



Pea Ridge Middle School

1391 Weston Street

Pea Ridge, AR 72751

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Leslie Moline, Principal

lmoline@pearidgek12.com

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jhester@pearidgek12.com

Gail Simpkins, Registrar

gsimpkins@pearidgek12.com

Record Release Form

Name of Student: _____ Grade: _____

Previous School Name: _____

City, State: _____

School Phone #: _____

Please send the following records for the above student:

- Grades (including withdrawal grades)
- Health Records/Athletic Physical
- Birth Certificate and Social Security Card
- Standardized Test Scores
- Attendance Records
- Gifted and Talented Program Information
- Other (any information that may be useful to professional educators)

If student was in Resource, please send:

- All psychological evaluations and data (please advise if confidential records are to be obtained from a separate facility)
- Any special education information that may assist faculty and staff in meeting individual student needs. Examples: psychological reports, IEPs, behavior plans, etc.

I, _____, hereby give consent to release the records indicate above.

Date: _____ Parent/Guardian Signature: _____

PEA RIDGE SCHOOL DISTRICT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, SEX, NATIONAL ORIGIN, OR DISABILITY IN ANY OF ITS POLICIES, PRACTICES, OR PROCEDURES.

SI NECESITA TRADUCION DE ESTE AVISO EN OTRO IDIOMA, HABLADO, O ESCRITO, POR FAVOR DE PEDIRLO A LA OFICINA.

Pea Ridge Middle School 2018/2019

Student Enrollment Information

Student's Legal Name: _____	Enrollment Date: _____
Sex: Male ____ Female ____	Grade: _____
Birth Date: _____	Social Security Number (optional): _____
Home Telephone # _____	Mom's Cell # _____ Dad's Cell # _____
Email Address: _____	
Street Address: _____	P.O. Box # _____
City/State/Zip: _____	
City of Birth: _____	State of Birth: _____

Is this student Hispanic or Latino?

No (not Hispanic or Latino)

Yes Hispanic or Latino (A person if Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race)(circle only one)

What is the student's race?

American Indian (a person having origins in any of the original people 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 the 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 persons 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, the Middle East, or North Africa.)

Primary Language Spoken in Home: English Spanish Other: _____

Custody situations we should be aware of (please specify below and provide appropriate legal documentation):

PARENT/LEGAL GUARDIAN INFORMATION

Father/Guardian Name: _____ Relationship to child: _____

Address (if different than student's home address): _____

Employer: _____ Work Phone: _____

Mother/Guardian Name: _____ Relationship to child: _____

Address (if different than student's home address): _____

Employer: _____ Work Phone: _____

Legal Guardian(s) of Student: _____

PLEASE COMPLETE BOTH SIDES OF FORM

PLEASE COMPLETE BOTH SIDES OF FORM

Name of Previous School attended: _____

Has your child ever been expelled from school: Yes No

Did your child receive special education services at their previous school? Yes No

Did you child have a 504 plan at their previous school? Yes No

Distance you live from the school: _____ miles

Will your child ride a bus? Yes No Bus number (if known) _____

If yes, will your child will be picked up or dropped off at an address other than their home address?

Yes No please list the addresses below:

Morning pick up: _____

Afternoon drop off: _____

IS THE STUDENT A MILITARY DEPENDENT AND RESIDES IN THE HOUSEHOLD OF A PERSON WHO IS ON ACTIVE DUTY OR SERVING IN THE RESERVE COMPONENT OF A BRANCH OF THE UNITED STATES ARMED FORCES? __YES __NO Branch: _____

Is your child a twin? _____YES _____NO

Emergency names and phone numbers of people who can be contacted to pick up your child in the event that you cannot be contacted:

_____ Name	_____ Relationship to Child	_____ Phone Number
_____ Name	_____ Relationship to Child	_____ Phone Number
_____ Name	_____ Relationship to Child	_____ Phone Number

Other students in household currently enrolled in Pea Ridge School District:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

MEDICAL EMERGENCY:

I GIVE PERMISSION FOR ANY PEA RIDGE SCHOOL PERSONNEL TO CONTACT EMERGENCY SERVICES TO TRANSPORT MY CHILD TO THE HOSPITAL TO RECEIVE TREATMENT.

The school is authorized to take appropriate action on behalf of the child. All medical costs will be assumed by the family.

