

## **Panther Academy PreRegistration Packet for school year 2020/2021**

You must be a resident of the Elizabethtown Independent School District to enroll. If you are not sure if your address is in the district boundaries ([click to view the list of district streets](#)), please call the school at 270-765-3007 and the office staff will answer any questions you may have. If you reside outside the district, please contact the school for the procedure to follow.

Please complete and return the following pages to Panther Academy in order to be pre-enrolled for 2020/2021:

- 2 page PreRegistration Form – please accurately complete all areas of the form. It must have a signature in order to be processed.
- Home Language Survey – must have a signature.
- Transportation Information Form
- Military Connected Parent/Guardian Form – must have a signature.
- Kindergarten Enrollment Prior Setting Data form.

The following documents are to be completed and returned to the school prior to the first day of school:

- Preventative Health Care Examination Form (2 pages)
- Kentucky Eye Examination Form for School Entry (must be signed by an optometrist or ophthalmologist).
- Kentucky Dental Screening/Examination Form for School entry (must be signed by a dentist, dental hygienist, physician, RN, ARNP, or PA).

Additionally, we need the following:

- a copy of the official birth certificate as proof of age
- a copy of the up-to-date KY Immunization Certificate

The supply list and school calendar are included in this packet.

Please call Panther Academy (270-765-3007) with any questions you may have.

We will contact you if we need further information or clarification.

*The completed forms can be hand-delivered to Panther Academy at 634 N Mulberry Street OR mailed to Panther Academy; ATTN PreRegistration; 634 N Mulberry Street; Elizabethtown, KY 42701 OR emailed to [kim.druen@etown.kyschools.us](mailto:kim.druen@etown.kyschools.us)*

***Thank you and we are looking forward to meeting you!***

# ELIZABETHTOWN INDEPENDENT SCHOOL DISTRICT - SCHOOL YEAR: 2020/2021

**PREREGISTRATION FORM: SCHOOL: PANTHER ACADEMY DATE:** \_\_\_\_\_

(Please print. Complete this page for each student you are enrolling in the District.)

**Grade for**

**Student Legal Name:** \_\_\_\_\_ **2020/2021:   K**  
 Last Name Suffix (Jr, etc.) First Name Middle Name

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Birthplace:** \_\_\_\_\_  
 Month Day Year County State City Country

**Gender:** \_\_\_ Male \_\_\_ Female **Student Nickname:** \_\_\_\_\_ **SSN (optional):** \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_

**Ethnicity - Is the student Hispanic/Latino?** \_\_\_Yes \_\_\_No

**Race – Is the student from one or more of the following?** Please check all that apply: \_\_\_ American Indian/Alaskan Native  
 \_\_\_Asian \_\_\_Black or African American \_\_\_Native Hawaiian or Other Pacific Islander \_\_\_White

**Please check any of the following services that apply to your student:** \_\_\_ IEP \_\_\_ 504 Plan \_\_\_ Speech IEP  
 \_\_\_ Gifted Plan \_\_\_ PSP (for LEP/ELL/ESL students)

**Name and address of last school attended:** \_\_\_\_\_

**Is this the first time this student has been enrolled in a KY public school (preschool not included)?** \_\_\_ Yes \_\_\_ No

**Was the student previously enrolled in the Elizabethtown School District?** \_\_\_ Yes \_\_\_ No If "yes", when? \_\_\_\_\_

Which school in the Elizabethtown School District? \_\_\_\_\_

**Transportation Information – please check ✓ the appropriate choice below:**

- | <i>Code</i> | <i>Description</i>   |
|-------------|--|
| _____ T1    | For the majority of school days, the student will ride the bus to and from school more than one (1) mile each way. |
| _____ T2    | For the majority of school days, the student will ride the bus to and from school less than one (1) mile each way. |
| _____ T3    | The student is considered to be a part-time bus rider who lives more than one (1) mile from school.                |
| _____ T4    | The student is considered to be a part-time bus rider who lives less than one (1) mile from school.                |
| _____ T5    | The student is specially transported by bus according to his/her IEP.  |
| _____ NT    | The student does not require bus transportation and either walks or rides to and from school most of the time.     |

**If child is to travel to/from an address different than the physical address listed, please indicate details below:**

\_\_\_\_\_  
 \_\_\_\_\_

**Student lives with (check all that apply):** \_\_\_Both parents \_\_\_Mother \_\_\_Father \_\_\_Stepparent  
 \_\_\_Joint Custody \_\_\_Foster parent(s) \_\_\_Other (specify): \_\_\_\_\_

