, and volunteers)
- Provide a time for homework completion ("perfect practice") or completion of work for distance learning
- Support my child's class/school (i.e. helping in class/school, volunteering in my child's classroom/school, communicating with my child's teachers, attending school events when possible, etc.)
- Ensure my child is in school and on time.

As a student, I will:

- Proudly follow the behavioral expectations
- Ask questions when I am not sure about a lesson or an assignment
- Make good choices like paying attention in class/getting work complete in distance learning assignments, staying on task, doing my best, and working hard at my schoolwork
- Be in class on time each day.
- **Be the very best "Friend Falcon" that I can be each and every day!**

We are Falcon Strong! Today Tomorrow Always!

Parent Signature _____

Student Signatutre _____

School Representation Signature _____ *Susan Coble*

Flyin' High with Falcon Pride