Madison-Plains Local School District

Kindergarten Registration 2019-2020

When

April 1 – April 12 Monday thru Friday 7:00am – 3:00pm April 3 Wednesday 4:00pm – 7:00pm April 6 Saturday 8:00am – Noon

Where

Central Office 55 Linson Road London 43140

Who

Children who will be five (5) years of age on or before August 1, 2019

What should I bring?

- Certified birth certificate (hospital birth cards are not accepted)
- Immunization records
- Physical examination (if completed since August, 2018 see below)
- Proof of custody (if parents are not together)
- Two forms of proof of residency (utility bill, rental agreement, tax statement, etc.)
- Parent driver's license

Is my child required to attend registration?

You will only be handling the paperwork to get your child registered therefore your child is not required to attend but is welcome.

Immunizations required by the State Department of Health and Madison-Plains Policy are as follows:

- MMR Must be given to the child on or after first birthday 2 doses
- Dtap 5 doses (Basic series and a booster after age 4)
- Polio Vaccine 4 doses (Basic series and a booster after age 4)
- Hepatitis B 3 doses
- Varicella (Chicken Pox) 2 doses after first birthday

A physical examination will be required prior to school starting in August.

Physical examinations done within 1 year prior to school starting will be accepted. If your child has had a physical examination done in August, 2018 to present, please bring it with you to registration. If your child has not had a physical examination, the form for this will be available during registration.

If you have any questions please feel free to call us at (740) 490-0679. We look forward to meeting you!



MADISON-PLAINS LOCAL SCHOOL DISTRICT

☐ Other - Please specify: _____

Enrollment Form 2019 - 2020

Office Use Only:	
School:	
Start Date:	

Student's Legal Name:	First	Middle	Suffix (I,II,Jr)	Called/Preferred Name
Date of Birth:		e Grade:		
Address:		City:		Zip:
Home Phone Number: ()				
		con i none i tumber. <u>1</u>		
Military Student: ☐ Active Duty - Student is a depende ☐ National Guard - Student is a depen	nt of a member of the Actindent of a member of the N	ive Duty Forces (Army, I National Guard (Army N	Navy, Air Force, Mar ational Guard or Air l	ine Corps, or Coast Guard). National Guard)
Is the student of Hispanic/Latino heritage? identified by observation and communicate	☐ Yes ☐ No (Please to parent/guardian prio	note: If ethnicity is not in the notes of the notes in the notes is not in the notes in the note	specified by one or m	ore of the options below, the student will l
Ethnic Group(s): ☐ A-Asian ☐ B-Black/Afi	rican American □ I-Americ	can Indian/Alaska Native	☐ P-Native Hawaiian/	Other Pacific Islander W-White
Native Language:Do	you use your native langu	uage at home? ☐ Yes ☐	No If not, what lang	guage:
Birth Place City:	31	Mother's Mai	den Name:	
Has the student ever been enrolled in the M	Madison-Plains School Dis	trict? □ Yes □ No I	f yes, last grade atten	ded:
If student is enrolling in Kindergarten, has	he/she attended a Prescho	ol Program? Yes	□ No	
Must have Name, Address or Telephone	Number of the Previous	School District:		
			Name of School or D	istrict
Street	City/State	Zip	Telepho) one
In what county does the student currently l	live?	☐ Other:		
Has the student been in the U.S. for more t		es □ No If No. Date	Entered U.S.	
Does your child receive any of the followi				
	QT A T	TEMENT OF CUS	ΓΩDV	
Student Lives With: (check one)	SIAI	EMENT OF COS	IODI	
☐ Mother & Father – married	☐ Mother & Father – 1	unmarried	Iother Only	☐ Father Only
☐ Mother & Stepfather	☐ Father & Stepmothe	r □W	ard of Court	☐ Legal Guardian
I have proof of custody:		-		
☐ None needed. Mother & Father –	- married			e siblings living with Gradent/guardian:
☐ Divorced. Court order is attached	i.		pa.	enuguai dian.
MUST PROVIDE COPY OF CO	OURT ORDER			
I have no proof of custody:				
☐ Never married.				
☐ I am still married to the Father/M	other of my child.			
Separated, not divorced.		-		
☐ The Father/Mother of children is d	eceased.			

