



Miamisburg City Schools Kindergarten Registration 2018-2019

******* Attention All Parents of Incoming Kindergartners
for the 2018-2019 School Year*******

Who?

- ✓ All students who plan to attend kindergarten in the Miamisburg City School District for 2018-19. Students must be 5 years of age by August 1, 2018.

Where?

- ✓ Registration for all incoming kindergartners will take place at the Memorial Building, 540 E. Park Ave. (between Kinder Elementary and the Miamisburg Library)

When?

- ✓ Kindergarten registration will be held in mid-April. The following dates and times have been set aside for this purpose:
 - Tuesday, April 10 from 8:00 a.m. – 7:30 p.m.
 - Wednesday, April 11 from 8:00 a.m. – 5:00 p.m.
 - Thursday, April 12 from 8:00 a.m. – 7:30 p.m.

How?

- ✓ Families are able to download all forms required for registration from our website: www.miamisburgcityschools.org
If you are unable to download the forms, packets will be available at the time of registration.

What to Bring?

- ✓ The following documents are required to register a child for kindergarten.
 - Proof of residency – The original copy of one of the following documents is required. Electronic statements are only acceptable if they reflect proof that they came from the company's website.
 - Utility or cable bill (ex. DP&L, Vectren, water bill, Spectrum, Direct TV, AT&T)
 - Internet or telephone bill for residence only. Cell phone service is not acceptable.
 - Current signed lease which includes the landlord's name and phone number.
 - If you are living with another family within the Miamisburg City School District, or if you are not the parent or legal guardian of the student you wish to register, please contact the Student Services Office to determine necessary documents.
 - Child's original birth certificate
 - Child's social security card
 - Photo ID of parent/guardian
 - Immunization records
 - Custody paperwork (if applicable)

Please visit our website, or call 866-3381, for additional information.

Did your child receive Early Intervention Services as an infant or toddler through Ohio's Help Me Grow program?

Help Me Grow services are provided to children and families when a child is identified as "at risk" for delays in development. Services may include speech therapy, occupational therapy, physical therapy, and working with a teacher or intervention specialist.

_____ Yes, my child received Help Me Grow services.

_____ No, my child did not receive Help Me Grow services.

Child's Name _____

School Child Will Attend _____

Parent signature _____

Miamisburg City Schools – Student Registration Worksheet

Student Information:

Office Use Only: SIS#

Legal Name: _____ Date of Birth: ____/____/____
 (First) (Middle) (Last) (Called Name)

Street Address: _____ Gender: Male ___ Female ___

City: _____ Zip Code: _____ County: _____

Primary contact Telephone:_(_____)_____ unlisted: yes no Social Security Number: _____

Current Grade: _____ Has child even been retained? Yes ___ No ___ If so, what grade were they retained? _____

Is the Student of Hispanic/Latino heritage? Y___ or N___ Race (Note: If Multi-Racial, select all that apply) ___ White ___ Black or African American ___ Asian ___ American Indian/Alaskan Native ___ Native Hawaiian or Other Pacific Islander

Homeless Status: Not homeless ___ Shelter ___ Unsheltered ___ Doubled Up ___ Hotel/Motel ___

Citizenship: U.S. Citizen ___ Exchange student ___ Dual national ___ Non-resident alien ___ Resident alien ___

Is your child receiving Special Education Services: yes ___ no ___ Is your child receiving Gifted Education Services: yes ___ no ___

Place of Birth (City) _____ Legal District of Residence _____

Parent/Guardian Information:

Father ___ Mother ___ Step Parent ___ Guardian ___ Foster Parents ___

Legal Name: _____

Address: _____

City/Zip: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Address: _____

City/Zip: _____

Phone: _____

Email Address: _____

Father ___ Mother ___ Step Parent ___ Guardian ___ Foster Parents ___

Legal Name: _____

Address: _____

City/Zip: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Address: _____

City/Zip: _____

Phone: _____

Email Address: _____

I CERTIFY THAT THE INFORMATION PROVIDED TO THE BEST OF MY KNOWLEDGE IS TRUE. All registration information is subject to review by the Student Services Department. If false or misleading information is given, tuition may be charged. It is the responsibility of the parent/guardian to immediately notify the principal upon change of address or living arrangements. Failure to comply could lead to tuition charges, school records withheld, and/or athletic eligibility voided.

