Parent Affidavit - Memo of Understanding

The Parent/Guardian SIGNATURES ARE REQUIRED as an acknowledgement of your understanding of each of the items required for student entry into Kindergarten or Young 5s.

District Enrollment Office * 10505 Learning Lane, Allendale MI, 49401

Please Print Childs Name_____

1. **BIRTH CERTIFICATE** ***(MCL 380.1135)***
   As the parent/guardian, I understand that I must provide my child's birth certificate (original or a copy) within 30 days of my child's first day of school. If I fail to do so, the school district is required by law to contact the local law enforcement agency for investigation.

   _____ _____
   Parent/Guardian Signature **(required)** Date

2. **HEALTH RECORDS**: ***(Public Health Code Acts 89 of 2000 and 368 of 1978 Section 9307)***

a) **A certificate of required immunizations** or valid waiver with Ottawa County Health Department stamp
b) **Proof of Vision and Hearing Screening**
c) **Health Appraisal** completed and signed by a physician

As the parent/guardian, I understand that I must present the health records listed above as required by law. If I fail to do so, my child will not be permitted to attend school until I have provided the proper documentation.

_____ _____
Parent/Guardian Signature **(required)** Date

3. **3PROOF OF RESIDENCY**: ***(MCL 380.1148a 388.1624b)***
Acceptable proof of residency is:
Lease or mortgage
Utility bill (gas, electric, home phone, cable/satellite, sanitation)

Unacceptable items are driver's license, auto insurance, voter card, and any other items not listed above.

As the parent/guardian, I understand that I must present acceptable proof of residency as described above and required by law. If I fail to do so, my child will not be permitted to attend school until I have provided this proper documentation. I understand that if I move, I will need to provide a new proof of residency.

_____ _____
Parent/Guardian Signature **(required)** Date

2020/2021 ALLENDALE PUBLIC SCHOOLS KINDERGARTEN ENROLLMENT FORM 2020/2021

STUDENT INFORMATION

Full Name of Student (as listed on the birth certificate)

Last _____ First _____ Middle _____

Gender ☐ Male ☐ Female Date of Birth _____ Place of Birth City only _____

What is the primary language spoken in the home? _____

Has the student been attending English Language Learner classes? ☐ Yes ☐ No

Has the student been attending a preschool or pre-kindergarten program? ☐ Yes ☐ No

If YES, please provide the name of the preschool or pre-kindergarten program _____

ETHNICITY Part A and RACE Part B (The US Department of Education requires that parents answer both parts A and B)

Part A Is the student Hispanic/Latino? ☐ Yes ☐ No

Part B Please select all applicable races

☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

SPECIAL NEEDS INFORMATION

Is the student currently receiving special education services? ☐ Yes ☐ No Is there a current active IEP? ☐ Yes ☐ No

Please select current services provided ☐ Speech Therapy ☐ Occupational/Physical Therapy ☐ Social Work ☐ 504 plan

☐ Other Please describe: _____

HEALTH INFORMATION

Does the student have any medically diagnosed/physician treated conditions? ☐ Yes ☐ No

If yes please describe _____

A MEDICAL STATEMENT MUST BE PROVIDED BEFORE information is entered into our student database or shared with school staff.

Does the student take any prescribed medication during school day hours ☐ Yes ☐ No

If yes, the student's physician must complete an APS prescribed medication form available at all buildings.

PRIMARY HOUSEHOLD INFORMATION

Is student living with a parent or legal guardian? ☐ Yes ☐ No If no, are legal papers on file? ☐ Yes ☐ No

Are the student and family Allendale residents? ☐ Yes ☐ No If no, please specify school district _____

Address _____ City _____ Zip _____

Is the student's family currently sharing the housing of other relatives or other persons due to loss of housing, economic hardship or a similar reason? ☐ Yes ☐ No If YES, do you consider this to be permanent/regular housing? ☐ Yes ☐ No

List only legal guardian living at the student's address List parent/guardian living elsewhere on next page.

1. Legal Parent/Guardian _____ Relationship to student _____

Cell Phone _____ *Allow district announcements? ☐ Yes ☐ No Allow Texts? ☐ Yes ☐ No

Email _____ Work Phone (if different from cell #) _____

2. Legal Parent/Guardian _____ Relationship to student _____

Cell Phone _____ *Allow district announcements? ☐ Yes ☐ No Allow Texts? ☐ Yes ☐ No

Email _____ Work Phone (if different from cell #) _____

**At least one phone number must receive District announcements. District announcements include: school delay/closings, emergencies and general announcements.*

Please list other adult(s) residing in SAME household including step-parents, grandparents, etc. (cell phone is optional)

Name _____ Relationship to student _____ Cell Phone _____

Name _____ Relationship to student _____ Cell Phone _____

Name _____ Relationship to student _____ Cell Phone _____

SECONDARY HOUSEHOLD

List Parent/Guardian living elsewhere here. If address is unknown leave blank. Address may be provided at a later time.

