



## Registration

**Please fill out the attached forms and return to the office at your earliest convenience.**

**You may drop your completed registration packet off in the drop off box in front of the school or if during normal office hours, we will be glad to meet you at the door and pick it up.**

**If you were unable to bring a copy of your child's birth certificate, social security card and vaccine record at time of this packet pickup, please have it ready upon drop off.**

**Also, please remember your child will need a current physical along with completed physical form turned into the office to complete your child's registration for 2020-2021 prior to the start of school.**

# Calico Rock School District

Phone: (870)297-8533

Calico Rock Elementary School Enrollment Form

Fax: (870)297-4233

## GENERAL STUDENT INFORMATION

<b>FIRST NAME:</b>	<b>MIDDLE NAME:</b>	<b>LAST NAME:</b>

Birthdate: \_\_\_\_\_

Gender: Female    Male

Nickname: \_\_\_\_\_

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

SSN (Optional): \_\_\_\_\_

Hispanic/Latino Ethnicity: Yes    No

**RACE** Please answer the following in accordance with standards issued by the US Department of Education.

**PRIMARY RACE** (Please select only **ONE**).

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment)
- Asian** (A person having origins in any of the original peoples of Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
- Black or African American** (A person having origins in any of the black racial groups of Africa)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- White** (A person having origins in any of the original peoples of Europe, Middle East or North Africa)

**ADDITIONAL RACES** (check all that apply):

American Indian/Alaska Native     Asian     Black  
 Native Hawaiian/Other Pacific Islander     White

Language Spoken At Home: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

**Student Physical/911 Address**

**Student Mailing Address**

Address: _____ City: _____ State: _____ Zip Code: _____	<input type="checkbox"/> Mailing Address is same as Physical/911 Address Address: _____ City: _____ State: _____ Zip Code: _____
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Student Home Phone: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

## PARENT/GUARDIAN CONTACT INFORMATION

**Parent/Guardian 1**

**Parent/Guardian 2**

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

Relationship to Student: \_\_\_\_\_

Language of Correspondence: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ \*Alert Phone: \_\_\_\_\_

\*Alert Phone is used by the district's automated phone message system.

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

Student Primarily Resides with this Guardian.

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

Relationship to Student: \_\_\_\_\_

Language of Correspondence: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ \*Alert Phone: \_\_\_\_\_

\*Alert Phone is used by the district's automated phone message system.

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

Student Primarily Resides with this Guardian.

**OFFICE USE ONLY**

Entry Date: _____	Meal ST: _____	ESL: _____	IMMG: _____	Residency: _____
Entry Code: _____	M/V Act: _____	SP: _____	GT: _____	Choice LEA: _____
Curriculum: _____	504: _____	MIG: _____	Homeroom: _____	P/T ADM %: _____

# Calico Rock Elementary School Enrollment Form

## ADDITIONAL STUDENT INFORMATION

City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Birth Country: \_\_\_\_\_

### TRAVEL INFORMATION

Travel To School (Please check one)	Travel From School (Please check one)
<input type="checkbox"/> Bus (Bus Number _____)	<input type="checkbox"/> Bus (Bus Number _____)
<input type="checkbox"/> Drives Self	<input type="checkbox"/> Drives Self
<input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)	<input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)
<input type="checkbox"/> District Paid Transportation	<input type="checkbox"/> District Paid Transportation
Distance From Home to School (Miles) One Way: _____	

<b>Pre-School Participation:</b>		
A - ARKANSAS BETTER CHANCE	H - HEADSTART	O - OTHER
E - EVEN START	NA - NOT APPLICABLE	P - PRIVATE PRE-SCHOOL
EC - EARLY CHILDHOOD	C - 21st CENTURY COMMUNITY LEARNING CENTER	PS - PUBLIC SCHOOL PRE-SCHOOL

Birth Certificate #: \_\_\_\_\_ Resident County: \_\_\_\_\_

Is this child a dependent of an active or reserve member of a branch of the United States Armed Services? Yes No

If this child resides in a household with an active or reserve member of a branch of the United States Armed Services, please select the branch below.

