

## Required Documents for Kindergarten

The following documents/screenings are required for each student entering kindergarten. **We must have all the items on this form completed before your child can start kindergarten.** If you have any questions or concerns, please call 231.477.5353 x2214

Student's full name

Student's Date of Birth\*

**\* must be five by Sept 1, 2020**

Did your child attend a preschool for the 2019-2020 school year?     Yes     No

If yes, what program, where?

- Enrollment Form - **Completely** filled out
- Birth Certificate - **STATE REQUIRED**
- Required Immunizations - **STATE REQUIRED**
- Proof of current Hearing & Vision - **STATE REQUIRED**
- COMPLETED** Health Screening/Assessment - green form
- IEP (*if needed*) - Special Education/Speech
- Parental Rights/Custody Documentation (*if needed*)
- PPO Documentation (*if needed*)
- School of Choice form (*if needed*)

Once all forms are attached, please submit them to the Elementary Office.  
Thank you!

Welcome to KND Elementary - "*Small School, Big Family*"

# Kaleva Norman Dickson Schools

4400 North High Bridge Rd.  
Brethren, MI 49619  
ph 231.477.5353 x2214  
fax 231.4677.5351

*Small School - Big Family*



Principal - Jakob Veith  
Secretary - Daisy Buning  
Kindergarten Teachers:

Mrs. Lisa Gutowski  
Mrs. Karrie Podbilski

## Kindergarten Round-Up

### A. Getting started - What we need by the first day of school

- 1 Copy of birth certificate (must be five by **Sept. 1, 2020**)
- 2 Health Appraisal (green sheet)
- 3 Immunization records. **REQUIRED PRIOR to First Day of SCHOOL**
- 4 Vision and Hearing Tests - Health Dept. or Doctor
- 5 Completed enrollment form - please make sure to include emergency contacts & numbers besides yourself.

### B. First Few Days of September

- 1 Orientation on the first day - look for a letter this summer
- 2 Start Time - 08:10 (Free Breakfast for all)
- 3 Free/Reduced lunch forms - Aug/Sept

### C. Busing

- 1 Call bus garage for pick up times - 231.477.5545
- 2 Know your child's driver
- 3 **First Day Only** - if you drop student off, please pick up in p.m.
- 4 Notes - You **MUST** have one if student is doing anything different
- 5 Last Minute Changes - **PLEASE call by 2:00 p.m.**

### D. Supplies

- 1 Backpack (no wheels)
- 2 Gym shoes
- 3 Winter clothing (must have snow pants and boots)
- 4 No pencil or crayon cases
- 5 **Put names on/in everything !!!**

### E. Mom and Dad Expectations

- 1 Check folder every night
- 2 Help with homework
- 3 Read to your child
- 4 Inform teacher of "changes" at home

**Kaleva Norman Dickson School District  
Enrollment Data Form**

**Student Information:**

Last Name		First Name		Middle Name	
Mailing Address					
Home Street Address					
City		County		Zip Code	Home Phone
Date of Birth		Place of Birth		Gender	
<b>Ethnicity (required):</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		<b>Student's Residence is:</b> <input type="checkbox"/> With parent(s)/legal guardian and <b>does not</b> share a house, apartment, or mobile home with relatives or another family <input type="checkbox"/> With parent(s)/legal guardian and <b>does</b> share a house, apartment, or mobile home with relatives or another family <input type="checkbox"/> With parent(s)/legal guardian in a shelter or transition home <input type="checkbox"/> With parent(s)/legal guardian in a motel, car, or campsite <input type="checkbox"/> With grandparents, friends, etc. <input type="checkbox"/> Other (such as foster placement, etc.)			
<b>Suspension/Expulsion</b> Has your child ever been expelled from another school? <input type="checkbox"/> Yes* <input type="checkbox"/> No Is your child currently under suspension from another school? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If you answered yes, please explain the circumstances on the back side of this sheet.</i>			<b>Parent/Guardian Highest Level of Education</b> Mother: <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> College <input type="checkbox"/> Other: Father: <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> College <input type="checkbox"/> Other:		