Name_____ Relationship to student_____

Address_____ City_____ State_____ Zip_____

Phone_____ Email_____

Michigan statue, MCL 722.30, states that "[A] parent shall not be denied access to records or information concerning his or her child because the parent is not the child's custodial parent, unless the parent is prohibited from having access to the records or information by a protective order. Legal documents must be provided to school. "Records or information" includes, but is not limited to, medical, dental, and school records, day care provider's records, and notification of meetings regarding the child's education."

NON-HOUSEHOLD EMERGENCY CONTACTS – (OPTIONAL) PLEASE PRINT

DO NOT list names or guardians/adults already listed on this form. They are automatically contacted first in an emergency. Your child will NOT be released to anyone other than parents/guardians already listed and those listed below.

PLEASE LIST ONLY ONE NAME PER LINE PLEASE PRINT

1. Name_____ Relationship to student_____ Phone_____
2. Name_____ Relationship to student_____ Phone_____
3. Name_____ Relationship to student_____ Phone_____
4. Name_____ Relationship to Student_____ Phone_____

MILITARY INFORMATION

Is there a military parent/guardian in the household? ☐ Yes ☐ No If yes list name_____

If Yes, check the appropriate status

☐ Active duty, deployed ☐ Active duty not deployed ☐ Discharged Inactive ☐ Injured Retired ☐ Transitioning out of active duty

Please select which branch of service

☐ Army ☐ Army Reserve ☐ Air Force ☐ Air Force Reserve ☐ Navy ☐ Navy Reserve ☐ Marine Corp ☐ Marine Corp Reserve ☐ Coast Guard ☐ Coast Guard Reserve

OTHER CHILDREN LIVING IN PRIMARY HOUSEHOLD

Please list all children living in the family household. Please include their 2020/2021 grade (if applicable).

First and Last Name_____ Birth Date_____ ☐ Male ☐ Female Grade_____

First and Last Name_____ Birth Date_____ ☐ Male ☐ Female Grade_____

First and Last Name_____ Birth Date_____ ☐ Male ☐ Female Grade_____

First and Last Name_____ Birth Date_____ ☐ Male ☐ Female Grade_____

First and Last Name_____ Birth Date_____ ☐ Male ☐ Female Grade_____

First and Last Name_____ Birth Date_____ ☐ Male ☐ Female Grade_____

SIGNATURE

My signature below indicates that the information provided on this form is true and accurate.

Parent/Guardian's Signature _____ **Date**_____

Emergency Medical Authorization

Whenever my child is involved in a school activity and I am unavailable to provide authorization directly, I authorize the school principal or his/her designee to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnosis, and treatment, including surgical intervention, if necessary on behalf of my minor child listed and to take all necessary and reasonable actions to provide for my child's health and safety. This authorization is valid until such time as I withdraw the authorization in writing.

Parent/Guardian's Signature _____ **Date**_____

MICHIGAN BOARD OF EDUCATION
HOME LANGUAGE STUDENT SURVEY

This form is to be completed for <u>ALL</u> students even if English is the primary language spoken in home.

Please provide the following information regarding the primary language spoken in your home. This information will be used to determine the number of children who should be provided bilingual instruction according to Sections 380.1151-380.1158 of the School Code of 1976, Michigan's Bilingual Education Law.
Thank you for your cooperation.

Name of Student _____ Grade _____ Age _____

School District: <u>ALLENDALE PUBLIC SCHOOLS</u>

1. Is your child's native tongue a language ***other*** than English? _____ YES_____NO

   If yes, what is that language? _____

2. Is the primary language* used in your child's home or environment a language ***other*** than English?

   _____ YES_____NO If yes, what is that language? _____

_____ _____ _____
Signature of Parent or Guardian Address Date

"Primary Language" means the dominant language used by a person for communication.

ENCUESTA SOBRE EL IDIOMA DEL HOGAR

El Allendale, Public School District necesita información acerca de los idiomas que sus estudiantes hablan o entienden. Esta información se usará para determinar el número de estudiantes que son elegibles para recibir instrucción bilingüe de acuerdo a las secciones 380.1151-380.1158 del código de las Escuelas de 1976, Ley de la Educación Bilingüe de Michigan. ¿Puede usted hacernos el favor de responder a las preguntas de ésta encuesta? Muchas gracias por su cooperación.