PARENT/GUARDIAN: _____

Pea Ridge School District McKinney-Vento Enrollment Form

The McKinney-Vento Children and Youth Program was designed to make sure all families in transition and/or homeless children and youth have equal access to the same free and appropriate public education as children and youth who are not homeless. This includes preschool education. State and local educational agencies are required to develop, review and revise policies to remove barriers to the enrollment, attendance and success in school that homeless children and youth may experience. Local educational agencies also must provide homeless children and youth with the opportunity to meet the same challenging state content and state student performance standards to which all students are held.

Your child has the right to:

- Go to school, no matter where you live or how long you have lived there;
- Stay in the school that he or she was attending before becoming homeless or the school he or she last attended, if that is your choice and it is feasible;
- Enroll in school immediately, even if you do not have all the paperwork, such as your child's school or medical records;
- Access the same special programs and services that are provided to other children, including special education, migrant education and vocational education;
- Receive the same public education that is provided to other children including preschool. (Your child cannot be separated from mainstream school environment because he or she is homeless. He or she cannot be segregated in a separate school, separate programs within a school or separate setting within a school.)
- If your child is assigned to a school not of your choosing, the school district must explain its decision in writing. You have the right to appeal the district's decision regarding the school to which your child has been assigned. Your child has the right to go to the school of your choice while the dispute is being resolved.

You can help your child by:

- Making sure your child attends school every day;
- Reading to your child; even a few minutes a day makes a difference;
- Making education a family priority;
- Helping your child develop good study habits;
- Meeting with your child's teachers and other school personnel.

If a state or local school district has laws or policies that conflict with the McKinney-Vento Act, the Act overrules those laws or policies. If a school does not follow the McKinney-Vento Act's requirements, you should: call your local Homeless Liaison (Amanda Childs, 479-270-3849), or State Coordinator for the Education of Homeless Children and Youth (Dana Davis, 501-683-3439).

**Pea Ridge School District
McKinney-Vento Enrollment Form**

Please complete 1 form per family

Is the student living in any of the following situations?

- ☐ Double up: sharing housing with another family, relatives or others due to financial reasons.
- ☐ In a shelter or transitional living program.
- ☐ In a motel, hotel, or campground due to lack of adequate housing, or living in substandard housing.
- ☐ Unsheltered, in a car or RV in a public place (such as a bus station)
- ☐ Without a parent or legal guardian, or a teen (up to 21) living independently
- ☐ In other situations: not permanent, regular, or adequate for nighttime residence
- ☐ None of the above

Please list all children living with you up to age 21

<i>Child's First and Last Name</i>	<i>Grade Level</i>	<i>Relationship</i>

I certify that the information provided here is true and correct. I understand the rights that have been given to students eligible under McKinney-Vento Act and had an opportunity to ask questions. Further I am aware a school representative has the responsibility to determine who is eligible.

Name: _____ **Date:** _____

Signature: _____ **Phone:** _____

Contact: Amanda Childs (District Social Worker) 479-270-3849 (phone) achilds@pearidgek12.com (email)

For Registrar Only:

Select all received upon enrollment: ☐ Proof of Residency ☐ Residency Attestation Form ☐ None provided

Any missing enrollment documentation: _____

Pea Ridge Schools



979 Weston Street, Pea Ridge, Arkansas 72751

Fax 479-431-6095

Media Opt-Out Form

Please sign and return the attached form only if you **DO NOT** want your child to be photographed or filmed by the media outlets or other organizations for use in print, television, film or Internet publications.

Dear Parent or Guardian,

There are times when our school may be featured in various media. News reporters, photographers and/or film crews from TV, radio stations, newspapers or magazines may wish to photograph and/or film your child in relation to a story about our schools or students. Your child's name, grade may be included in the report. We will make every effort to honor your request, however, please be aware that there may be circumstances when your child may be photographed or filmed beyond our control. Please discuss your wishes with your child so that she/he knows if you do not want your child to be photographed or filmed.

PLEASE SIGN AND RETURN TO YOUR CHILD'S SCHOOL SITE only if you do not want your child to be photographed or filmed.

I DO NOT want my child to be photographed or filmed by members of the media, organizations or agencies at school, for use in print or Internet publications, documentaries, films or video, to the extent that the school can prevent such contact.