**Student's Physical Address:** \_\_\_\_\_

House # and Street City State/Zip

**Student's Mailing Address:** \_\_\_\_\_

(if different from physical address) House # and Street City State/Zip

**Primary Phone Number** (will be used for the One Call notifications). Include area code:

( \_\_\_\_\_ ) \_\_\_\_\_

**PARENT(S)/GUARDIAN(S) LIVING IN SAME HOUSEHOLD AS STUDENT:**

**Parent/Guardian 1 (living at indicated physical address):** Relationship to Student: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Suffix \_\_\_\_\_

Gender:  Male  Female Cell Phone (include area code): (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work # (include area code): (\_\_\_\_\_) \_\_\_\_\_

If military, indicate Branch \_\_\_\_\_ Rank \_\_\_\_\_ Unit \_\_\_\_\_

**Parent/Guardian 2 (living at indicated physical address):** Relationship to Student: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Suffix \_\_\_\_\_

Gender:  Male  Female Cell Phone (include area code): (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work # (include area code): (\_\_\_\_\_) \_\_\_\_\_

If military, indicate Branch \_\_\_\_\_ Rank \_\_\_\_\_ Unit \_\_\_\_\_

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**SIBLING(S) LIVING IN SAME HOUSEHOLD AS STUDENT:**

LEGAL NAME	GENDER	DOB	SCHOOL	GRADE
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\_\_\_\_\_

\_\_\_\_\_

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**PARENT/GUARDIAN LIVING AT A DIFFERENT PHYSICAL ADDRESS**

**Parent/Guardian (living at different physical address):** Relationship to Student: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Suffix \_\_\_\_\_

Gender:  Male  Female Primary Phone (include area code): (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Work # (include area code): (\_\_\_\_\_) \_\_\_\_\_

Does this parent/guardian have joint custody? \_\_\_ Yes \_\_\_ No **Is this parent/guardian an emergency contact ? \_\_\_ Yes \_\_\_ No**

Is this parent/guardian to receive mailings, emails, and access to the Parent Portal? \_\_\_ Yes \_\_\_ No

Is there a court order restricting this parent/guardian access to the student? \_\_\_ Yes (must provide a copy of the court order) \_\_\_ No

**EMERGENCY CONTACTS – These are the people to whom we may release your child in the event of an illness or emergency when we are unable to contact you. Please include area code.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature of person completing form and verifying data accuracy:** \_\_\_\_\_

# HOME LANGUAGE SURVEY

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex:  Male  Female

Parent/Guardian Name: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

1. Was your child born in the United States?  Yes  No

If yes, in which state? \_\_\_\_\_

If no, in what other country? \_\_\_\_\_

2. Has your child attended any school in the United States for any three years during their lifetime?  Yes  No

If yes, please provide school name(s), state, and dates attended:

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

3. What language is spoken by you and your family most of the time at home? \_\_\_\_\_

4. If available, in what language would you prefer to receive communication from the school? \_\_\_\_\_

5. Please check if your child is:

A.  Native American Indian

C.  Native Pacific Islander

B.  Alaska Native

D.  Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English?  Yes  No

**If you responded "Yes" to question number 6 above, please answer the following questions:**

7. What language did your child learn when he/she first began to talk? \_\_\_\_\_

8. What language does your child most frequently speak at home? \_\_\_\_\_

9. What language do you most frequently speak to your child? (Father) \_\_\_\_\_

(Mother) \_\_\_\_\_

10. Please describe the language understood by your child. (Check only one)

A.  Understands only the home language and no English.

B.  Understands mostly the home language and some English.

C.  Understands the home language and English equally.

D.  Understands mostly English and some of the home language.

E.  Understands only English.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

## OFFICE USE ONLY

Student ID #	Date Distributed	Date Received	

**\*\*\*\*IMPORTANT TRANSPORTATION INFORMATION\*\*\*\***

Please supply the following information as soon as possible:

	Parent Work # (Mother)
Student Name	Workplace
Home Address	Parent Work # (Father)
Home Phone	Workplace
	Teacher's Name

Please be patient with our school personnel as we maintain the safety and security of your child. We need to be able to identify individuals transporting our students.

