

# Madison-Plains Local School District

## Kindergarten Registration

### 2018-2019

#### **When**

March 1 thru April 6

Monday thru Friday, 7:00am – 3:00pm

If you cannot make it during these times, please call us for an evening appointment.

No registration during Spring Break (March 28-April 2).

#### **Where**

Central Office

55 Linson Road

London 43140

#### **Who**

Children who will be five (5) years of age on or before August 1, 2018

#### **What should I bring?**

- Certified birth certificate (hospital birth cards are not accepted)
- Immunization records
- Physical examination (if completed since August, 2017 – see below)
- Proof of custody (if parents are not together)
- 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.

#### **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, 2017 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

## Enrollment Form

### 2018-2019

|                         |       |
|-------------------------|-------|
| <i>Office Use Only:</i> |       |
| School:                 | _____ |
| Start Date:             | _____ |

Student's Legal Name: \_\_\_\_\_  
*Last First Middle Suffix (I,II,Jr) Called/Preferred Name*

Date of Birth: \_\_\_\_\_  Male  Female Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

**Military Student:**

- Active Duty - Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard).
- National Guard - Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard)

Is the student of Hispanic/Latino heritage?  Yes  No *(Please note: If ethnicity is not specified by one or more of the options below, the student will be identified by observation and communicated to parent/guardian prior to designation.)*

Ethnic Group(s):  A-Asian  B-Black/African American  I-American Indian/Alaska Native  P-Native Hawaiian/Other Pacific Islander  W-White

Native Language: \_\_\_\_\_ Do you use your native language at home?  Yes  No If not, what language: \_\_\_\_\_

Birth Place City: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Has the student ever been enrolled in the Madison-Plains School District?  Yes  No If yes, last grade attended: \_\_\_\_\_

If student is enrolling in Kindergarten, has he/she attended a Preschool Program?  Yes  No

**Must have Name, Address or Telephone Number of the Previous School District:** \_\_\_\_\_  
*Name of School or District*

\_\_\_\_\_  
*Street City/State Zip Telephone*

In what county does the student currently live?  Madison  Other: \_\_\_\_\_

Has the student been in the U.S. for more than three (3) years?  Yes  No If No, Date Entered U.S. \_\_\_\_\_

Does your child receive any of the following services?  Individual Education Plan (IEP)  504 Plan  Gifted Services  Other \_\_\_\_\_

### STATEMENT OF CUSTODY

Student Lives With: (check one)

- Mother & Father – married
- Mother & Stepfather
- Mother & Father – unmarried
- Father & Stepmother
- Mother Only
- Ward of Court
- Father Only
- Legal Guardian

I have proof of custody:

- None needed. Mother & Father – married
- Divorced. Court order is attached.

**MUST PROVIDE COPY OF COURT ORDER**

I have no proof of custody:

- Never married.
- I am still married to the Father/Mother of my child.  
Separated, not divorced.
- The Father/Mother of children is deceased.
- Other - Please specify: \_\_\_\_\_

| School age siblings living with parent/guardian: | Grade |
|--|-------|
|  |       |
|  |       |
|  |       |
|  |       |
|  |       |

## EMERGENCY CONTACT INFORMATION

\* Only the **LEGAL** custodial parent or guardian may call to change arrangements or ask for information pertaining to the above child \*

1. Mother/Legal Guardian: *(List stepmother with additional contacts)*

2. Father/Legal Guardian: *(List stepfather with additional contacts)*

Can pick-up without note

Can pick-up without note

Cell Number: ( )

Cell Number: ( )

Work Number: ( )

Work Number: ( )

Place of Employment:

Place of Employment:

Daytime Email Address: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

Please list at least two family members or friends that are able to assume temporary care of your child in the case that we are unable to reach you. Please also select yes or no if this person can pick-up your child at any time without a note from you.

| Additional Emergency Contacts: |             |             |             | Pick-up W/O Note<br>Yes or No                            |
|--------------------------------|-------------|-------------|-------------|--|
| Name & Relationship            | Home Number | Cell Number | Work Number |  |
| 1. Name:                       |             |             |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Relationship:                  |             |             |             |  |
| 2. Name:                       |             |             |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Relationship:                  |             |             |             |  |
| 3. Name:                       |             |             |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 child on the district's website, social media pages or news release.

I **ALLOW** my child to use the internet and agree that my child will abide by the policy set forth in the student handbook.

I **HAVE** access and **HAVE READ** or **AGREE TO READ** the Student Handbook on-line at [www.mplsdsd.org](http://www.mplsdsd.org) with my child.