Student's Name:	First		iddle			
	7.00			nat.		
			CT INFORMATIO			
* Only the <u>LEGAL</u> custodial parent or guardian may	call to change arrangen	nents or ask	c for information pertain	ing to the above child *		
1. Mother/Legal Guardian: (List stepmother with add	itional contacts)	2. Fa	ther/Legal Guardian: 💪	List stepfather with additio	onal contacts)	
☐ Can pick-up without note		☐ Can pick-up without note				
Cell Number:() Cell Number:()					-	
Work Number: ()	Work Number: ()			_		
Place of Employment:		Plac	e of Employment:			_
Daytime Email Address:					-	
Alternate Email Address:			.,		_	
Please list at least <u>two</u> family members or friends the select yes or no if this person can pick-up your child				e case that we are unable	e to reach you	Please also
Additional Emergency Contacts:		87.3	The state of the s		Pick-un	W/O Note
Name & Relationship	Home Nun	nber	Cell Number	Work Number		or No
1. Name:					☐ Yes	□ No
Relationship:						
2. Name:					☐ Yes	□ No
Relationship:						
3. Name:					☐ Yes	□ No
Relationship:						
Doctor's Name:			Telephone Number:_(_)		
Dentist's Name:			_Telephone Number:_()		_
MISCELLANEOUS INFORMATION:						
☐ I ALLOW the school district to photograph and	use the image of my c	hild on the	district's website, soci	al media pages or news	release.	
☐ I ALLOW my child to use the internet and agree	that my child will ab	ide by the p	policy set forth in the st	udent handbook.		
☐ I HAVE access and HAVE READ or AGREE	TO READ the Stude	nt Handbo	ok on-line at <u>www.mpl</u>	sd.org with my child.		
All information is complete and correct. I am the ch school, in an emergency when I (or my physician/de and emergency staff have my authorization to provi	entist) cannot be conta	cted, to tak	ce my child to the emerg	gency room of Madison	Health Hospi	to my child's tal. The hospi
Signature of Legal Parent/Guardian:				Date:		
Parent/Guardian Name (print):						
PAREN'	Γ REFUSAL TO CO	NSENT F	OR MEDICAL TREA	TMENT	0 9	
I DO NOT give my consent for emergency medic						
school authorities to take the following alternative	•					
Signature of Legal Parent/Guardian:				Date:		
Parent/Guardian Name (print):						

Ohio Department of Health • School and Adolescent Health Health History

Grade			7 (1 '.sl-
Student's name			Date of birth
		☐ Male ☐ Female	
Family Health History Please list aller	gies, heart problems, diabetes, cancer o	r other serious health condition	ons.
Father			
Mother			
		48.70	<u> </u>
Brothers and Sisters			
Birth and Developmental History	☐ No unusual birth or developmental	history	
		_	JV DNa
	ical or emotional illness during this prec		Yes No
Was infant born full term?	☐ No Did the infant have any	sickness or problems?	Yes No
Briefly explain illness or problems.		,	
How does the child's development compare to oth		aymates?	
☐ About the same ☐ Delay	ed Advanced		
Student Health Conditions			
☐ YES,my child receives regular medi	cal/health care for the following conditi		ditions
☐ Allergies	☐ Diabetes	Seizure disorder	
☐ Asthma	Depression	☐ Sickle cell anemia	
☐ ADD/ADHD	☐ Ear problem/hearing difficulty	Skin conditions	
☐ Autism	☐ Emoțional concerns	☐ Speech problems	
☐ Behavior concerns	Headaches	☐ Traumatic brain inju	
☐ Birth/congenital malformations	☐ Heart problems	☐ Vision problems (gla	sses, contacts)
☐ Bone/muscle/joint problems	☐ Hemophilia	Other	· · · · · · · · · · · · · · · · · · ·
☐ Blood problems	☐ Juvenile arthritis	Other	
☐ Bowel/bladder problems	Lead poisoning	Other	
☐ Cancer	☐ Migraines	Other	
☐ Cystic fibrosis	☐ Neuromuscular disorder	Other	
Please explain any conditions above or any reasons	for hospitalizations.		
Please indicate any allergies your child may have.			
Allergy type Reaction		School restrictions or recom	mended actions
☐ Bee/Insect			
Food		4 - 4	Drest And Ft
☐ Medication			
Other	MARCHAEL BOOK SAN	1 - 34 . 31. 4	

