

4K Questionnaire

Child's Name _____

Class Choice is not guaranteed. Please pick your first choice and list your reasoning. (We try to honor requests but it ultimately depends on class numbers)

_____ AM (8-11) _____ PM (12-3) _____ No preference

Reminder: 4K meets Monday - Thursday only! 4K does NOT follow late start rules!

Where will your child be going before and/or after 4K?

_____ CAPCARE (offered both AM and PM)

_____ Pleasantime Childcare Center (We will place Pleasantime kids in PM 4K to assist with drop off and pick up)

_____ Pick Up

_____ Bus (offered to all non-open enrollment 4k Students regardless of address)

Bus Transportation Information:

Parent's Name: _____

Child's Name: _____

Address: _____ Phone: _____

Township of: _____ Road Name or Number: _____

County: _____

**** If your child is going to be picked up or dropped off at a different place other than home, it is important that you notify Riteway Bus Service. They must have this information as soon as possible to facilitate scheduling for the 4K students. The telephone number is 608-423-2225. The child's pick up or drop off point must be within the Cambridge School District.**

Child Development Review - Parent Questionnaire
(CDR-PQ)

Harold Ireton, Ph. D.

Child's Name _____ Birthdate: _____

Gender: Male _____ Female _____ Age: Years: _____ Months _____

Your Name: _____ Relationship: _____

A word to parents: Your answers to these questions can help us to understand your child. They also let us know what questions and concerns you may have about your child. The possible problems list at the bottom of the page provides another way of knowing your concerns about your child.

1. Please Describe your child briefly.	4. Does your child have any special problems or disabilities? What are they?
2. What has your child been doing lately?	5. What questions or concerns do you have about your child?
3. What are your child's strengths?	6. How are you doing, as a parent and otherwise at this time?

Please Complete the back of this sheet.



The following statements describe possible problems that your child may have. Read each statement carefully and mark those statements that describe your child.

- _____ Health Problems.
- _____ Growth, height, or weight problems.
- _____ Eating problems - eats poorly or too much etc.
- _____ Bowel and bladder problems, toilet training.
- _____ Sleep problems.
- _____ Aches and pains; earaches, stomachaches, headaches, etc.
- _____ Energy Problems; Appears tired and sluggish.
- _____ Seems to have trouble seeing.
- _____ Seems to have trouble hearing.
- _____ Does not pay attention; poor listener.
- _____ Does not talk well for age.
- _____ Speech is difficult to understand (Age 3 and older.)
- _____ Does not seem to understand well; is slow to "catch on."
- _____ Clumsy; walks or runs poorly, stumbles or falls (age 2 and older.)
- _____ Clumsy in doing things with his/her hands.
- _____ Immature; acts much younger than age
- _____ Dependent and clingy.
- _____ Passive; seldom show initiative.
- _____ Disobedient; does not mind well
- _____ Temper Tantrums.
- _____ Overly Aggressive.
- _____ Can't sit still; may be hyperactive.
- _____ Timid, fearful, or worries a lot.
- _____ Often seems unhappy
- _____ Seldom plays with other children.
- _____ Other?

Office Use Only Enrollment Date: _____ Records Request Date: _____ Birth Certificate Yes No	STUDENT INFORMATION CAMBRIDGE SCHOOL DISTRICT STUDENT INFORMATION (Birth Certificate Required)	Office Use Only Resident: _____ Open Enrollment: _____	
Student Last Name:	Student First Name:	Student Middle Name:	Grade Entering:
Student Address:	Gender:	Date of Birth:	City/County/State of Birth:
City: _____			
With Who Does Student Reside? (circle all that apply) Parent 1 Parent 2 Guardian			
To Whom should reports be sent? Parent 1&2/Same House Parent 1 Parent 2 Guardian			

PARENT/GUARDIAN INFORMATION	
Family 1	Family 2
Parent Name:	Parent Name:
Parent Name:	Parent Name:
Home Address:	Home Address:
Primary Phone Number:	
Home Phone:	Home Phone:
Parent 1 Cell Phone:	Parent 1 Cell Phone:
Parent 2 Cell Phone:	Parent 2 Cell Phone:
Parent 1 Work Phone:	Parent 1 Work Phone:
Parent 2 Work Phone:	Parent 2 Work Phone:
Email Address:	Email Address:

EMERGENCY INFORMATION Name(s) of person(s) to be called when parent/guardian cannot be reached