Nombre del estudiante _____ Grado _____ Edad _____

Nombre de la escuela ALLENDALE PUBLIC SCHOOLS

1. ¿En cuál idioma aprendió su hijo o hija a hablar? _____
2. ¿Qué idioma usualmente usa su hijo o hija en la casa? _____
3. ¿Qué idioma generalmente use Ud para hablar a su hijo o hija? _____
4. I idioma que los adultos generalmente usan en casa: _____
5. ¿En qué país nació usted?
6. ¿En qué país nació su niño?

_____ _____ _____

Firma del Padre o Apoderado Dirección Fecha

Allendale District Enrollment * 10505 Learning Lane, Allendale, MI 49401

Student Name: _____

Date: _____

Dear Parent/Guardian:

The Michigan State Health Department requires a parent/guardian's signature verification indicating if your child has or has not had chickenpox. This verification form must be kept in your child's cumulative file at school. Thank you.

PLEASE CHECK ONE

☐ **YES – My child HAS HAD chickenpox.**

_____
Parent/Guardian Signature

☐ **NO – My child has NOT had the chickenpox.**
(I have provided my child's immunization record or immunization waiver to the school.)

_____
Parent/Guardian Signature

Family Educational Rights and Privacy Act (FERPA) Directory Information Opt-In/Out Form

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that **Allendale Public Schools (APS)**, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Allendale Public Schools may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow Allendale Public Schools to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; Degrees, honors and awards received
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless parents have advised the Allendale Public Schools that they do not want their student's information disclosed without their prior written consent.

Please note: **APS does NOT create or publish student directories or other documents as pursuant to FERPA law.**

Allendale Public Schools has designated the following information as directory information:

Students name
Address
Telephone number
Email address
Photograph/video (e.g. web site & news releases)
Date of birth
Grade level
Dates of Attendance (e.g. report cards and high school transcripts)
Participation in officially recognized activities and sports
Weight and height of members of athletic teams
Degrees, honors and awards received
STUDENT YEARBOOK
Student ID number is necessary to identify school information and is not available as an opt-out option.
(A student's SSN is not and cannot be used for any purpose)

STUDENT'S NAME (Please Print)_____

1) Please select one of the options for Directory Information below. A parent/guardian's signature is required.

☐ **YES,** I give permission to Allendale Public Schools to disclose my child's directory information as described above.

☐ **NO**, I do not want my child's directory information disclosed. ***I understand that my child's name will NOT appear in the APS yearbook, and any honors or awards my child may receive will NOT appear on any APS recognition lists, newsletters or other printed materials.***

Parent/Guardian's Signature_____ Date_____

2) Please select one of the options for publishing student photographs and/or videos. A parent/guardian's signature is required.

☐ **YES**, I give permission to Allendale Public Schools to use my child's picture and name on the district web site, in newsletters, student yearbook, and district promotional materials.

☐ **NO**, I do not want my child's picture and name published as described above.

Parent/Guardian's Signature_____ Date_____

Consent for Disclosure of Immunization Information

Dear Parent/Guardian,

Immunizations are an important part of keeping our children healthy. Schools, State, and local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before your child's immunization record, date of birth, gender, and address is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may change your consent to share information in writing at any time.

Consent for Disclosure of Immunization Information to Local and State Health Departments

Please Print
Student's Name: _____ Date of Birth: ___/___/____

Please select one of the options below.

_____***Yes***, *I authorize Allendale Public Schools to release my child's immunization record to the Michigan Department of Health and Human Services and the Ottawa County Department of Public Health. This includes any immunization information and limited personally identifiable information (listed above) from the school.*

_____***No***, *I do not want my child's immunization record released to the Michigan Department of Health and Human Services or to the Ottawa County Department of Public Health.*

Please Print
Parent/Guardian Name: _____

Signature of
Parent/Guardian _____ Date: ___/___/____

PAGE 1 TO BE GIVEN TO PARENT/GUARDIAN

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health. CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	**Balance Problems**	**Sensitive to Noise**	**Poor Concentration**	**Not "Feeling Right"**
Pressure in the Head	**Double Vision**	**Sluggishness**	**Memory Problems**	**Feeling Irritable**
Nausea/Vomiting	**Blurry Vision**	**Haziness**	**Confusion**	**Slow Reaction Time**
Dizziness	**Sensitive to Light**	**Fogginess**	**"Feeling Down"**	**Sleep Problems**
		Grogginess		

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

1. **SEEK MEDICAL ATTENTION RIGHT AWAY –** A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
2. **KEEP YOUR STUDENT OUT OF PLAY –** Concussions take time to heal. Don't let the student return to play the day of injury and until a heath care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
3. **TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION –** Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to Center for disease control web site regarding concussions.