<input type="checkbox"/> Active Duty – US Army	<input type="checkbox"/> Active Duty – US Air Force	<input type="checkbox"/> Active Duty – US Navy	<input type="checkbox"/> Active Duty – US Marines
<input type="checkbox"/> Active Duty – US Coast Guard	<input type="checkbox"/> Reserves – US Army	<input type="checkbox"/> Reserves – US Air Force	<input type="checkbox"/> Reserves – US Navy
<input type="checkbox"/> Reserves – US Marines	<input type="checkbox"/> National Guard – US Army	<input type="checkbox"/> National Guard – US Air Force	<input type="checkbox"/> Parents serve in multiple branches

Is this student a twin (or a triplet, quadruplet, etc.)? Yes No

### ADDITIONAL CONTACT INFORMATION

#### Additional Guardian Contact

Name: _____	Email: _____
Relationship to Student: _____	Home Phone: _____ Cell Phone: _____
Language of Correspondence: _____	Work Phone: _____ *Alert Phone: _____
Mailing Address: _____	*Alert Phone is used by the district's automated phone message system.
City: _____	Employer: _____
State: _____ Zip Code: _____	<input type="checkbox"/> Student Primarily Resides with this Guardian.

#### Emergency Information

Emergency Contact Information (Contacts Other Than Guardians to be Called in Case of an Emergency)				
Contact Order	Name	Relationship to Child	Phone #	Phone Type (ex: Home, Cell, Work)
1				
2				
3				
4				
5				

Physician: \_\_\_\_\_ Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Please list any medical concerns and/or medications for this child: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Has this child been expelled from school in any other school district or is the child a party to an expulsion proceeding? Yes No

Has this child been retained? Yes No

Has this child met the requirements of the Arkansas State Health laws necessary to enter school? Yes No

Please list the names of anyone who IS NOT ALLOWED to check out/pick up this child from school: \_\_\_\_\_

\_\_\_\_\_

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

Date \_\_\_\_\_

Kindergarten student's name \_\_\_\_\_

Please complete this form if your kindergarten student has attended a full-time (at least 20 hours a week for nine months) four-year-old preschool program.

Please check one.

Arkansas Better Chance (ABC) \_\_\_\_\_

Head Start \_\_\_\_\_

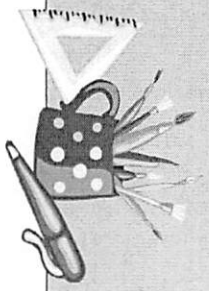
Even Start \_\_\_\_\_

Public School Preschool \_\_\_\_\_

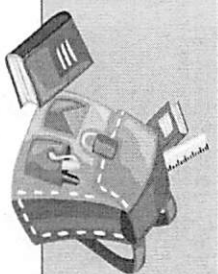
Private Preschool \_\_\_\_\_

Early Childhood Special Education (including speech) \_\_\_\_\_

Other \_\_\_\_\_



# ARKANSAS REFRIGERATOR CURRICULUM FOR KINDERGARTEN



## ENGLISH LANGUAGE ARTS \*

*Aligned to Common Core State Standards*

- Name and write uppercase and lowercase letters
- Match letters to sounds when reading and writing
- Learn and use new vocabulary words
- Identify words that rhyme
- Read common words such as the, of, you, are, she, and my
- Ask and answer questions about a story
- Identify characters, settings, and major events in a story
- Participate in discussions by listening and taking turns speaking
- Sort common objects into categories
- Express thoughts, feelings, and ideas clearly

## MATHEMATICS \*

*Aligned to Common Core State Standards*

- Count the number of objects in a group and compare the number of objects in two groups
- Compare two numbers to identify which is greater than or less than the other
- Understand addition as putting together and adding to and subtraction as taking apart and taking away from
- Add and subtract very small numbers quickly and accurately
- Represent numbers less than or equal to 10 in more than one way (e.g.,  $9=6+3$  or

9=5+4)

- Find the number from 1 to 9 that can be added to a given number to reach 10 by using objects or drawings to represent the problem
- Solve addition and subtraction word problems involving numbers of 10 or less
- Represent addition and subtraction word problems by using objects or drawing pictures
- Count to 100 by ones and tens
- Understand that the place value of numbers from 11 to 19 contains ten ones and some leftover ones (e.g.,  $14=10+4$ )