List the names of individuals having permission to transport your child, to include: spouse, grandparents, step-family members, adult siblings, etc. They should be prepared to show proof of identity when asked.

Inform us of anyone not having legal permission to transport your child by filing the proper paperwork in our office. If your child is brought back to school 3 times because no one was at the stop to get them, they will lose their bus privileges.

A written note (dated and signed) needs to be sent to school with your child if transportation is changed. If we do not receive transportation changes in writing, your child will be sent home in the usual manner. *Unless there is an emergency situation, please do not contact us by telephone with transportation changes, as this is not a safe practice for our students.* This form can be updated anytime with any permanent changes by the parent or legal guardian. However, all changes must be made in person at the school office.

Name	Name
Relationship to Child	Relationship to Child
Phone	Phone
Name	Name
Relationship to Child	Relationship to Child
Phone	Phone
	Parent/Guardian Signature
	Date
	Parent Name (Print)

**BUS RIDER**

- My child will ride the bus in the a.m. and p.m.
- My child will ride the bus in the a.m. only.
- My child will ride the bus in the p.m. only.

Parent Name (Print)

Address/Destination After School

Please write any special instructions here: \_\_\_\_\_  
 \_\_\_\_\_

**CAR RIDER:**

- My child will be transported by me in the a.m. and p.m.

**WALKER:**

- My child will walk in the a.m. and p.m.

*For Teacher Use Only:*  
 Bus # AM: \_\_\_\_\_  
 Bus # PM: \_\_\_\_\_



**ELIZABETHTOWN INDEPENDENT SCHOOL DISTRICT  
MILITARY CONNECTED PARENT/GUARDIAN FORM**

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **School:** EHS TKS MES HHES PA VVEC

Please complete a form for each parent/guardian currently serving as an active duty member of the U.S. Armed Forces. If at any time throughout the school year the military status of a parent/guardian changes, please contact your child’s school to report the change.

*As part of the Every Student Succeeds Act (ESSA) requirements, the U.S. Department of Education requires school districts to identify students who are armed forces family members. These students will be part of a new accountability subgroup for federal reporting purposes. The collection of this data will be done within the Kentucky Student Information System and then reported to the federal government and used in some state reporting. As this is a new data collection requirement, all parents/guardians are being asked to indicate below the family’s military status.*

**What is the definition of an “armed forces family member” for ESSA?**

*A student is considered to be an Armed Forces Family Member (military connected) if at least one parent or guardian is a member of the armed forces, or serves on active duty, or serves on full-time National Guard duty. The terms “armed forces,” “active duty,” and “full-time National Guard duty” as defined by Sections. 101(a)(4), 101(d)(1), and 101(d)(5) of the United States Code are:*

- 101(a)(4) Armed Forces includes: Army, Navy, Air Force, Marine Corps, and Coast Guard.
- 101(d)(1) Active Duty Status means full-time duty in the active military service of the United States. Such term includes full-time training duty, annual training duty, and attendance, while in the active military service. ....Such term does not include full-time National Guard duty.
- 101(s)(5) The term “full-time National Guard duty” means training or other duty, other than inactive duty, performed by a member of the Army National Guard of the United States or the Air National Guard of the United States in the member’s status as a member of the National Guard of a State or territory, the Commonwealth of Puerto Rico, or the District of Columbia under section 316, 502, 503, 504, or 505 of title 32 for which the member is entitled to pay from the United States or for which the member has waived pay from the United States.

**Where can I find out more information about this data submission?**

More information regarding this data collection can be found on the U.S. Education Department’s website under [ESSA Transition](#).

For the purpose of data collection, please mark all that apply:

- No parent or guardian currently serving** as an active duty member of the U S Armed Forces, or full-time National Guard.
- Yes, a parent/guardian is a current member of the **active duty U S Armed Forces**.  
Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ Branch: \_\_\_\_\_
- Yes, a parent/guardian is a current **full-time member of the National Guard**.  
Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ Branch: \_\_\_\_\_
- No Response/Refuse to State.

Printed Parent/Guardian Name completing this form: \_\_\_\_\_

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

Thank you for your assistance!

## Kindergarten Prior Setting Data

Dear Parent/Guardian;

School readiness for all children is critical to the success of students. Through an initiative begun by then-Gov. Steve Beshear in 2010, Kentucky is focused on ensuring that all young children who enter kindergarten are ready to grow, ready to learn and ready to succeed. One way that our district can support our families, stakeholders and community partners with promoting school readiness is by learning more about the early care settings our children have experienced before they enter school.