Child's Name (Print) _____ Grade _____

Parent/Guardian Signature _____ Date _____

Pea Ridge Middle School
Handbook Signature Form
2018-2019

THE FOLLOWING STATEMENT MUST BE SIGNED AND RETURNED TO THE SCHOOL'S OFFICE IN ORDER FOR YOUR STUDENT(S) TO BE OFFICIALLY ENROLLED IN PEA RIDGE SCHOOL DISTRICT.

Statement of Purpose:

We have received a copy of the 2018-2019 Student/Parent Handbook, or we have chosen to view the 2018-2019 Student/Parent Handbook on the Pea Ridge Middle School website. We Understand the District's policies and realize that, although the handbook is very comprehensive, not all of the policies may be listed. We also understand that as a student in the Pea Ridge School District, our student(s) is/are required to follow all school policies including Policy 4.17 – Student Discipline, and Policy 4.18 – Prohibited Conduct. In the event we are not certain of some aspect of school policy, we will contact the school and or school administration for clarification.

Student's Name

****By signing this document, I am acknowledging that my student(s) and I are aware of the Student/Parent Handbook and its contents. I am also acknowledging that I am aware of the "Statement of Purpose" above.**

Parent/Guardian Signature

(State Law [80-1629, 6-80-1629.8] requires documentation of student and parent receipt of the student handbook policies. This document will become part of the student's file.)

SMART CORE INFORMED CONSENT FORM (GRADUATING CLASS OF 2014 AND AFTER)

Name of Student: _____
Name of Parent/Guardian: _____
Name of District: _____
Name of School: _____

Smart Core is Arkansas's college- and career-ready curriculum for high school students.

College- and career-readiness in Arkansas means that students are prepared for success in entry-level, credit-bearing courses at two-year and four-year colleges and universities, in technical postsecondary training, and in well-paid jobs that support families and have pathways to advancement. To be college- and career ready, students need to be adept problem solvers and critical thinkers who can contribute and apply their knowledge in novel contexts and unforeseen situations. Smart Core *is the foundation* for college- and career-readiness. All students should supplement with additional rigorous coursework within their career focus.

Successful completion of the Smart Core curriculum is one of the eligibility requirements for the Arkansas Academic Challenge Scholarship. Failure to complete the Smart Core curriculum for graduation *may* result in negative consequences such as conditional admission to college and ineligibility for scholarship programs.

Parents or guardians may waive the right for a student to participate in Smart Core and to instead participate in the Core curriculum. The parent must sign the separate Smart Core Waiver Form to do so.

SMART CORE CURRICULUM

English – 4 units

- English 9th grade
- English 10th grade
- English 11th grade
- English 12th grade

Mathematics – 4 units; One unit must be taken at 11th or 12th grade

- Algebra I or First Part and Second Part Algebra I (Grades 7-8 or 8-9)
- Geometry or First Part and Second Part Geometry (Grades 8-9 or 9-10)
- Algebra II
- Fourth Math—Choice of: Advanced Topics and Modeling in Mathematics, Algebra III, Calculus, Linear Systems and Statistics, Mathematical Applications and Algorithms, Pre-Calculus, or an Advanced Placement mathematics

Natural Science – 3 units with lab experience chosen from:

- Biology (1 unit)
- Two units from the following three options:
- Physical Science
- Chemistry
- Physics or Principles of Technology I & II or PIC Physics

Social Studies – 3 units (see note beside economics)

- Civics – ½ unit
- World History – 1 unit
- American History – 1 unit

Oral Communication – ½ unit

Physical Education – ½ unit

Health and Safety – ½ unit

Economics – ½ unit (may be counted toward Social Studies or Career Focus)

Fine Arts – ½ unit

Career Focus – 6 units

Beginning with the entering 9th grade class of 2014 – 2015 school year, each high school student shall be required to take at least one digital learning course for credit to graduate. (Act 1280 of 2013)

(Comparable concurrent credit may be substituted where applicable.)

By signing this form, I acknowledge that I have been informed of the requirements and implementation of the Smart Core curriculum and am choosing the Smart Core curriculum for my child.

Parent/Guardian Signature

Date

School Official Signature

Date

**SMART CORE WAIVER FORM
(GRADUATING CLASS OF 2014 AND AFTER)**

Name of Student: _____
Name of Parent/Guardian: _____
Name of District: _____
Name of School: _____

Smart Core is Arkansas's college- and career-ready curriculum for high school students.