## SCIENCE

*Aligned to Arkansas Curriculum Frameworks*

- Learn by watching and gathering information from surroundings
- Identify objects in the sky: sun, moon, other stars, clouds, birds, airplanes
- Identify the five senses: hearing, seeing, smelling, tasting, touching
- Know the difference between living and non-living things
- Identify uses of electricity
- Identify basic life needs: water, food, air
- Describe the seasons

## SOCIAL STUDIES

*Aligned to Arkansas Curriculum Frameworks*

- Identify water and land, AR, and the U.S. on maps and globes

- Use words related to location, direction, and distance
- Identify home address, school, and city
- Discuss differences and similarities in families and communities
- Recognize the importance of protecting air, land, and water
- Recognize the need for rules and consequences for violating rules
- Practice good citizenship and good manners
- Identify the governor, famous Arkansans, and the president
- Recognize state and national symbols and holidays
- Recognize all people have economic wants and needs and must make choices
- Discuss how and why people earn a living

You are your child's first and most important teacher. We value your support in building a solid foundation to prepare your child for school. This is a list of concepts and skills that will help your child be successful in kindergarten. This list is only a sample and does not include everything that will be taught throughout the year.

\* Adapted from the Council of the Great City Schools Parent Roadmaps to Common Core Standards: <http://www.cgcs.org/domain/36>  
 Additional resource: National PTA <http://www.pta.org/4446.htm>

## Reading Questionnaire

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

Please help us get to know your child by answering a few questions for us to the best of your knowledge. Thank you!

1. Is there a history of reading difficulties in the immediate family that you know of?
2. Can your child hear words that rhyme?
3. Does your child get sounds mixed up in words such as saying "pasketti" instead of spaghetti or "cimanin instead of cinnamon on a regular basis?
4. Has your child established a dominant hand? (Circle 1)  
**right handed      left handed      uses both**
5. At what age did your child start talking?
6. Does your child frequently have a hard time naming objects they know? (For example..."I need the...the...the things you cut with" (instead of saying scissors)

# Kindergarten Social/Emotional/Behavioral Survey

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

Preschool: \_\_\_\_\_



(2020-2021)

*Directions: Please rate each item according to how often you have observed the child demonstrating that behavior. Add comments as needed. In order for this information to assist with the child's specific needs, please answer as accurately as possible in the setting in which you have the child.*

## Rating Scale:

0 – Seldom or Never

1 - Some or a couple of times

2 - More than some or more than a couple of times

3 - Often or consistently

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### PERSONAL BEHAVIORS

### COMMENTS:

Difficulty attending to bathroom and needs help..... 0 1 2 3 Does your child wear pull-ups/diapers?  
Difficulty sitting still..... 0 1 2 3  
Easily frustrated..... 0 1 2 3  
Temper outbursts; explosive, ..... 0 1 2 3  
Unpredictable behavior..... 0 1 2 3  
Exhibits other concerning behaviors..... 0 1 2 3

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### AUTHORITY FIGURES

Argues with adults/authority figures..... 0 1 2 3  
Defiant attitude/refuses to comply with requests..... 0 1 2 3  
Intentionally harms adults/authority figures..... 0 1 2 3

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### OTHER CHILDREN

Argues with other children..... 0 1 2 3  
Uncooperative with other children..... 0 1 2 3  
Intentionally harms other children..... 0 1 2 3

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### SERVICES, TREATMENT, DIAGNOSIS

Please provide any other information that you are willing to share that will be helpful to us as we begin addressing your child's specific needs.

### CIRCLE ALL THAT APPLY.

- Possible services received?  
Special Education Services, Speech Therapy, Pediatric Therapy, Residential Treatment Center, Counseling Services, Self-Contained Classroom, Alternative Classroom. IEP, ELL, OT, PT
- Possible diagnosis received?  
ADD, ADHD, Autism, Learning Disability, PTSD, Other \_\_\_\_\_

If needed, please feel free to include additional information on the back of this document. Thank you.

.....