Parents/Guardians and Students Must Sign and Return the Educational Material Acknowledgement Form

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by ALLENDALE PUBLIC SCHOOLS

_____	_____
Student Name (please print)	Parent or Guardian Name (please print)
_____	_____
Student Name (please sign)	Parent or Guardian Name (please sign)
_____	_____
Date	Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents/guardians please review and keep the educational materials available for future reference.

FOR OFFICE USE ONLY

GR	SCH YR
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Kindergarten Readiness Assessment 2020Information for Families Allendale Public Schools

Ottawa Area ISD

Dear Parent/Guardian,

Ottawa Area Intermediate School District and Allendale Public Schools are working to improve the way we gather information about kindergarten students at the beginning of the school year. This work is happening in conjunction with several other states and in partnership with the Michigan Department of Education and the Johns Hopkins University Center for Technology in Education.

What is the purpose of the Kindergarten Readiness Assessment (KRA)? The KRA will help school districts better understand how to gather information about students' skills and behaviors at the start of kindergarten or Young Fives. The results from the KRA will not be used to evaluate your child's performance but can be used by teachers to provide additional instruction for the entire class.

When will the Kindergarten Readiness Assessment take place? The KRA will take place between the beginning of the school year and October 22nd.

What will your child be asked to do? Your child's teacher or assistant will lead him/her through a series of activities and questions. The teacher will also observe your child's behavior during the normal daily routine. All activities and questions have been developed specifically for children who are just entering kindergarten.

How will data be collected and used? All the information that will be collected about your child will be kept confidential and in a secure location. No identifying information about your child will be shared. If you have any questions about the Kindergarten Readiness Assessment, please contact Dr. Julia Reynolds, Assistant Superintendent of Curriculum and Instruction, at 616-892-5570 or email: reynoldsjul@apsfalcons.net.

To assist your school district, please complete the following information about your child.

Child's First Name: _____ Middle Name: _____ Last Name: _____

Child's Date of Birth: _____

What was your child's primary form of care in the last year? (Check up to 3 relevant choices). If your child was primarily at home during the last year, please check **No Prior Care Program**.

____Great Start Readiness Program (GSRP) (State funded program age 4 by Sept 1st)
____Head Start (Federally funded program ages 3 & 4)
____Early Childhood Special Education Classroom (School based preschool for special needs students with an IEP)
____Young Fives/Developmental Kindergarten (Plan is for child to attend regular Kindergarten next year)
____Child Care-Home Based (Operated out of a private home)
____Private Child Care Center (Commercial business that may be independent or part of a chain)
____Registered Family/Relative Child Care (Family or relative care provider receiving state assistance to provide care)
____Tuition-Based Preschool (Full or half day of instruction and learning)
____No Prior Care Program (Stay at home for care)
____Kindergarten (Child has been retained for a second year of kindergarten)

OFFICE USE ONLY

2020/2021 Homeroom Teacher _____

ALLENDALE PUBLIC SCHOOLS KINDERGARTEN READINESS SURVEY - PARENT INPUT

Please Print

CHILD'S NAME_____ Date of Birth _____

PARENT/GUARDIAN'S NAME_____ Preschool Class: Tuition ○ GSRP ○ Head Start ○ ECSE ○

Please mark if applicable

SCALE:

4 = Ready **3** = Approaching Readiness (Demonstrates proficiency in majority of the descriptors and is developing proficiency in others)

2 = Periodic Readiness (Demonstrates less than 50% proficiency) **1**= Not Ready

APPROACHES TO LEARNING: The manner in which a child works with others and approaches tasks and learning leads to the development of critical executive skills for both school and life.

Displays persistence in task	Child is attentive, focused, resilient, and successfully manages frustrations when completing projects/tasks.	1 ○ 2 ○ 3 ○ 4 ○
Demonstrates initiative in learning	Child participates, asks questions, is self-directed and demonstrates imagination, curiosity, and "risk-taking" in experiencing new things	1 ○ 2 ○ 3 ○ 4 ○
Works cooperatively with others	Child interacts easily with others. Child shares, helps others, and cooperates in small and large groups	1 ○ 2 ○ 3 ○ 4 ○
Comprehends and follows directions.	Child listens to and follows simple rules in individual, small and large group activities. Child demonstrates an ability to carry out a set of three directions.	1 ○ 2 ○ 3 ○ 4 ○
Shows self-confidence in contributing to classroom learning	Child is not afraid to voice an opinion, initiate conversation or contribute to the classroom's overall learning environment.	1 ○ 2 ○ 3 ○ 4 ○

SOCIAL-EMOTIONAL DEVELOPMENT: How a child forms relationships, regulates and expresses emotions and develops his or her personal identity are core components to kindergarten readiness.

