

# Basalt Elementary School



**Kindergarten**

**Registration Forms**

**2014-2015 School Year**

*Reaching for the STARS of the future!*

**ROARING FORK SCHOOL DISTRICT  
STUDENT ENROLLMENT 2014-2015**

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Full *Legal* Name: (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_

(Full Middle Name) \_\_\_\_\_ (Nickname) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender:  M  F

Mailing Address: \_\_\_\_\_

Mailing City: \_\_\_\_\_ Mailing State: \_\_\_\_\_ Mailing Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street City State Zip

Home Phone: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Date Student Entered School in: RFSD \_\_\_\_\_ Colorado \_\_\_\_\_ US \_\_\_\_\_

Please list other siblings living at home:

Name	Date of Birth	Gender	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Parent/Legal Guardian Information (address information if different from student):**

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Relationship to Student:  Father  Mother  Stepfather  Stepmother  Grandfather  Grandmother  
 Other \_\_\_\_\_ (please specify) Custodial Parent:  Yes  No

Mailing Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Student Resides Here:  Y  N

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Relationship to Student:  Father  Mother  Stepfather  Stepmother  Grandfather  Grandmother  
 Other \_\_\_\_\_ (please specify) Custodial Parent:  Yes  No

Mailing Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Student Resides Here:  Y  N

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

We prefer to receive correspondence in:  English  Spanish

Field Trip Permission: Student has my permission to participate in regularly scheduled class field trips during the school day with transportation by bus, walking or other District approved form of transportation.  Y  N

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

\_\_\_\_\_  
Date



## NEW STUDENT INFORMATION

Previous School Name: \_\_\_\_\_

Previous School Phone: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

My student was previously enrolled in the Roaring Fork School District:  Yes  No Date: \_\_\_\_\_

Was student ever enrolled in the Colorado Preschool Program?  Yes  No Date: \_\_\_\_\_

Years of formal schooling student has completed: \_\_\_\_\_

Additional part-time education (explain): \_\_\_\_\_

Has your family ever been to the Roaring Fork Family Resource Center?  Yes  No

Visitor/Pickup restrictions if any: \_\_\_\_\_

Documentation for contact restrictions:  Yes, attached  No

Student will use school bus transportation:  Yes  No (*not available for preschool*)

Has student been expelled from prior school because of attendance:  Yes  No

If yes, explain \_\_\_\_\_

My student is currently receiving or has received services in the following areas:

Yes  No Special Education

Yes  No Gifted and Talented

Yes  No English Language Learner

Yes  No Has a current 504 plan

Yes  No Has a current ILP

Comments or concerns that would be helpful to the teacher/school:

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# Home Language and Residency Form

This box must be completed by school Registrar before sending to Student ELL Facilitator and Director of Student Data.	
School:	_____
Grade:	_____ Local Student ID# _____
Date Enrolled:	_____
Student is part of international exchange program? Y N	

State and federal regulations require that schools identify and report the language(s) spoken and heard by each child in the home, and determine eligibility for English Language Acquisition, immigrant, migrant, refugee or McKinney education services. This information is used to ensure that the educational rights of each child are met. Please take a few minutes to complete this questionnaire. This confidential information is for school use only.

_____	_____	_____
Student's Last Name	Student's First Name	Student's Middle Name
_____	_____	Address: _____
Date of Birth	County of Birth	_____
_____	_____	_____
Date Student Entered Colorado	Date Student Entered USA	
_____	_____	
Home Phone #	Work Phone #	
Parent or Guardian Name(s) _____		

## Home Language Information:

Was the first language spoken by the student a language other than English? \_\_\_No \_\_\_Yes Language \_\_\_\_\_

Does the student speak a language other than English? \_\_\_No \_\_\_Yes Language \_\_\_\_\_

Is a language other than English used in the home? \_\_\_No \_\_\_Yes Language \_\_\_\_\_

Will you need an interpreter for conferences, phone calls and other verbal communication? \_\_\_No \_\_\_Yes

## Residency Information: Where does your child stay at night?

_____ regular housing (apartment, house, mobile home, etc.)	_____ in a car
_____ in a shelter	_____ at a campsite
_____ in a motel/hotel	_____ temporarily with more than one family in an apartment, mobile home, house because of economic hardship
_____ in another location that is not intended for people (an abandoned building, storage shed, etc.)	_____ other (in an arrangement that is not fixed, regular, and adequate and not described by the other choices

\_\_\_\_\_ Yes \_\_\_\_\_ No Did you move to Colorado with the intent of working in agriculture, farming or fishing?

\_\_\_\_\_ Yes \_\_\_\_\_ No Do you work in agriculture, farming or fishing?

\_\_\_\_\_ Yes \_\_\_\_\_ No Have you been give "Refugee Status" paperwork?

\_\_\_\_\_ Yes \_\_\_\_\_ No Has your child attended another school in the United State OR in another country?