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

# Student Health Form

(Please answer all questions)

Student Name: \_\_\_\_\_ M F DOB: \_\_\_\_\_

Student resides with: \_\_\_\_\_

Mom/Guardian name: \_\_\_\_\_ 1<sup>st</sup> Phone # \_\_\_\_\_

2<sup>nd</sup> Phone # \_\_\_\_\_ Place of work/work # \_\_\_\_\_

Dad/Guardian name: \_\_\_\_\_ 1<sup>st</sup> Phone # \_\_\_\_\_

2<sup>nd</sup> Phone # \_\_\_\_\_ Place of work/work # \_\_\_\_\_

Physicians' name: \_\_\_\_\_ Phone # \_\_\_\_\_

## EMERGENCY CONTACTS IF PARENT CAN'T BE REACHED

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

1. DOES YOUR CHILD HAVE A **CURRENT MEDICAL CONDITION** THAT WILL REQUIRE SUPERVISION AND/OR RESTRICT HIS/HER ACTIVITY? IF YES, PLEASE EXPLAIN:

\_\_\_\_\_

2. Does your child have a severe or life threatening allergy? If so, what are they allergic to and do they have a prescription for an epi-pen?

\_\_\_\_\_

3. Is your child currently taking any medication, if so what medication are they taking and will they need this medication at school?

\_\_\_\_\_

**If medication needs to be given at school, the medication must be brought to the office and checked in by a parent/guardian. Medication cannot be sent to school on the school bus.**

★ You are authorizing the use of: Calamine Lotion, Cough Drops, First Aid Spray, Generic Tylenol, Hydrocortisone Cream, Orajel, Sore Throat Spray, and Triple Antibiotic Ointment.  
(Please Mark Through Any of the Above Medication(s) You May Not Want Given To Your Child)

PLEASE TURN PAGE  
OVER AND SIGN THE  
BACK.



I acknowledge that the Calico Rock School District, the Board of Directors, and School Employees shall be immune from civil liability for damages resulting from the administration of medications with this consent.

I will notify the school of any changes in phone number, emergency contact or said child's health status. I understand that the above information may be released to appropriate School District employees, named physician, and emergency personnel. In the event that parents or other person(s) named on this form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. The hospital and its medical staff have my authorization to provide treatment that a physician feels necessary for the well-being of said child. I authorize the school nurse and my child's health care provider to exchange verbal and/or written information regarding the health needs of said student at school.

In compliance with the Family Education Rights and Privacy Act (FERPA) (20U.S.C. 1232g; 34 CFR Part 99) I give permission for my child's personally identifiable information/student education records to be disclosed to ISEP for the purpose of billing Medicaid and/or private insurance.

In compliance with the Family Education Rights and Privacy Act (FERPA) (20U.S.C. 1232g; 34 CFR Part 99) I give permission for my child to participate in the School Immunization Clinic. I understand that the appropriate Arkansas Department of Health consent forms will be provided for my consideration prior to the clinic.

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

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

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

## PHYSICAL ASSESSMENT

*To be Completed by Physician, Nurse or School Health Professional*

REQUIRED			
	NL	ABNL	Comments
BP: _____ WT: _____ HT: _____			
SKIN: Color, Rash, Swelling, Hair, Nails			
EYES: Conjunctiva, Cornea, Pupils, Extraocular Movement			
EARS: Pinnae, Canals; Tympanic Membrane Appearance, Mobility			
NOSE: Nares, Turbinates			
MOUTH: Tongue, Teeth, Oral Mucosa, Tonsils, Pharynx			
NECK: Thyroid, Range of Motion			
NODES: Cervical, Axillary, Inguinal, Other			
HEART: Rate, Rhythm, S1, S2, Murmur, Femoral Pulses			
LUNGS: Rate, Auscultation, Percussion			
ABDOMEN: Contour, Palpation of Liver, Spleen, Kidney; Mass; Tenderness			
GENITO-URINARY: Female External, Male Penis, Meatus, Testes, Hernia			
MUSCULOSKELETAL: Range of Motion, Tenderness, Edema, Clubbing, Spine (Curvature)			
NEUROLOGICAL: Gait, Cerebellar Function, Motor System (Strength, Tone); Cranial Nerves (Gross)			
<b>DEVELOPMENTAL</b>			
Gross Motor			
Fine Motor			
Social			
Speech / Language			

SUPPLEMENTAL (Optional)			
	Date	NL	Comments
Hemoglobin			
Hematocrit			
Urinalysis			
Other			

Medications \_\_\_\_\_

\_\_\_\_\_

Diet Restrictions \_\_\_\_\_

\_\_\_\_\_

Special Equipment \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

General Comments / Recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

82536-MR

I have performed a physical assessment on this child on the date indicated, and have arranged for any follow-up that was or is needed.

