

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!



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

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

Yes No If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

Yes No If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by	Relationship to student	Date / /
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**Madison-Plains
Student Transportation Form
2019-2020**

Student Name: <small>*only one student per form please*</small>		Grade:
HOME Address:		
City:		Zip:
<u>Please list parent/guardian contact information:</u>		
Name:	Phone #:	
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 Transportation needed: YES or NO
Address student is to be picked up in AM:
PM Transportation needed: YES or NO
Address student is to be dropped off in PM:

EFFECTIVE DATE REQUESTED: _____

Please allow up to **3 days** for transportation to be set up.

A note or phone call is required in order to change transportation arrangements for any student. Temporary changes will be considered for emergency situations only. All changes by phone need to be made by no later than 12:00pm.

Parent/Guardian Signature _____ Date _____

Checklist <u>BEFORE</u> transportation is approved: <i>(OFFICE PURPOSES)</i>	
Transportation form complete, signed & dated	
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.

Student Name (First Name/Middle Name/Last Name)

Date of Birth (mm/dd/yyyy)

Section 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. 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.

Section B – Parent/Guardian Preferences

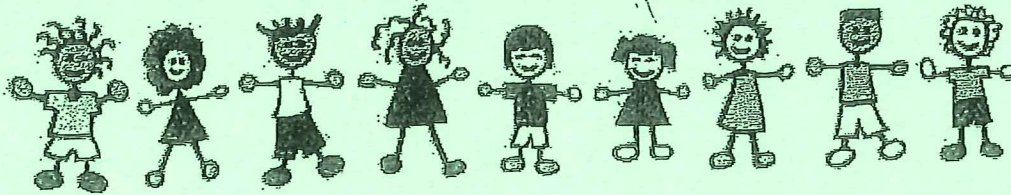
1. In which language do you want to receive **written** information from the school?
2. In which language do you prefer to receive oral or spoken information from the school?

Signature of the parent/guardian

Date (mm/dd/yyyy)

Printed name of the parent/guardian

Kindergarten Parent Questionnaire



Child's Name _____ Birthdate: _____

Child prefers to be called: _____

Parent Names: _____

Did your child attend a daycare or preschool? Y N

If so, where? _____

Please list any older siblings that currently attend Madison-Plains:

Name _____ Grade _____

Name _____ Grade _____

Please list any relatives or close friends, of your child, who will be attending kindergarten at Madison-Plains:

Is there anything else you feel I should know about your child?



Thank You!!