College- and career-readiness in Arkansas means that students are prepared for success in entry-level, credit-bearing courses at two-year and four-year colleges and universities, in technical postsecondary training, and in well-paid jobs that support families and have pathways to advancement. To be college- and career ready, students need to be adept problem solvers and critical thinkers who can contribute and apply their knowledge in novel contexts and unforeseen situations. Smart Core *is* the foundation for college- and career-readiness. All students should supplement with additional rigorous coursework within their career focus.

Successful completion of the Smart Core curriculum is one of the eligibility requirements for the Arkansas Academic Challenge Scholarship. Failure to complete the Smart Core curriculum for graduation *may* result in negative consequences such as conditional admission to college and ineligibility for scholarship programs.

Parents or guardians may waive the right for a student to participate in Smart Core. By signing this Smart Core Waiver Form, you are waiving your student's right to Smart Core and are placing him or her in the Core Curriculum.

CORE CURRICULUM

English – 4 units

- English 9th grade
- English 10th grade
- English 11th grade
- English 12th grade

Mathematics – 4 units

- Algebra I or its equivalent
- Geometry or its equivalent
- All math units must build on the base of algebra and geometry knowledge and skills.
- * A two-year algebra equivalent or a two-year geometry equivalent may each be counted as two units of the 4 unit requirement.

Science – 3 units

- At least one unit of Biology
- At least one unit of a physical science

Social Studies – 3 units (see note beside economics)

- Civics – ½ unit
- World History – 1 unit
- American History – 1 unit

Oral Communication – ½ unit

Physical Education – ½ unit

Health and Safety – ½ unit

Economics – ½ unit (may be counted toward Social Studies or Career Focus)

Fine Arts – ½ unit

Career Focus – 6 units

(Comparable concurrent credit may be substituted where applicable.)

By signing this form, I acknowledge that I have been informed of the requirements and implementation of the Smart Core curriculum and am choosing to waive the Smart Core curriculum for my child. I understand the potential negative consequences of this action as outlined on this form.

Parent/Guardian Signature

Date

School Official Signature

Date

PEA RIDGE MIDDLE SCHOOL
NURSE'S OFFICE CONFIDENTIAL MEDICAL HISTORY

Please note that we need a new form every year, completed in full.

Please complete both sides of this form

PAGE 1

Student Name _____

Birth date _____

Grade: _____

We are updating the medical records on all the students. Please answer the following questions so that we will have the most current information on your child's new or ongoing health concerns.

1) Does your child have any health or medical problem?

1 Yes No If yes, specify _____

2) Is your child taking any medication routinely at home?

1 Yes No If yes, specify _____

PLEASE CIRCLE "Y" IF YES OR "N" IF NO. EXPLAIN ALL "YES" ANSWERS IN THE SPACE PROVIDED BELOW

Any health concerns	Y	N	Behavior Problems	Y	N	Previous concussion or head injury	Y	N
Allergies to food	Y	N	Developmental problems	Y	N	Heart problem	Y	N
Allergies to bees or wasp stings	Y	N	Speech problems	Y	N	Joint or muscle problems	Y	N
Allergies to Medications	Y	N	Wears glasses or contacts	Y	N	High Blood Pressure	Y	N
Any other allergies	Y	N	Hearing problems	Y	N	Any broken bones or dislocations	Y	N
Asthma or Breathing problems	Y	N	Diabetes	Y	N	Hypoglycemia	Y	N
Attention Deficit Disorder	Y	N	Seizure disorder	Y	N	Stomach or intestinal disorder	Y	N
Hyperactivity	Y	N	Bowel or bladder problem	Y	N	Dental problems	Y	N
Cerebral palsy	Y	N	Sickle Cell disease	Y	N	Spinal problem or scoliosis	Y	N
Chromosome Disorder	Y	N	Surgery	Y	N	Reflux	Y	N

Please explain all Yes answers here please note allergic reaction such as (Rash, Breathing Problem, Vomiting and Anaphylaxis) on allergies.