Our district is required, as part of 704 KAR 5:070, to collect information about where your child received early care services for the **12 months** prior to coming to kindergarten. There are five basic categories that children may receive care before entering kindergarten:

**State-funded preschool:** Children who attend the state-funded preschool program, which, as defined in 704 KAR 3:410, provides preschool services to at-risk 4-year-olds and 3- and 4-year-olds with identified special needs.

**Head Start:** Children who attend Head Start, which provides early childhood services to 3- and 4-year-old children who are at risk.

**Child care:** Children who attend any child care or private preschool setting that is licensed by the Division of Regulated Child Care. This includes Type 1, Type 2 and Family Certified Homes.

**Home:** A child who is at home with a parent/guardian before entering school.

**Other:** A child receiving care from one of the following:

- a family member, such as a grandparent, aunt, uncle, sibling
- a private sitter, who is not certified, such as a neighbor, nanny or other
- other early childhood setting that does not meet the above definitions

On the attached form, please provide the following information in the fields that are applicable to your child's **previous 12 months**. There may only be one prior setting your child participated in, or there may be multiple settings. If you need more space than is provided for any category, please provide the information on the back of the document.

1. Child's name: last, middle initial, first name
2. Child's date of birth (month, day, year)
3. Child's street address, including city, state, zip code
4. Prior Setting Information: Where has the child received early care services within the last 12 months? You may choose more than one option, if necessary. For example, your child may have had a change in care within the last 12 months. You would also need to choose more than one setting if your child attended a half-day program, then spent the other half-day at a child care facility, babysitter or at home.

If you have questions about prior setting information, please ask your child's teacher or office manager for clarification. We look forward to working with your family to ensure your child's success throughout kindergarten and beyond.

Sincerely,  
District/School Staff

# Kindergarten Enrollment Prior Setting Data

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Please provide information about every early care setting your child attended during the year prior to kindergarten. **Fill out a new box for each location.**

## Setting 1:

State-funded preschool    Head Start    Child Care    Home    Other    (circle one)

Facility/School Name: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## Setting 2:

State-funded preschool    Head Start    Child Care    Home    Other    (circle one)

Facility/School Name: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## Setting 3:

State-funded preschool    Head Start    Child Care    Home    Other    (circle one)

Facility/School Name: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## Setting 4:

State-funded preschool    Head Start    Child Care    Home    Other    (circle one)

Facility/School Name: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## Setting 5:

State-funded preschool    Head Start    Child Care    Home    Other    (circle one)

Facility/School Name: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_



# School Readiness and Your Child

These are some of the skills that are helpful for children to know before entering kindergarten. Schools recognizes that children develop and learn things at different rates and times. These are recommended skills. Please remember that the only prerequisite for entering kindergarten is that a child is five years old on or before August 1.

- Sorts and classifies objects
- Notices similarities and differences
- Identifies basic colors
- Counts in a sequence up to 30
- Counts sets of objects up to 10
- Matches objects with numerals up to 10
- Recognizes, names, and copies basic shapes (including circle, square, triangle, rectangle)
- Asks such questions as who, what, when, where, why, and how
- Understands simple concepts of time (night and day, today, yesterday, tomorrow)



- Eats a balanced diet
- Gets plenty of rest
- Receives all required immunizations and medical exams (physical, dental, and vision)
- Runs, jumps, climbs, and does other activities that develop large muscles and provide exercise
- Uses pencils, crayons, scissors, and paints and does other activities that help develop small muscles

## General Knowledge and Mathematics

## Health and Physical Well-Being



- Uses the toilet without help
- Fastens and unfastens own clothing (zippers, shoes, jackets) without assistance
- Feeds self using utensils
- Helps put away toys or clothes
- Keeps track of personal belongings
- Covers mouth or nose when sneezing or coughing



## Self-Help Skills

## Social and Emotional Development

- Plays and shares with other children
- Follows simple rules and routines
- Expresses own needs and wants
- Shows curiosity and motivation to learn
- Explores and tries new things
- Separates easily from parents and family
- Works well alone
- Attends to tasks and seeks help when encountering a problem