Name	Relationship	Daytime Phone/Cell Phone

MEDICAL INFORMATION

Doctor Name:	Doctor Phone:
Dentist Name:	Dentist Phone:
Circle if appropriate: Diabetes Allergy Asthma Heart Seizures	
List any Medications:	
List any Allergies:	
Will your child be required to take prescription/non-prescription medication at school on a regular basis?	YES NO
Explain any other health conditions/physical restrictions:	

If, in the judgement of school authorities, emergency treatment is required, I authorize my child to be transported by ambulance to a hospital for treatment. I understand that the contacted ambulance provider does reserve the right to convey the patient to the nearest definitive care hospital or the hospital of their choice should they deem it necessary. I hereby authorize the physician(s) at the hospital to give emergency treatment to my child. To the best of my knowledge, the above information is current and correct.

Signature of Parent/Guardian: _____ Date: _____

Ethnicity (check all that apply)

☐ Native American or Alaskan American ☐ Asian or Pacific Islander ☐ Hispanic
☐ White ☐ African American ☐ Other, List _____

Primary Language (please circle one): English Spanish Other

My Child has permission to participate in field trips sponsored by the Cambridge School District (Circle One): YES NO

In the event of an emergency early release, should your child go home as usual? (Circle One): YES NO

If NO, please advise: _____

Is there any other information that would be helpful for the school to know: _____

SIBLING INFORMATION (Preschool Age Only)

First Name	Last Name	Gender	Birthdate	Grade	Any current programs

As a parent/guardian, I hereby affirm we presently reside in the Cambridge School District or have applied for open enrollment through DPI.

The information provided on this form is correct to the best of my knowledge.

Signature of Parent/Guardian: _____

Complete the following ONLY if the child is new to this district: LAST SCHOOL ATTENDED (For entering kindergarten students, please list any preschool attended)

School Name: _____

Address: _____ City/State: _____ Zip: _____ Phone: _____

Year Student began Schooling in the U.S.: _____

Last Grade Completed: _____ Has your child been expelled from a previous school district: YES NO

Is your child presently participating in any of the following programming options?

Title 1	YES	NO
Reading Support	YES	NO
Gifted and Talented	YES	NO

504 Accommodation Plan	YES	NO
English Language Learner	YES	NO

The following information is to be used as part of the screening process required under PI 11.02 (2)(b) to identify students who require, or possibly required, special education services. Does your student have any of the following conditions?

Specific Learning Disability (SLD)	YES	NO	Autism (A)	YES	NO
Emotional Behavior Disturbance (EBD)	YES	NO	Cognitive Disability (CD)	YES	NO
Speech and Language Handicap (SL)	YES	NO	Orthopedic Impairment (OI)	YES	NO
Traumatic Brain Injury (TBI)	YES	NO	Other Health Impairment (OHI)	YES	NO
Visual Impairment (VI)	YES	NO	Significant Dev. Delay (SDD)	YES	NO
Hearing Impairment (HI)	YES	NO	Deaf/Blind	YES	NO

Has your student ever been evaluated or placed in a program for special education needs? (This includes early childhood services starting before kindergarten.) YES NO If yes, please describe: _____

Do you have any younger children (age 0-5) that may be eligible for special or exceptional programs? If yes, please list them below YES NO

First Name	Last Name	Date of Birth

CAMBRIDGE SCHOOL DISTRICT
403 BLUE JAY WAY
CAMBRIDGE, WI 53523

Date: _____ School: _____

HOME LANGUAGE SURVEY

Dear Parent or Guardian,

Schools are required to determine the language (s) spoken at home by each student. This information is essential in order for schools to provide meaningful instruction for all students.

Your cooperation in helping us meet this important requirement is requested. Please answer the following questions and have your child return this form to their teacher. Thank you for your help.

Name: _____

Last

First

Grade

Age

1. Which language did your child learn
when they first began to talk? _____
2. What language does your child
most frequently use at home? _____
3. What language do you use most
frequently to speak to your child? _____
4. Name the language most often
spoken by the adults at home. _____

Signature of Parent/Guardian _____

Cambridge School District (CSD)
Student/Family Residence Questionnaire

Your child may be eligible for additional educational services through Title 1 Part A, Title 1 Part C-Migrant, and/or Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

1. Presently, are you and/or your family living in any of the following situations? Check all that apply.

- ☐ Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer
- ☐ Waiting for foster care placement
- ☐ Sharing the housing of others due to loss of housing, economic hardship or a similar reason
- ☐ Living in a car, park, campground, abandoned building, or other inadequate accommodation
- ☐ Temporarily living in a motel or hotel due to loss of housing, economic hardship or a similar reason
- ☐ Living alone as a minor student(s) without an adult (unaccompanied youth)

If you checked any box above please complete the remainder of this form and submit it to school personnel. If you did not check any box above, you do not need to complete or submit this form.