OVER

Complete Both Sides

Please List any medications and their dosages and times that your child will need to take at school: _____

MY CHILD MAY TAKE THE FOLLOWING OVER THE COUNTER MEDICATIONS FOR MINOR ACHES, PAINS, FEVER OR FIRST AID NEEDS:
Dose is based on recommended age and weight

Acetaminophen (generic Tylenol)	Y	N	Anti itch gel for insect bites and ivy rashes	Y	N	Calamine lotion	Y	N
Ibuprofen	Y	N	Anti itch gel for bug bites and ivy rashes	Y	N	Oragel for toothaches and mouth sores	Y	N
Antacid (generic Tums)	Y	N	Polysporin antibiotic ointment	Y	N	Antifungal cream for ringworm, athlete's foot	Y	N
Cough Drops	Y	N	Benadryl	Y	N	Hydrocortisone 1% cream	Y	N
Vaseline eye drops	Y	N	Midol	Y	N			

- 1) ALL PRESCRIPTION MEDICATION GIVEN AT SCHOOL MUST BE IN THE ORIGINAL PRESCRIPTION BOTTLE AND A PARENT OR GUARDIAN MUST SIGN AN AUTHORIZATION FORM FOR THE MEDICATION. THEY ARE KEPT IN A LOCKED CABINET.
- 2) INHALERS MUST ALSO HAVE A LABEL ON THEM, OR THE BOX WITH THE PRESCRIPTION LABEL MUST BE GIVEN TO THE SCHOOL NURSE.
- 3) CONTROLLED MEDICATIONS MUST BE BROUGHT INTO THE SCHOOL BY THE PARENT, NOT THE STUDENT.
- 4) IF YOUR CHILD HAS A FOOD ALLERGY YOU MUST PROVIDE A PRESCRIPTION NOTE FROM THEIR PHYSICIAN FOR DIETARY SERVICES. THIS IS A STATE REGULATION.
- 5) ANY STUDENT WITH ASTHMA, an ANAPHYLAXIS ALLERGY REQUIRING AN EPI PEN or a STUDENT WITH A SEIZURE DISORDER WILL NEED A CAREPLAN FROM THEIR PHYSICIAN.
- 6) CHECK WITH THE HEALTH OFFICE TO OBTAIN THE CORRECT MEDICATION OR PROCEDURAL FORMS.
- 7) PARENTS MUST SUPPLY AN EPIPEN AT SCHOOL FOR ANY ANAPHYLACTIC ALLERGIES.

I AUTHORIZE THE RELEASE OF MEDICAL INFORMATION REGARDING MY CHILD, TO SCHOOL OFFICIALS FOR LEGITIMATE EDUCATIONAL INTEREST WHEN IT MAY IMPACT ACADEMIC/EDUCATIONAL PERFORMANCE, OR FOR EMERGENCY MEDICAL TREATMENT.

SIGNATURE of parent or GUARDIAN _____

My choice of hospital for transport in event of emergency medical services is _____.

EMERGENCY LIST FOR NURSE'S OFFICE

Parents/Guardians,

In the event a student becomes ill or injured, it is crucial that we know how and who to contact. **Please indicate in order of importance who you wish to have notified** so school personnel can reach the appropriate people in an efficient and timely manner. It is extremely important that you keep the school informed of any changes in phone numbers and responsible contacts. We appreciate your assistance in keeping this information current.

Student's Name: _____ Grade: _____

Name of Contact

Phone Numbers

1) _____ Relationship to student	Home: _____ Work: _____ Cell: _____
2) _____ Relationship to student	Home: _____ Work: _____ Cell: _____
3) _____ Relationship to student	Home: _____ Work: _____ Cell: _____
4) _____ Relationship to student	Home: _____ Work: _____ Cell: _____

In the event of an extreme emergency in which we are unable to reach an approved contact, please indicate which hospital you wish to have your child transported to by ambulance:

Hospital Name: _____ City: _____

A staff member will accompany any student transported by ambulance and will remain with the student until a family member or other approved contact is located and arrives at the hospital.

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____

Date Form Completed: _____

In compliance with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99)

I, _____, give permission for my
(Parent/Guardian printed name)

child's, _____, personally
(First and Last Name)

identifiable information/student education records to be disclosed to Pea Ridge School District for

the purpose of billing Medicaid and/or private insurance.

Medicaid Number (if applicable)

Parent/Guardian Signature

Date Signed



**Arkansas Department of Education (ADE)
Home Language Usage Survey**

English/October 2017

The Home Language Usage Survey is completed by *all* students initially enrolling in Arkansas schools.