## Language and Communication Development



- Speaks in five- to six-word sentences
- Sings simple songs
- Recognizes and says simple rhymes
- Knows own full name
- Reads and writes own name
- Knows home address, phone number, and birthday
- Knows how books work
- Knows the difference between print and pictures
- Knows that books are read from front to back
- Knows that print moves from left to right, top to bottom
- Recognizes familiar print from surroundings (traffic signs; store logos, such as K-Mart, McDonald's and Wal-Mart; food labels)
- Listens to and responds to stories read to them
- Uses scribbles and drawings to express ideas
- Uses pictures to tell a story
- Recites the letters of the alphabet
- Identifies upper- and lowercase letters of the alphabet

**PREVENTATIVE HEALTH CARE EXAMINATION FORM**

All local boards of education shall require a preventative health care examination of each child first entering a Kentucky public school within a period of twelve (12) months prior to initial admission to school and within one (1) year prior to entry to sixth grade. Local school boards may extend this time not to exceed two (2) months. (702 KAR 1:160)

PLEASE COMPLETE THE IDENTIFYING INFORMATION AND RECORDS

IDENTIFYING INFORMATION

Student Name: \_\_\_\_\_ Gender: M F Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ yrs \_\_\_\_\_ months Preferred Language: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

RECORD OF IMMUNIZATIONS TO BE REPORTED ON IMMUNIZATION CERTIFICATE FORM, EPID 230.

MEDICAL HISTORY

Allergies: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Prescribed Medications to be taken daily at school: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Significant Historical Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SCREENING RESULTS:

Height: \_\_\_\_\_ ft \_\_\_\_\_ inches Weight \_\_\_\_\_ BMI: \_\_\_\_\_ BMI% \_\_\_\_\_ B/P: \_\_\_\_\_

Vision	Right 20/_____	Passed <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
	Left 20/_____	Failed <input type="checkbox"/>		Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
		Referred <input type="checkbox"/>	Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

Optional: Hct/HGB: \_\_\_\_\_ Lead: \_\_\_\_\_ Urinalysis: \_\_\_\_\_

Gross dental (teeth and gums)  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_  
 Head/scalp/skin  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_  
 Eyes/Ears/Nose/Throat  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_  
 Chest/Lungs/Heart  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_  
 Abdomen  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_  
 Scoliosis assessment  Normal  Abnormal \_\_\_\_\_ Refer/Tx: \_\_\_\_\_

This child has the following problems that may impact the educational experience:

- Vision       Hearing       Speech/Language       Physical       Social/Behavioral       Cognitive

Specify: \_\_\_\_\_  
 \_\_\_\_\_

- This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

\_\_\_\_\_  
 Recommendations (Attach additional sheet if necessary): \_\_\_\_\_  
 \_\_\_\_\_

(Please Check One)

- This child may participate fully in school activities including physical education.  
 This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) \_\_\_\_\_  
 \_\_\_\_\_

**ANTICIPATORY GUIDELINES**

Discussed and/or handout given

- SCHOOL READINESS**
  - Establish routines
  - After-school care/activities
  - Friends
  - Bullying
  - Communicate with teachers
- MENTAL HEALTH**
  - Family time
  - Anger management
  - Discipline for teaching not punishment
  - Limit TV, computer
- NUTRITION AND PHYSICAL ACTIVITY**
  - Healthy weight
  - Well-balanced diet, including breakfast
  - Fruits, vegetables, whole grains, dairy
- ORAL HEALTH**
  - 60 minutes of exercise/day
  - Regular dentist visits
  - Brushing/Flossing
  - Fluoride
- SAFETY**
  - Sexual safety
  - Pedestrian safety
  - Safety helmets
  - Swimming safety
  - Fire escape plan
  - Smoke/carbon monoxide detectors
  - Guns
  - Sun
  - Appropriately restrained in all vehicles

Additional comments or recommendations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician/APRN/PA/EPSTDT Provider

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

KRS 156.160 (1) (g) requires proof of a vision examination by an optometrist or ophthalmologist. This evidence shall be submitted to the school no later than January 1 of the first year that a three (3), four (4), five (5) or six (6) year old child is enrolled in public school, public preschool, or Head Start program.