2. Please list all children currently living with you.

First	Middle	Last	M/F	Birthdate	Grade	School Name

The undersigned parent/guardian certifies that the information provided above is accurate.

Print Parent/Guardian Name _____ Signature _____ Date _____

(Area Code) Phone Number _____ Address _____

Your children have the right to:

- ✓ Continue to attend school in the school attended before you became homeless (school of origin).
- ✓ Receive transportation to the school of origin for the regular school day.
- ✓ Enroll in school without giving a permanent address and attend classes while the school arranges for a school transfer, immunization records or other documents required for enrollment.
- ✓ Receive the same special programs and services, if needed, as provided to all other children served in these programs.

The McKinney-Vento Homeless Education Assistance Act and the CSD Board of Education Policy #5111.01 ensures the educational rights above for students who are homeless. If you wish to have a copy of this document, please ask the staff person helping you today to make one.

✓ CSD staff assisting with this process:

Name _____ Signature _____ Date _____
Copies to 1. CSD Enrollment Office 2. School Social Worker 3. School Office

Access to Technology Digital Equity Questionnaire

The Department of Public Instruction (DPI) asks schools to collect access to technology/digital equity information, to determine how to best serve students and families. Please complete the following questionnaire for _____, by circling the answers that apply.

(student name)

Question 1 - Internet Access in Residence: *Can the student access the internet on their primary learning device at home?*

- True (Yes)
- False (No)

Question 2 - Barrier to Internet Access in Residence: *If the student is unable to access internet in their primary place of residence, why not?*

- Not Desired
- Not Available
- Not Affordable
- Other

Question 3 - Internet Access Type in Residence: *What is the primary type of internet service used at the residence?*

- Residential Broadband (e.g., DSL, Fixed Wireless, Cable, Fiber)
- Cellular Network
- Hot Spot (school provided hot spot, or school provided service)
- Satellite
- Community Provided Wi-Fi
- Dial-up
- Other
- None
- Unknown

Question 4 - Internet Performance in Residence: *Can the student stream a video on their primary learning device without interruption?*

- Yes
- Sometimes (not consistently)
- No

Question 5 - Primary Learning Device Away from School: *What device does the student most often use to complete school work at home?*

- Desktop Computer
- Laptop Computer
- Tablet
- Chromebook
- Smartphone
- None
- Other

Question 6 - Primary Learning Device Provider: *Who provided the primary learning device to the student?*

- School
- Personal
- Other

Question 7 - Primary Learning Device Access: *Is the primary learning device shared with anyone else in the household?*

- Shared
- Not Shared
- Unknown



SCHOOL DISTRICT OF CAMBRIDGE

Home of the Blue Jays

Bus Transportation Request Form

- The School District of Cambridge will provide transportation to and from school site(s) for all four year old kindergarten students who reside within the school district boundaries.
- The School District of Cambridge will provide transportation to and from school for K-12 students who reside within the school district boundaries but live **greater than one 1.5 miles from school, outside of the Village of Cambridge or in an area of the district that present unusual hazards for student walking to and from school to a bus pick-up point, as defined in state statute 121.54(9), live east of Koshkonong Creek for elementary students, be a student with exceptional education needs or a student enrolled in 4K.**
- Board Policy shall designate pick-up points on a consistent manner throughout the district. It is expected that students can walk a reasonable distance to pick-up points. This distance is ½ mile to a pick-up point.
- For safety reasons, **only two (2) pick-up/drop-off locations** (including home) per student will be permitted and that schedule must be consistent week to week. Varying schedules will not be allowed, (i.e. one week Mon., Wed., Friday drop-off/pick-up and following week Mon., Tues., Thursday, etc.) except in exceptional circumstances, approved by the business manager.
- For safety reasons, pick-up or drop-off locations for K-12 students, other than as designated, must be requested in writing by parents/guardians. Only then, will a bus pass be issued by the school building office manager/principal to be presented to the bus driver at time of boarding.