Student Name:		Grade:	Date:
School:	Student State ID #:	Gender:	Date of Birth:
Parent/Guardian Name:		Parent/Guardian Signature:	
Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.	All parents have the right to information about their child's education in a language they understand. 1. a) In what language do you prefer to receive written communication from the school? _____ b) In what language would you prefer to communicate with school staff when speaking? _____		
Eligibility for Language Development Support Information about the student's language usage helps us identify students who may qualify for extended support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language(s) is (are) spoken in your home? _____ 3. What language did your child learn first? _____ 4. What language does your child use most often at home? _____ 5. What language does your family speak most often at home? _____ 6. What language do adults speak most often with each other at home? _____		
Prior Education Your responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school. <i>This form is not used to identify students' immigration status.</i>	7. Where was your child born? _____ 8. When did your child first attend a school in the United States (this includes all US territories)? (Kindergarten – 12 th grade) _____ Month Day Year		

Thank you for providing the information needed on the Home Language Survey. Contact your child's school if you have further questions about this form or about services available at your child's school.



Note to district: This form is available in multiple languages on <http://www.arkansased.gov/divisions/learning-services/english-learners>. A response that includes a language other than English to questions #1-6 indicates English language proficiency screening is needed.

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Departamento de Educación de Arkansas (ADE)
Encuesta sobre el uso de los idiomas en el hogar

Todos los estudiantes que se inscriben por primera vez en las escuelas de Arkansas deben llenar la encuesta sobre el uso de los idiomas en el hogar.

Nombre del estudiante:		Grado:	Fecha:
Escuela:	Nro. de ID del estado del estudiante:	Sexo:	Fecha de nacimiento:
Nombre del padre/tutor:		Firma del padre/tutor:	
Derecho a servicios de traducción e interpretación Indique el idioma de su preferencia para que podamos ofrecerle un intérprete o documentos traducidos sin costo alguno, cuando los necesite.		Todos los padres tienen derecho a estar informados sobre la educación de sus hijos en un idioma que puedan entender. 1. a) ¿En qué idioma prefiere recibir los mensajes escritos de la escuela? _____ b) ¿En qué idioma preferiría comunicarse de forma oral con el personal de la escuela? _____	
Elegibilidad para apoyo de desarrollo lingüístico La información sobre el uso del idioma del estudiante nos ayuda a identificar a aquellos que puedan ser elegibles para recibir apoyo prolongado para desarrollar las habilidades lingüísticas necesarias para el éxito académico. Es posible que se requiera realizar pruebas para determinar si el apoyo lingüístico es necesario.		2. ¿Qué idiomas se hablan en casa? _____ 3. ¿Qué idioma aprendió primero su hijo? _____ 4. ¿Qué idioma usa su hijo con mayor frecuencia en el hogar? _____ 5. ¿Qué idioma habla su familia con mayor frecuencia en el hogar? _____ 6. ¿Qué idioma hablan los adultos entre sí con mayor frecuencia en el hogar? _____	
Educación previa Sus respuestas sobre el país natal y la educación previa de su hijo nos brindan información sobre el conocimiento y las habilidades que el estudiante trae a la escuela. Este formulario no se usa para identificar la situación migratoria de los estudiantes.		7. ¿Dónde nació su hijo? _____ 8. ¿Cuándo fue la primera vez que su hijo asistió a la escuela en los Estados Unidos (esto incluye todos los territorios de los EE. UU.)? (Jardín de infancia - 12.º grado) _____ Mes Día Año	

Gracias por proporcionar la información necesaria en la encuesta sobre los idiomas en el hogar. Comuníquese con la escuela de su hijo si tiene preguntas adicionales sobre este formulario o sobre los servicios escolares disponibles.

Nota para el distrito: Este formulario está disponible en varios idiomas en <http://www.arkansased.gov/divisions/learning-services/english-learners>. Una respuesta que incluya un idioma diferente al inglés en las preguntas desde la nro. 1 a la nro. 6 indica que se requiere una prueba de dominio del idioma inglés.



Este trabajo, "Encuesta sobre los idiomas en el hogar del Departamento de Educación de Arkansas (ADE)" se deriva de la "Encuesta sobre los idiomas en el hogar de la Oficina del Superintendente de Instrucción Pública (OSPI)" de la Oficina del Superintendente de Instrucción Pública (Office of Superintendent of Public Instruction, OSPI) y se usa bajo la licencia CC BY. La encuesta sobre los idiomas en el hogar del Departamento de Educación de Arkansas (ADE) está autorizada por la Unidad de Estudiantes de Inglés del Departamento de Educación de Arkansas bajo la licencia CC BY.