**Parent Information:**

Father's Last Name		Father's First Name		Father's Employer																			
Father's Day Phone	Father's Home Phone	Father's Cell Phone	Father's Email																				
Mother's Last Name		Mother's First Name		Mother's Employer																			
Mother's Day Phone	Mother's Home Phone	Mother's Cell Phone	Mother's Email																				
<b>Who is the child living with?</b> <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Other:		<b>Please list other children living at this residence:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 10%;">Grade</th> <th style="width: 40%;">School</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name	Grade	School															
Name	Grade	School																					

**Health/Emergency Information:**

Family Doctor		Family Doctor's Phone Number	
Allergies	Medications		Medical Conditions
Will the student be taking any medications at school? <input type="checkbox"/> Yes <input type="checkbox"/> No * All medications taken at school must be brought to the school by an adult in the original prescription bottle. A medication form must be signed by the parent.		If you answered yes, please list the medications:	

*Parents/guardians are the first to be contacted in an emergency.  
Please provide additional contacts that can be notified in case the parent/guardian is unable to be contacted.*

Emergency Contact #1	Phone Number
Emergency Contact #1	Phone Number
Emergency Contact #1	Phone Number

Kaleva Norman Dickson School District  
Enrollment Data Form

**Academic Information:**

Name of Last School Attended	Phone Number	Fax Number
School Street Address		
City	State	Zip Code
County		
<p>Student's Current Grade Level</p> <p> <input type="checkbox"/> Pre-K             <input type="checkbox"/> K             <input type="checkbox"/> 1             <input type="checkbox"/> 2             <input type="checkbox"/> 3             <input type="checkbox"/> 4             <input type="checkbox"/> 5             <input type="checkbox"/> 6             <input type="checkbox"/> 7             <input type="checkbox"/> 8             <input type="checkbox"/> 9             <input type="checkbox"/> 10             <input type="checkbox"/> 11             <input type="checkbox"/> 12         </p> <p>Your child will be registered in the grade level listed above. Upon receipt of academic records, grade level placement may change if records so indicate.</p>		
Is the student now or has he/she ever been in Special Education? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes, please list the program/label:	
Is the student now or has he/she ever recieved Title I services? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes, please list the subject area(s):	
Is the student now or has he/she ever recieved speech/language therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list any additional program/services:	
Is the student a School of Choice student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered yes, what is the school district of residence?	Has this student ever attended KND School before? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Agreements**

**Emergency Medical Care** - In case of accident or serious illness, I request the school to contact me. If the school is unable to contact me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

**Computer Use** - I authorize that my student be given access to school computers, the internet and school email. I understand that this access is a privilege and is intended for educational use. All district policies and school handbook policies apply to this access and the use of technology.

**Release for Publicatons** - I agree t oallow the Kaleva Norman Dickson School District to use photographs of my child for publicatons on district owned wesites, newspaper, or other media sources. I understand that all photographs used in publications will be within the policies set forth by the school board.

I certify that the information contained in this form is accurate and complete to the best of my knowledge. I also agree to the above listed policies.

Parent/Guardian Signature <div style="font-size: 2em; font-weight: bold; margin-top: 5px;">X</div>	Date
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If you have any questions, please contact the school office.

Kaleva Norman Dickson Schools

231.477.5353

## Kaleva Norman Dickson Schools Transportation Form

This form will be used by the Kalev Norman Dickson Schools Transportation Department to establish bus routes. If you have any questions, please contact the Transportation Department at 231.477.5545.

Student's Name	Grade	Phone
Street Address		
City	State	Zip Code
County		

Name of Parent(s) or guardian with whom the student resides
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### For Office Use Only

Information entered into PowerSchool

Bus Driver Notified

AM Route: \_\_\_\_\_ PM Route: \_\_\_\_\_ Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Request for Educational Records

Under provisions of the Privacy Rights of Parents and Students Act, part 1213, subpart D. 99 30 (b), it is not necessary to have the written consent of parents to release records to officials of other school systems in which the student seeks or intends to enroll.