SIGNATURE _____ DATE _____

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TRANSPORTATION INFORMATION: Yes or No - My Child needs bus transportation to ____ from ____ school. (Please circle and check)
"Not applicable to students who reside or have caregiver within the designated school walk boundary." (Daycare, YMCA, Walker, Car, Bus)

Custodial Information

IT IS OHIO STATE LAW THAT EACH STUDENT PROVIDE A CERTIFIED COPY OF ANY CHILD CUSTODY ORDER OR DECREE WHICH HAS BEEN ISSUED WITH RESPECT TO THE STUDENT. THE CUSTODIAL PARENT OF SUCH A STUDENT MUST ALSO PROVIDE THE BOARD OF EDUCATION WITH CERTIFIED COPIES OF ANY LATER COURT ORDERS WHICH MODIFY THE ORIGINAL CUSTODY ORDER OR DECREE. [Ohio Revised Code 3313.672(b)]

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS THAT APPLIES TO YOUR CHILD:

****Pertains only to this student!!!**
PARENTAL STATUS

____ Married ____ Never Married
____ Legally Separated ____ Divorced
____ Deceased ____ Mother ____ Father

RESIDENCY
STUDENT LIVES WITH (check one):

____ Mother Only ____ Father Only
____ Mother & Father ____ Mother & Stepfather
____ Father & Stepmother ____ Foster Parent
____ Guardian/Grandparent ____ Host Family
____ 18 years old, lives apart from parent and is self supporting

NATIVE LANGUAGE (If other than English)

Is your child's first-learned or home language anything other than English? ____ YES ____ NO

In what country did your child most recently reside? _____

When did your child start attending school in the United States? MONTH ____ YEAR ____ Country of Origin: _____

Which language did your child learn when he/she first began to talk? _____

What language does your child most frequently speak at home? _____

What language do you most frequently speak to your child? Father _____ Mother _____

School History:
School previously attended: _____
School Address: _____
City/State/Zip: _____
Has student ever attended any school in this district yes no
Name of School District last attended: _____
Year last attended that District: ____/____/____

Family Information: names of school age brothers/sisters now living at home

First Name	Last Name	Date of Birth
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

EMERGENCY CONTACT INFORMATION
(OTHER THAN PARENT/GUARDIAN WITH WHOM CHILD RESIDES)

Name: _____ **Phone:** _____

Relationship: _____

Name: _____ **Phone:** _____

Relationship: _____

**MIAMISBURG CITY SCHOOLS
SCHOOL HEALTH HISTORY**

Child's Name _____ Sex _____ Birthdate _____

Date _____ School _____

OHIO IMMUNIZATION LAW

Students receiving all four primary immunizing does of DTP or DTaP prior to their 4th birthday **MUST** receive a single booster dose before kindergarten entry.

Students receiving a third dose of Polio vaccine (either OPV or IPV) prior to their 4th birthday **MUST** receive a fourth dose.

Students entering kindergarten **MUST** provide proof of **TWO** doses of MMR vaccination. The first must have been received on or after the first birthday. The second must have been received no sooner than 28 days after the first MMR dose.

All kindergartners must provide proof of Hepatitis B vaccination according to the routine schedule (first dose, second dose after one month, and the third dose at least two months after the second).

Varicella Vaccine (chicken pox), students entering kindergarten **MUST** provide proof of **TWO** doses of the Varicella vaccine. The first must be given after the age of one. Children who have had chicken pox are exempt from the requirement. A statement from the parent/guardian or physician is required.

IMMUNIZATION RECORD

TYPE	DATE	MO/DAY/YEAR				
DPT						
DT						
POLIO						
MMR						
HEPATITIS B						
VARICELLA						
HIB						
OTHER						

PHYSICAL ASSESSMENT

Check One:
 _____ Within Normal Limits
 _____ Abnormalities as follows:

Is this child able to participate fully in academic and physical education programs?
 _____ Yes _____ No

Date _____

Examining Physician _____

PLEASE COMPLETE OTHER SIDE

TO BE COMPLETED BY PARENT OR GUARDIAN

PRENATAL AND DEVELOPMENTAL HISTORY

1. Did the mother have any unusual illness during pregnancy? Yes ___ No ___
2. Was this child born full-term ___ early ___ late ___? Child's birth weight? ___
3. Did this child have any illness or problems while in the nursery? Yes ___ No ___
4. Give the approximate age at which this child:
Sat up ___ Crawled ___ Walked alone ___ Was toilet trained ___
Spoke single words ___ Spoke sentences ___ Dressed self ___

HEALTH CONDITIONS (Please check any that this child has had)

- | | |
|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Frequent sore throats |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing problems |
| <input type="checkbox"/> Behavior problems | <input type="checkbox"/> Seizures or Epilepsy |
| <input type="checkbox"/> Chicken pox Year _____ | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Toothaches |
| <input type="checkbox"/> Eye problems (crossed eye, poor vision) | <input type="checkbox"/> Is your child sick a lot? |
| <input type="checkbox"/> Ear tubes | Explain _____ |
| | _____ |

1. List and describe **ALLERGIES** and treatment for allergies.
Medications _____
Plants/animals _____
Bee and wasp stings _____
2. What medications does the child take daily _____