PLEASE COMPLETE THE IDENTIFYING INFORMATION

Date of student's enrollment: \_\_\_\_\_

Date of Vision Examination: \_\_\_\_\_

IDENTIFYING INFORMATION

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

Date of Birth: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

CASE HISTORY

Date of Exam: \_

Ocular History: Normal or Positive for: \_\_\_\_\_

Medical History: Normal or Positive for: \_\_\_\_\_

Drug Allergies: NKDA or Allergic to: \_\_\_\_\_

Family Ocular and Medical History:  Amblyopia  Strabismus  Glaucoma  Diabetes

Other: \_

Other Pertinent Information: \_

Refraction with cycloplegic? (Please indicate one.)  YES  NO

	OD	OS
Unaided Acuity	20/	20/
Best Corrected Acuity	20/	20/

Type of Examination	Normal	Abnormal	Notable to Assess
External Exam (eye and adnexa)	<input type="checkbox"/>	<input type="checkbox"/>	
Internal Exam (media, lens, fundus, etc)			
Neurological Integrity (pupils)			
Binocular Function (stereopsis)			
Accommodation and convergence	<input type="checkbox"/>	<input type="checkbox"/>	
Color Vision	<input type="checkbox"/>	<input type="checkbox"/>	

Diagnosis:

Normal  Myopia  Hyperopia  Astigmatism  Strabismus  Amblyopia

Other: \_\_\_\_\_

Recommendations: \_\_\_\_\_

1 Glasses prescribed:  YES  NO

2 \_\_\_\_\_

3 \_\_\_\_\_

Age appropriate and suggested anticipatory guidance (health assessments):

- Educate (parents/patients) about eye/vision disorders and needed vision care
- Counsel (parents/patients) regarding eye safety
- Stress importance of early, preventative eye care
- Recommend re-examination, as appropriate

Signed: \_\_\_\_\_  
Optometrist/Ophthalmologist

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

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

Telephone: \_\_\_\_\_

Kentucky law, KRS 156.160(i), requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner, or physician assistant. This evidence shall be presented to the school no later than January 1 of the first year that a five (5) or six (6) year old is enrolled in public school.

<p><b>Student Name:</b> _____                  Last First Middle</p> <p>Birth date: ____/____/____ Gender: <input type="checkbox"/> 0 Male <input type="checkbox"/> 1 Female</p> <p>Parent or Guardian: _____                  Name Relationship</p> <p>Address: _____ City: _____</p> <p>Phone Number: _____ School: _____</p> <p>Date of Exam/Screening ____/____/____</p>		<p>Test Type (check one)</p> <p><input type="checkbox"/> Screening</p> <p><input type="checkbox"/> Exam</p>
<p><b>Untreated Decay:</b> (Check one)</p> <p><input type="checkbox"/> 0 No untreated cavities</p> <p><input type="checkbox"/> 1 Untreated cavities</p>		<p><b>Professional affiliation:</b> (Please check one)</p> <p><input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist</p> <p><input type="checkbox"/> Physician Assistant <input type="checkbox"/> Registered Nurse with training</p> <p><input type="checkbox"/> APRN <input type="checkbox"/> Physician</p>
<p><b>Pattern of Early Childhood Cavities:</b> (Check one)</p> <p><input type="checkbox"/> 0 No Early Childhood Cavities</p> <p><input type="checkbox"/> 1 Early Childhood Cavities Present</p>	<p><b>Treated Decay:</b> (Check one)</p> <p><input type="checkbox"/> 0 No treated cavities</p> <p><input type="checkbox"/> 1 Treated cavities</p>	<p><b>Comments:</b></p>
<p><b>Treatment Urgency:</b> (Check one)</p> <p><input type="checkbox"/> 0 No obvious problem</p> <p><input type="checkbox"/> 1 Early dental care needed</p> <p><input type="checkbox"/> 2 Referral for Urgent Care                  NOTE: Comment required if marked.</p>		

**PANTHER ACADEMY**  
**Kindergarten Supply List**  
**2020-21**

1 large/regular size Backpack (Please make sure not toddler size. No wheels and large enough for a one-inch binder to fit)

6 boxes of 24 **CRAYOLA** crayons

12-18 **ELMER** glue sticks

1 pair of small **FISKAR** brand scissors

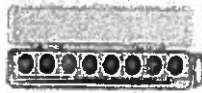
2 (or more) containers of disinfectant wipes (such as Clorox wipes)

1 roll of paper towels

1 package of #2 wooden pencils (Ticonderoga brand is preferred)

Expo dry erase markers (fine point/skinny ones are preferred)

**CRAYOLA** Water Color Paints



Girls:

1 box of gallon or quart Ziploc bags

Paper plates

1 box of plastic spoons or forks

Boys:

1 box of tissues

1 bottle of hand sanitizer

1 package of brown paper bags/brown lunch bags

**\*If a brand is specified, please comply.**

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**Additional supplies and wish list items: Once your child is assigned to a teacher, the teacher will have additional supply requests. You will get that information at open house.**

## ELIZABETHTOWN INDEPENDENT SCHOOLS CALENDAR for 2020-2021

July 27-30, Monday-Friday	Professional Development for Teachers
August 3, Monday	Planning Day for Teachers
August 4, Tuesday	Opening Day for Teachers
<b>August 5, Wednesday</b>	<b>First Day for Students – FULL DAY OF INSTRUCTION</b>
<b>August 20, Thursday</b>	<b>PreSchool First Day</b>
<i>September 3, Thursday</i>	<i>Midway of first grading period</i>
September 7, Monday	Labor Day Holiday - SCHOOL DISMISSED
<i>September 8, Tuesday</i>	<i>Progress Reports distributed (based on 22 days; Aug 5 – Sep 3)</i>
October 5- 9, Monday – Friday	Fall Break - SCHOOL DISMISSED
October 12, Monday	Planning Day for Teachers
<i>October 13, Tuesday</i>	<i>End of first grading period (43 days; Aug 5 – Oct 13)</i>
<i>October 20, Tuesday</i>	<i>Report Card Day (first grading period)</i>
November 2, Monday	SCHOOL DISMISSED (FDEA)
November 3, Tuesday	SCHOOL DISMISSED
<i>November 16, Wednesday</i>	<i>Midway of second grading period</i>
<i>November 18, Wednesday</i>	<i>Progress Reports distributed (based on 22 days; Oct 14 – Nov 16)</i>
November 25, Wednesday	Thanksgiving Break - SCHOOL DISMISSED
November 26, Thursday	Thanksgiving Holiday - SCHOOL DISMISSED
November 27, Friday	Thanksgiving Break - SCHOOL DISMISSED
<i>December 18, Friday</i>	<i>End of second grading period (43 days; Oct 14 – Dec 18); End of First Semester (86 days)</i>
December 21 – Jan 1	Christmas Break - SCHOOL DISMISSED
January 4 , Monday	Students return to school after Christmas Break
<i>January 11, Monday</i>	<i>Report Card Day (second grading period)</i>
January 18, Monday	Martin Luther King Day Holiday - SCHOOL DISMISSED
<i>February 3, Wednesday</i>	<i>Midway of third grading period</i>
<i>February 5, Friday</i>	<i>Progress Reports distributed (based on 22 days; Jan 4 – Feb 3)</i>
February 15, Monday	<b>SCHOOL DISMISSED UNLESS USED AS MAKE-UP DAY</b>
March 5, Friday	<b>SCHOOL DISMISSED UNLESS USED AS MAKE-UP DAY</b>
<i>March 9, Tuesday</i>	<i>End of third grading period (44 days; Jan 4 – Mar 9)</i>
March 12, Friday	<b>SCHOOL DISMISSED UNLESS USED AS MAKE-UP DAY</b>
<i>March 16, Tuesday</i>	<i>Report Card Day (third grading period)</i>
March 19, Friday	Planning Day for Teachers – Power Pact Day – STUDENTS DISMISSED
April 5-9, Monday - Friday	Spring Break/KEA – SCHOOL DISMISSED
<i>April 19, Monday</i>	<i>Midway of fourth grading period</i>
<i>April 21, Wednesday</i>	<i>Progress Reports distributed (based on 22 days; Mar 10 – Apr 19)</i>
April 30, Friday	SCHOOL DISMISSED
May 10, Monday	*PreSchool Last Day
May 20, Thursday	*Last Day for Students – FULL DAY OF INSTRUCTION
	*End of 4 <sup>th</sup> grading period (44 days; Mar 10 – May 20); End of second semester (88 days)
	*Report Card Day (fourth grading period)
	*Closing Day for Teachers
May 21, Friday	<b>SCHOOL DISMISSED UNLESS USED AS MAKE-UP DAYS</b>
May 24-28	

*PLEASE NOTE - KPREP Testing Window is the last 14 instructional days.  
AP Testing for EHS will be administered the first 2 week in May.*

*Dates are subject to change due to unforeseen circumstances.  
Dates of Progress Reports and Report Cards are subject to change due to printing and/or technology issues.  
\*Only if make-up days are not needed to meet state requirements.*