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.				
Medication and dose	Time	Reason		
	tions and/or interpretion?			
Do any health and/or medical conditions require school restrictions, modifica	tions, and/or intervention?			
Yes No If YES, please explain.				
	M 1141 1-22			
Does the student require any special procedures and/or treatments for their h	lealth condition(s)?			
Yes No If YES, please explain.				
Please indicate any other information about your child's health or developme	nt that you think would be	e helpful for the school to know.		
Rolat	ionship to student		Date	
Form completed by Relat	and the second		1 1	



Madison-Plains Student Transportation Form 2019-2020

	2019-2020				
Student Name			Grade:		
*only one student per					
HOME Address	SS:				
City:			Zip:		
<u>]</u>	Please list parent/guardian cont	act information	18		
Name:	Name: Phone #:				
Name:	Name: Phone #:				
Please complete the appropriate spaces below for the transportation needs of your child for the 2019-20 school year. Please note: If your child will ride the bus to or from an address other than home, alternate addresses must be within the district. Routes will not be extended to accommodate alternate addresses. *** Transportation must remain the same from one week to the next. **~					
AM Transporta	tion needed: YES or NO				
	s to be picked up in AM :				
PM Transportat	tion needed: YES or NO				
Address student is	s to be dropped off in PM :				
EFFECTIVE DATE REQUESTED:					
Please allow up to 3 days for transportation to be set up.					
Temporary chang	is required in order to change transportation ges will be considered for emergency made by no later than 12:00pm.				
Parent/Guardian Sign	nature	Date			
	Checklist <u>BEFORE</u> transportation is (OFFICE PURPOSES)				
	Transportation form complete, signed & date	d	-		
	Emergency form for bus				
	Driver notified				

School notified of bus number/times

Entered into Routing

Madison-Plains Local Schools Home Language Survey

Parents: We ask the questions below to make sure your child receives the education services he or she needs. The answers to Section A below will tell your child's school staff if they need to check your child's proficiency in English. This makes sure your child has every opportunity to succeed in school. The answers to Section B will help school staff communicate with you in the language you prefer.

Studen	Name (First Name/Middle Name/Last Name)	Date of Birth (mm/dd/yyyy)
Sectio	n A – Student's Language Background	
1.	What are the primary language(s) spoken in your home?	
2.	What language does your child use most frequently?	
3.	Which language did your child learn first?	4
4.	What language do you use most frequently with your child?	
5.	Is English the main language your child speaks?	
6.	How long has your child attended school in the United States?	
7.	What was your child's last year of schooling outside the United States?	
8.	How many years of education did your child complete in another country?	
9.	In what language(s) has your child received instruction?	,
10	Please share additional information to help us better understand your child's	English language experiences.
Sectio	n B – Parent/Guardian Preferences	
1.	In which language do you want to receive written information from the school	ol?
2.	In which language do you prefer to receive oral or spoken information from t	he school?
 Signatu	re of the parent/guardian Date (mm/dd/yyy	у)
 Printed	name of the parent/guardian	

Kindergarten Parent Questionnaire



Child's Name Birth Child prefers to be called: Parent Names:	
Did your child attend a daycare or preschool? Y If so, where?	N
Please list any older siblings that currently attended Name Grade	
Please list any relatives or close friends, of your cattending kindergarten at Madison-Plains:	child, who will be
Is there anything else you feel I should know abo	ut your child?