If yes, please complete the following page

_____	_____
Parent/Guardian Signature	Date



# DUAL LANGUAGE BILINGUAL PROGRAM - PARENT CHOICE OPPORTUNITY

## FULL TIME KINDERGARTEN ONLY\*

The Dual Language Bilingual Program is a form of education in which students are taught literacy and content in two languages. The program aim is -

- \* Bilingualism - the ability to speak fluently in two languages
- \* Biliteracy - the ability to read and write in two languages
- \* Academic achievement equal to that of students in non-dual language programs
- \* Diverse culture learning experiences
- \* Enrichment language program for all students

BES is a two-way (bilingual) partial immersion program. Our goal is to enroll a balance of native English speakers and native Spanish speakers in the homeroom class. We are a partial immersion, or 50/50, program teaching about 50% of the time in English and 50% of the time in Spanish. Research indicates that students who spend more time in the partner language do better in that language (Howard, Christian & Genesee, 2001; Lindholm-Leary, 2001; Lindholm-Leary & Howard, in press) and that language minority students (in the U.S., those whose native language is not English) do better academically when their native language is supported and developed (Thomas & Collier, 1997; 2002).

Our school divides language through the daily schedule. Within the dual language program, students speak and study in one language at a time, and the times for each language are explicitly defined. At BES students rotate speaking one language one day and the other language on the next day during Science, Social Studies and Health in Kindergarten through 4th grades. Literacy is taught in a child's primary language first and in their new language second. Classrooms with dual language learners also benefit from each other's language expertise and diverse cultural experiences throughout the school year.

The program has been at BES for 17 years in grades Kindergarten through 4th grade. Our results show that our students meet or exceed their peers in academic learning who are not a part of the bilingual program. If you have further questions about the program, please contact Suzanne Wheeler-Del Piccolo at 384-5801.

**The program is a choice for parents and students at BES.** If you would like your child to be a part of the Dual Language Bilingual Program, please fill out the following:

\_\_\_\_\_ **Yes, I would like my child in a Dual Language Bilingual classroom.** I understand that this is a choice and my child will learn reading and writing in their native language first and in their new language second. Math, Science, Social Studies, Health will be learned in both languages simultaneously.

Child's Name: \_\_\_\_\_

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



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# PARENT INPUT FORM - KINDERGARTEN PLACEMENT

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

Half Day

Full Day

Bilingual Program Choice

Directions: Circle the number that best describes your child

1. Child's attitude toward school -  
Reluctant                      1   2   3   4   5                      Eager
  
2. Child learns best with -  
Structure                      1   2   3   4   5                      Independent
  
3. Child's personality -  
Outgoing                      1   2   3   4   5                      Shy
  
4. Child's behavior - Frequency of teacher/parent redirection  
Often                      1   2   3   4   5                      Seldom
  
5. In new learning situations your child -  
Needs extra time                      1   2   3   4   5                      Master new ideas quickly
  
6. How your child makes new friends -  
Slowly                      1   2   3   4   5                      Quickly
  
7. What excites your child most about starting school? \_\_\_\_\_  
\_\_\_\_\_
  
8. List any special needs your child has. \_\_\_\_\_  
\_\_\_\_\_
  
9. Describe the type of teaching style you want for your child. \_\_\_\_\_  
\_\_\_\_\_

Please check any special services your child has received in the past:

- Special Education
- English as Second Language
- Speech Therapy
- Occupational or Physical Therapy
- Counseling
- Other (please describe)

If your child was not already receiving any of the above services, do you feel he/she is in need of any special assistance?

Yes    No   If yes, please explain \_\_\_\_\_

Did your child attend preschool?      Yes    No

If yes, where did they attend? \_\_\_\_\_

How long did they attend? \_\_\_\_\_



**BASALT ELEMENTARY SCHOOL  
FULL TIME KINDERGARTEN TUITION ASSISTANCE PROGRAM**

Date of Application: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_

How long at this address: \_\_\_\_\_

Are you a single parent?      Yes    No

Number of members in household? \_\_\_\_\_

Employment Household Members	Employer (Name/Location)	Gross Monthly Income	Other Income - Welfare, Pension, Social Security

**CHECK LIST:** The following material **MUST** be attached to this application:

- \_\_\_\_\_ CURRENT INCOME TAX RETURN
- \_\_\_\_\_ CURRENT PAY STUB (from all employers)
- \_\_\_\_\_ SELF EMPLOYED - Financial statement for last 6 months

**ESTIMATED TOTAL GROSS ANNUAL INCOME FOR 2013 \$** \_\_\_\_\_

Include all income: Unemployment, welfare, child support, alimony, veteran's benefits, inheritance, social security, etc.

In providing the above information, applicant(s) declares the same to be voluntarily furnished. Applicant(s) hereby grants Basalt Elementary School the right to request verification there of through persons and/or entities disclosed and/or here in after disclosed. Applicant(s) declares the above information is true and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**BASALT ELEMENTARY SCHOOL  
KINDERGARTEN DECLARATION OF COMMITMENT**

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ / \_\_\_\_\_

Cell Phone: \_\_\_\_\_ / \_\_\_\_\_

**Financially Responsible Party**

\_\_\_\_\_

I would like my child to attend part time Kindergarten for the 2014-2015 school year (Monday through Friday - 8:00 am - 11:30 am).

\_\_\_\_\_

I would like my child to attend full time, five-day a week Kindergarten for the entire 2014-2015 school year. I commit to paying \$343.00 per month for this school year with payment being due on the first of each month.

\_\_\_\_\_ Bilingual \_\_\_\_\_ Non-Bilingual

\_\_\_\_\_

I am interested in full day Kindergarten; however, I am in need of financial assistance. I am applying for a scholarship.

\_\_\_\_\_ Bilingual \_\_\_\_\_ Non-Bilingual

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

Date: \_\_\_\_\_



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