All information is complete and correct. I am the child's custodial parent or legal guardian or I am the student age 18 or older. I grant permission to my child's school, in an emergency when I (or my physician/dentist) cannot be contacted, to take my child to the emergency room of Madison Health Hospital. The hospital and emergency staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

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

Parent/Guardian Name (print): \_\_\_\_\_

### PARENT REFUSAL TO CONSENT FOR MEDICAL TREATMENT

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the school authorities to take the following alternative procedures: \_\_\_\_\_

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

Parent/Guardian Name (print): \_\_\_\_\_

# Ohio Department of Health • School and Adolescent Health

## Health History

Grade \_\_\_\_\_

|                |  |                           |
|----------------|--|---------------------------|
| Student's name | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Date of birth<br>/      / |
|----------------|--|---------------------------|

**Family Health History** Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

|                      |
|----------------------|
| Father               |
| Mother               |
| Brothers and Sisters |

**Birth and Developmental History**     No unusual birth or developmental history

|   |  |
|---|--|
| Did the mother have any unusual physical or emotional illness during this pregnancy?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No   | Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Briefly explain illness or problems.<br><br>_____   |  |
| How does the child's development compare to other children, such as his or her brothers/sisters or playmates?<br><input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced |  |

**Student Health Conditions**

|   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>YES</b> , my child receives regular medical/health care for the following conditions: |   | <input type="checkbox"/> <b>NO</b> medical conditions        |
| <input type="checkbox"/> Allergies  | <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Seizure disorder                    |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Depression                     | <input type="checkbox"/> Sickle cell anemia                  |
| <input type="checkbox"/> ADD/ADHD   | <input type="checkbox"/> Ear problem/hearing difficulty | <input type="checkbox"/> Skin conditions                     |
| <input type="checkbox"/> Autism   | <input type="checkbox"/> Emotional concerns             | <input type="checkbox"/> Speech problems                     |
| <input type="checkbox"/> Behavior concerns  | <input type="checkbox"/> Headaches                      | <input type="checkbox"/> Traumatic brain injury              |
| <input type="checkbox"/> Birth/congenital malformations   | <input type="checkbox"/> Heart problems                 | <input type="checkbox"/> Vision problems (glasses, contacts) |
| <input type="checkbox"/> Bone/muscle/joint problems   | <input type="checkbox"/> Hemophilia                     | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Blood problems   | <input type="checkbox"/> Juvenile arthritis             | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Bowel/bladder problems   | <input type="checkbox"/> Lead poisoning                 | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Migraines                      | <input type="checkbox"/> Other _____                         |
| <input type="checkbox"/> Cystic fibrosis  | <input type="checkbox"/> Neuromuscular disorder         | <input type="checkbox"/> 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 recommended actions |
| <input type="checkbox"/> Bee/Insect                |          |  |
| <input type="checkbox"/> Food                      |          |  |
| <input type="checkbox"/> Medication                |          |  |
| <input type="checkbox"/> Other                     |          |  |

# 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.

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|                   |                         |          |
|-------------------|-------------------------|----------|
| Form completed by | Relationship to student | Date / / |
|-------------------|-------------------------|----------|



**Madison-Plains  
Student Transportation Form  
2018-2019**

|  |          |
|--|----------|
| Student Name:<br><small>*only one student per form please*</small> | Grade:   |
| <b>HOME</b> Address:   |          |
| City:  | Zip:     |
| <b><u>Please list parent/guardian contact information:</u></b>     |          |
| Name:  | Phone #: |
| Name:  | Phone #: |

**Please complete the appropriate spaces below for the transportation needs of your child for the 2018-19 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. \*\*~**

|   |
|---|
| <b>AM</b> Transportation needed: YES or NO          |
| Address student is to be picked up in <b>AM</b> :   |
| <b>PM</b> Transportation needed: YES or NO          |
| Address student is to be dropped off in <b>PM</b> : |

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:<br><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.

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

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Date of Birth (mm/dd/yyyy)

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### 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?

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Signature of the parent/guardian

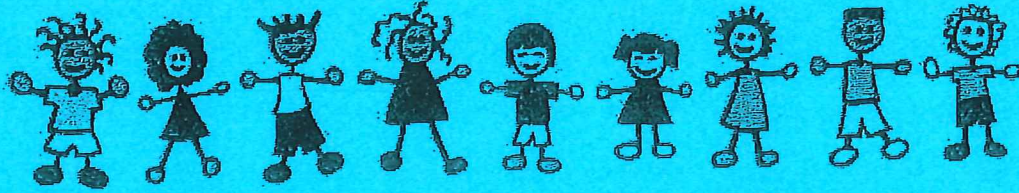
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Date (mm/dd/yyyy)

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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!!