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date Signed \_\_\_\_\_ Date of Exam \_\_\_\_\_

*Physician, Nurse or School Health Professional*

**HOME LANGUAGE SURVEY**  
**CUESTIONARIO SOBRE EL IDIOMA HABLADO EN EL HOGAR**

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

Student's Name: \_\_\_\_\_  
Nombre del Estudiante

Gender: M F  
Género

Student's ID # \_\_\_\_\_  
Número de Identificación del Estudiante

Date of Birth: \_\_\_\_\_  
Fecha de Nacimiento  
Month Mes Day Día Year Año

Place of Birth: \_\_\_\_\_  
Lugar de Nacimiento

School: \_\_\_\_\_  
Escuela

Grade: \_\_\_\_\_  
Grado

Age: \_\_\_\_\_  
Edad

1. What was/were the first language(s) the student learned to speak?  
¿Cuál fue(ron) el/los primer idioma(s) que aprendió a hablar su hijo?

2. What language(s) are spoken in the home?  
¿Qué idioma(s) se hablan en el hogar?

3. What language(s) are spoken or understood by the child?  
¿En qué idioma(s) habla o entiende el niño?

4. What language(s) are spoken or understood by adults in the home?  
¿En qué idioma(s) se hablan o entienden los adultos en el hogar?

5. What written language would you prefer to receive school communications (such as attendance letters, permission forms, etc.)?  
¿En qué idioma usted prefiere recibir la comunicación escrita por parte de la escuela (tal como cartas de asistencia, formularios de permiso, entre otros)?

English Inglés Spanish Español Other Otro \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_  
Firma del Padre/Encargado

**Office Use Only**

\*Please contact ESOL Coordinator if any language other than English is indicated on any of these questions.

\*File the original in the student's cumulative folder for all students.

\*Questions 1 thru 4 - If any language other than English is indicated, enter that language in the eSchool language field on the main student screen. Otherwise, enter English in the eSchool language field.

\*Question 5- Enter the chosen language in eSchool guardian contact information under the general information tab.

# KINDERGARTEN PROCEDURES CHECKLIST

Please read the following checklist and **initial each**. We want to be sure you are informed of pertinent information that will be important in the upcoming school year:

## **PICK UP AND DISMISSAL:**

1. School opens at 7:30 a.m. Students are **not to arrive at school before 7:30 a.m.**, as there **will not** be a teacher on duty. \_\_\_\_\_
2. The first bell will ring at 7:55 a.m. and classes will start at 8:00 a.m. \_\_\_\_\_
3. Children that are dropped off after 8:00 a.m. will be counted tardy. \_\_\_\_\_
4. Children that are picked up before 2:30 p.m. will be marked tardy as an early dismissal.  
\_\_\_\_\_

## **TRANSPORTATION CHANGES:**

1. If you have a transportation change, please send a note to your child's teacher. \_\_\_\_\_
2. If you are unable to send a note you will need to call the office **before 1:30 p.m.** \_\_\_\_\_  
\*The end of the day is a very hectic time. It is extremely important that you help us get your child to the proper location in a timely manner.

## **LABELING YOUR CHILD'S ITEMS AND IMPORTANT NOTES**

1. Please mark all of your child's belongings, including lunchbox, backpack, coats, hats, sweaters and gloves with their first and last name. \_\_\_\_\_
2. When sending any notes to the school, please include child's first and last name. \_\_\_\_\_

## **ABSENCES**

1. Each time your child is absent, you will need to send a note stating the reason for the "excused" absences. \_\_\_\_\_
2. Absences for illness or family emergency are considered "excused" absences, but again the office will need a note. \_\_\_\_\_
3. A maximum of six (6) such days are allowed per semester unless the condition(s) causing such absences is of a chronic or recurring nature, is medically documented, and approved by the principal. \_\_\_\_\_
4. When a student has (5) unexcused absences, his/her parents, legal guardians, persons with lawful control of the student, or persons standing in loco parentis shall be notified. \_\_\_\_\_
5. Whenever a student exceeds (10) unexcused absences in a semester, the District shall notify the prosecuting authority and the parent, legal guardian, etc., shall be subject to a civil penalty as prescribed by law. \_\_\_\_\_

*\*If you have taken your child to the doctor for illness, please send the doctor note, rather than a parent note.*