Forms healthy relationships with peers and adults	Child makes friends, interacts with others in a positive manner by sharing, helping others, taking turns, etc. Child forms close relationships with adults, especially with parents and family members.	1 ○ 2 ○ 3 ○ 4 ○
Recognizes and manages emotions	Child controls impulses, expresses a variety of emotions, resolves conflict without harming others, and recognizes and responds to the feeling of others.	1 ○ 2 ○ 3 ○ 4 ○
Adjusts to transitions	Child adapts to new environments and choices with appropriate behaviors and emotions, separates from parents or caregiver calmly, and transitions between activities without major disruption	1 ○ 2 ○ 3 ○ 4 ○
Focuses attention on activity, project or task	Child is able to self-regulate behaviors and emotions in order to stay focused on task and listen to others. Focusing attention for at least 10 minutes during circle time is expected.	1 ○ 2 ○ 3 ○ 4 ○

PHYSICAL HEALTH AND DEVELOPMENT: Physical well-being and motor development impacts a child's readiness to learn.

Completes basic self-care tasks independently	Child eats, dresses, washes hands and uses toilet facilities by self.	1 ○ 2 ○ 3 ○ 4 ○
Coordinates eye-hand movement to perform tasks	Child easily uses blocks, beads, puzzles, utensils, writing tools, etc.	1 ○ 2 ○ 3 ○ 4 ○
Demonstrates basic gross motor skills in a wide range of physical activities	Child moves with balance and control. Child uses gross motor skills in performing some of the following: skip, jump, hop, throw, catch, kick, ride a tricycle, etc.	1 ○ 2 ○ 3 ○ 4 ○
Possesses the strength, dexterity, and control in small muscles to use tools for writing and drawing	Child effectively uses fine motor skills to successfully manipulate objects such as pencils, crayons and scissors.	1 ○ 2 ○ 3 ○ 4 ○
Attends to health status	Child has access to medical care, receives well-child exams and treatment of chronic condition(s), gets adequate rest, nutrition and exercise to support a healthy environment	1 ○ 2 ○ 3 ○ 4 ○

Please continue to next page

LANGUAGE DEVELOPMENT: Language development opens a child's world to communication and social interaction and assists learning across all child development domains.

Able to engage in conversations with peers and adults.	Child regularly engages in conversation. Child initiates and responds appropriately in one-on-one and group discussions, speaks clearly, conveys ideas, and tells stories. Child is understood by persons unfamiliar to them.	1 2 3 4
Understands and uses an increasingly varied vocabulary	Child understands what is said to him/her and has developed an age-appropriate vocabulary increasing in complexity.	1 2 3 4
Uses language to express feelings and needs	Child expresses oneself with words and expanded sentences. Child is able to manage conflict by using words	1 2 3 4
Uses effective listening skills	Child demonstrates an ability and willingness to learn by watching and listening to others.	1 2 3 4
Speech Services	Is your child currently enrolled in or was previously enrolled in speech services?	Yes No

Please list any other siblings your child has and their ages:

_____

_____

_____

_____

Is there anything else you would like us to know about your child? _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Consent to Share Student Information With Non-Legal Guardian

This *optional* form allows a non-legal guardian (step-parent) to have access to all of your child's student information such as behavior, attendance, grades, progress, social and psychological information etc.

DO NOT LIST EMERGENCY CONTACTS ON THIS FORM.

Emergency contacts should be listed on the student enrollment form.

PLEASE LEAVE BLANK IF NOT APPLICABLE.

I, (Parent/Legal Guardian)_____

authorize (Non-Legal Guardian Individual) _____
to exchange verbal and/or written information with any Allendale Public Schools staff in regards to my child(ren) listed below:

_____ _____

_____ _____

_____ _____

Relationship of Non-Legal Guardian to Student(s):_____

I authorize Allendale Public Schools to contact the individual listed above to share any pertinent information or to discuss any educational, social, and psychological information pertaining to my child(ren) listed above. I understand that I may revoke this "consent" at any time by contacting Allendale Public Schools Administration.

Comments:

_____

Signature of one Parent/Legal Guardian (Required)_____ Date_____