Does your child need bus transportation? YES NO

If yes, please indicate locations below. (circle all that apply)

Location #1 _____ MTWRF _____ Pick up _____ Drop off
Location #2 _____ MTWRF _____ Pick up _____ Drop off

Home Address: _____

Parent's Name(s): _____

Phone - Cell/Home: _____ **Work:** _____

1. Child's Name	_____	_____	_____	_____	_____
	First	Middle	Last	/	Grade
2. Child's Name	_____	_____	_____	_____	_____
	First	Middle	Last	/	Grade
3. Child's Name	_____	_____	_____	_____	_____
	First	Middle	Last	/	Grade

Email Address: _____

Emergency Contact (if parent can't be reached) Name: _____

Emergency Contact Phone: _____

CAMBRIDGE SCHOOL DISTRICT PROOF OF RESIDENCY FORM

The information below outlines the Cambridge School District's procedure for determining residency for students who are new to the district, those who are requesting to open enroll, or students that have an address change. Students in any of these scenarios may be required to provide proof of residency. If required, students will not be officially enrolled until documentation is provided

ACCEPTED DOCUMENTS

One of the following documents is required by a parent/guardian wishing to enroll their child(ren) with the district. Documents must coincide with the child's registration information and must be original copies:

1. Current wage statement or W2 end-of-year earnings statement in the name of the parent/guardian with the address provided at registration.
2. Current utility bill in the name of the parent/guardian with the address provided at registration. Acceptable utility bills include a bill for water, gas, electric, cable/satellite, or landline phone. Cell phone bills are not acceptable.
3. Current property tax bill or lease agreement in the name of the parent/guardian with the address provided at registration. Expired leases are not acceptable. Rent receipts are not an allowed residency document.
4. Government correspondence (such as Supplemental Security Income, Wisconsin Works "W2" Cash Benefits, Temporary Assistance for Needy Families "TANF", "Food Share", or Housing Assistance letter with the address provided at registration and the name of the parent/guardian.

Legal Parent/Guardian Signature: _____ Date: _____

Student(s) Name(s): _____

WI State Statute 121.77 requires that students attend school in their district of residence and school districts charge tuition to non-resident students. The Cambridge School District investigates and verifies residency, should false residency information be given and student(s) enroll, the district is entitled to assess tuition when appropriate and will file a claim to recover the tuition under s.121.81 which the parent/guardian is required to pay.

FOR OFFICE USE ONLY

(All documents must include legal parent/guardian name and address.)

Please check which original documents were presented & reviewed as proof of residency:

<input type="checkbox"/> Current Wage Statement	<input type="checkbox"/> W2 End-of Year Earnings Statement
<input type="checkbox"/> Current Property Tax Bill	<input type="checkbox"/> Current Lease Agreement
<input type="checkbox"/> Current Utility Bill (choose one) <ul style="list-style-type: none"><input type="checkbox"/> Electric<input type="checkbox"/> Water<input type="checkbox"/> Gas<input type="checkbox"/> Cable/Satellite<input type="checkbox"/> Phone (Landline Only)	<input type="checkbox"/> Government Correspondence (choose one) <ul style="list-style-type: none"><input type="checkbox"/> Supplemental Security Income<input type="checkbox"/> Temporary Assistance Letter "TANF"<input type="checkbox"/> W2 Cash Benefits<input type="checkbox"/> Housing Assistance Letter<input type="checkbox"/> Foodshare Letter

I have reviewed and verified the documents presented:

Staff Signature: _____ Date: _____



School District of Cambridge

District Office

403 BLUE JAY WAY • CAMBRIDGE, WISCONSIN 53523-9547

Telephone
(608) 423-4345

Fax
(608) 423-9869

Website
www.cambridge.k12.wi.us

Birth Certificate & Parent/Guardian Identity and Relationship Verification Form (To Be Completed by School District Staff)

Student Name (Last, First, Middle)

Student Date of Birth

Student Place of Birth (City, County, State)

Mother's Name

- ☐ Official photo identification (driver's license, passport or government issued ID) OR
- ☐ Court document providing proof of parent/guardianship relationship

Father's Name

- ☐ Official photo identification (driver's license, passport or government issued ID) OR
- ☐ Court document providing proof of parent/guardianship relationship

Birth Certificate & Parent/Guardian Identity and Relationship Verified By:
Staff Name & Date