3. List any chronic physical problems or long term illnesses _____

4. List any hospitalizations for injuries, illnesses or surgeries. _____

EMERGENCY MEDICAL AUTHORIZATION

Revised 5/2013

Student Name _____ Telephone: _____ DOB: _____

Address: _____

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian:

Mother's Name: _____ Day Phone: _____ Cell _____

E-mail address: _____ Lives w/ child Yes No

Father's Name: _____ Day Phone: _____ Cell _____

E-mail address _____ Lives w/ child Yes No

Other's Name: _____ Day Phone: _____ Cell _____

E-mail address: _____ Lives w/ child Yes No

Name of Relative or Childcare Provider: _____ Phone: _____

LIST HEALTH INFORMATION SCHOOL PERSONNEL SHOULD BE AWARE OF:

Allergies No Yes Specify _____ (Food allergy requires doctor statement)

Epi-pen No Yes If yes, Epi-pen Medication Authorization Form must be completed.

Asthma No Yes If yes, Inhaler Medication Authorization Form must be completed.

Seizures No Yes Name(s) of seizure medications? _____

Diabetes No Yes Names(s) of diabetic medications? _____

Does your student take any medication regularly? No Yes Specify _____

Will your student take medication at school? No Yes If yes, Medication Authorization Form must be completed.

Are there any other medical conditions that school personnel should be aware of? _____

PART I OR II MUST BE COMPLETED

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers:

Physician: _____ Phone: _____

Dentist _____ Phone: _____

Medical Specialist _____ Phone: _____

Local Hospital/Emergency Room: _____ Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian _____ Date _____

PART II: REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Parent/Guardian Signature _____ Date _____

MIAMISBURG CITY SCHOOLS PARENT CONSENT FORM

Student Name (LAST NAME, FIRST NAME)

School

Grade

1. Permission to Contact using Email

- I understand that my email address will remain confidential and will only be used for district and/or school-related information.
- Upon receiving your signed document, school staff members may use the email address you provide.
- I give my consent E-mail address: _____ I do not give my consent

2. Permission to Display Photographs; Audio, Video or Electronic Images; Artwork; and Stories

- The school district may use photographs or audio, video, or electronic images of students; statements; and original written materials, artwork or other work created by students during the course of instruction for exhibition, public display, publication, publicity materials, advertising, news media stories, and educational activities, through written media, video, audio or other electronic/digital media (such as the Internet, blogs, social media sites, television, CD-ROM or DVD). Students' full name may also be used with such display.
- I give my consent I do not give my consent

3. Student Network and Internet Acceptable Use and Safety Policy (Board Policy EDE)

- My student and I have read and agree to abide by the **Student Network and Internet Acceptable Use and Safety Policy (Board Policy EDE)**.
- Violation(s) of the terms and conditions in this policy may result in suspension of all internet privileges and disciplinary action up to and including criminal charges.
- I understand that the Acceptable Use Policy is available for viewing at the school office and is posted at <http://www.miamisburgcityschools.org>.
- Student Initials Parent/Guardian Initials

4. Anti-Bullying and Other Forms of Aggressive Behavior (Board Policy JFCF)

- My student and I understand the seriousness and consequences associated with bullying.
- We have read and agree to abide by the *Anti-Bullying and Other Forms of Aggressive Behavior Policy* and Guidelines.
- We understand that any violation of the policy may result in disciplinary action up to and including criminal charges.
- We understand that the *Anti-Bullying and Other Forms of Aggressive Behavior Policy* is available for viewing at the school office and is posted at <http://www.miamisburgcityschools.org>.
- Student Initials Parent/Guardian Initials

5. Permission for Disclosure of Directory Information Without Consent

- School officials **do not** release information from, or permit access to, a student's educational records without the prior written consent of a parent/guardian or eligible student.
- However, student *directory information* may be disclosed **without prior written consent**, unless the parents have withdrawn their consent using this form. Directory information includes: a student's name; address; telephone number; date and place of birth; major field of study; participation in officially-recognized activities and sports; height and weight, if a member of an athletic team; dates of attendance; date of graduation; or awards received.
- I give my permission to disclose directory information Do not disclose directory information without my consent
 I give my permission to disclose directory information to school support organizations such as PTOs and booster groups.

6. Secondary Students Only--Directory Information for Recruitment

- In accordance with Federal and State law, the Board shall release directory information of secondary students to a recruiting officer for any branch of the United States Armed Forces or an institution of higher education who requests such information unless the parents have withdrawn their consent using the checkbox below.
- I give my consent I do not give my consent

7. Student/Parent Handbook

- My student and I understand that the information in the Student/Parent Handbook is necessary to ensure a successful and productive school year. My student and I have read and reviewed the handbook for his/her school. We understand that the handbook is available for viewing at the school office, is posted at <http://www.miamisburgcityschools.org> and a hard copy is available upon request (Jr/Sr HS).
- Student Initials Parent/Guardian Initials

Parent/Guardian Signature

Student Signature

Date