Please send the educational records, including special education/services documentation, of this student:

Student's full name	Student's Date of Birth	Grade Level
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Forward to: Kaleva Norman Dickson Schools  
4400 North High Bridge Road  
Brethren, MI 49619  
Attention: Student Records  
Phone: 231.477.5353  
Fax: 231.477.5351

Parent/Guardian Signature	Date
<b>X</b>	

Request School Records From \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

### For Office Use Only

Date of 1st Request \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of 2nd Request \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Home Language Survey

Student's Name	Grade	Date of birth ____/____/____
What is your child's native or first language?		
What is the primary language used in your child's home or living environment?		

## Parent Language Survey

What language do you prefer to be contacted in?	
Language services needed:  Oral Interpretation <input type="checkbox"/> Yes <input type="checkbox"/> No Written Interpretation <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent Signature  _____

## Parent Report of Child's Skills

We value your input on your child's development. These skills represent some of the targets that your child may have already acquired or these skills may still be developing. It is NOT expected that children would have these skills in place prior to entry. We will work to meet your child regardless of skill and development. The information will NOT be used to determine an overall readiness level, rather the information will be used to provide support to families.

Student's Name _____	Date of birth _____/_____/_____
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Has your child been in any Pre-K programs? <input type="checkbox"/> No <input type="checkbox"/> Yes    Number of Years: _____	
Check all that apply <input type="checkbox"/> Head Start <input type="checkbox"/> GSRP <input type="checkbox"/> ECSE <input type="checkbox"/> School Tuition-based <input type="checkbox"/> Home Visitation <input type="checkbox"/> Play Groups	
<input type="checkbox"/> Other _____	Teacher's name _____

### Social & Emotional Skills

Category	Target	Yes	Some	Not Yet	Not Sure
Emotional Well Being	I am able to show kindness & empathy for others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relating to Others	I am able to adapt to new situations easily. I am able to play well with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking Responsibility	I am able to dress myself, take care of bathroom needs, & clean up after myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing Attention Span	I am able to sit & listen to a story being read to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following Instructions	I can follow 3-step directions & follow simple rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Physical Skills

Category	Target	Yes	Some	Not Yet	Not Sure
Gross Motor	I am able to throw a ball I am able to skip, walk a balance beam, & hop on one foot then the other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor	I am able to button, zip, buckle, and lace. I am able to cut on a straight line. I am able to use small pegs or Legos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using Drawing & Writing Tools	I am able to draw letters, numbers, & shapes. I am able to hold a pencil or crayon with two fingers & my thumb.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Language & Early Reading

Category	Target	Yes	Some	Not Yet	Not Sure
Vocabulary Development	I am able to include new, less familiar words into my conversation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Skills	I am able to speak using complete sentences. I am able to listen to someone say a word & repeat it correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter-sound Connections	I am able to name & say the sounds of 12-15 letters, including those in my first name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phonological Awareness	I am able to hear & repeat beginning, middle & ending sounds in words. I am able to say the first sound of most words.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concepts of Print	I know that letters make words, reading moves from left to right, reading moves from top to bottom, & reading moves from the front to the back of the book.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word Recognition	I am able to recognize some printed words that are common in my community, such as "stop".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naming Letters	I am able to name 12-15 letters, including those in my first name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Printing First Name	I am able to print my first name using upper & lower case letters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Math and Reasoning

Category	Target	Yes	Some	Not Yet	Not Sure
Patterns & Sequencing	I am able to create & repeat 2-3 step patterns & play increasingly complex memory games.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sorting	I am able to name & sort items by more than one feature & can explain the reason (color, shape, size)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial Relationships	I know that many concepts related to quantity, time & space (first, second, next to).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geometric Shapes	I am able to describe shapes like a circle, square, triangle, rectangle, diamond, oval, heart, cube, sphere, and cylinder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number Sense	I am able to say which group of objects has more or less or equal to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number Recognition	I am able to name a number when shown. I am able to tell you how many are in a group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counting	I am able to count to 20. After counting objects, I can tell you how many without going back to recount.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>