

Requirements for Kindergarten Enrollment 2018 – 2019

To make enrolling your kindergarten student as easy as possible, please complete the following enrollment packet. Once the packet is complete, please bring it with you to registration at your child's school.

All kindergarten students must be 5 years old on or before Sept. 30, 2018. You will need the following items to register your child:

- Completed Enrollment Packet
- Original Board of Health Birth certificate
- Student's Social Security Number
- Current Proof of Residency (such as a rental/purchase agreement or current utility bill in your name)
- Custody Papers (if applicable)
- Immunization Records (Please see immunization requirements below)

Immunizations Required For School Admittance

In order to comply with the State of Ohio Immunization Guidelines for the current school year, we are asking that **UPON REGISTRATION** you provide the most recent copy of your child's current immunization, even if it is not complete at this time. After the school nurse reviews your child's immunization record, you will be provided with documentation of what immunizations are still required, if any, for your child's admittance to school.

The Ohio Department of Health, under the authority granted in Sections 3313.671 and 3701.13 Ohio Revised Code, has established the following minimum requirements for public and nonpublic schools:

Section 3313.671, Part (3): A pupil who presents a written statement of his parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized.

Section 3313.671, Part (4): A child whose physician certifies in writing that such immunization against any disease is medically contraindicated is not required to be immunized against that disease.

The immunization code does permit a [waiver](#) to be signed for your child against taking the immunization. However, if during the course of an outbreak of any of the aforementioned vaccine preventable diseases, that the student who has filed an exemption, may face exclusion from school, at the direction of the local health department, for the duration of the outbreak.

The following is the Stark County Health department policy regarding TB testing for schools:

Effective November 2008, all foreign-born students that have been in the United States for three months or less must have a skin test initially upon enrollment and a repeat skin test three months after the initial test in order to enroll.

Students who do not meet these minimum immunization requirements will be notified during the first week of school. All students must meet the legal immunization requirements, or be in the process of completing these requirements in a timely manner, or face exclusion from school attendance. Immunization can be done by your private physician or the Stark County Health Department at any of their clinics. You can reach the Health Department at 330-493-9904. The Health Department is located on 3951 Convenience Circle, NW, Canton, 44718 at Belden Village.

Below is a list of required immunizations by grade. If you choose not to vaccinate your child for medical, religious, or philosophical reasons, an Immunization Exemption form **must** be completed and returned to the school nurse.

Kindergarten	<p>Four (4) DTaP – Diphtheria, Tetanus, Pertussis: last dose must be given after 4th birthday</p> <p>Three (3) – Polio: last dose must be given after 4th birthday</p> <p>Two (2) MMR – Measles, Mumps, Rubella</p> <p>Three (3) Hepatitis B</p> <p>Two (2) Varicella – chicken pox</p>
1st	<p>Four (4) DTaP – Diphtheria, Tetanus, Pertussis: last dose must be given after 4th birthday</p> <p>Three (3) – Polio: last dose must be given after 4th birthday</p> <p>Two (2) MMR – Measles, Mumps, Rubella</p> <p>Three (3) Hepatitis B</p> <p>Two (2) Varicella – chicken pox</p>
2nd	<p>Four (4) DTaP – Diphtheria, Tetanus, Pertussis: last dose must be given after 4th birthday</p> <p>Three (3) – Polio: last dose must be given after 4th birthday</p> <p>Two (2) MMR – Measles, Mumps, Rubella</p> <p>Three (3) Hepatitis B</p> <p>Two (2) Varicella – chicken pox</p>

3 rd	<p>Four (4) DTaP – Diphtheria, Tetanus, Pertussis: last dose must be given after 4th birthday</p> <p>Three (3) – Polio: last dose must be given after 4th birthday</p> <p>Two (2) MMR – Measles, Mumps, Rubella</p> <p>Three (3) Hepatitis B</p> <p>Two (2) Varicella – chicken pox</p>
4 th	<p>Four (4) DTaP – Diphtheria, Tetanus, Pertussis: last dose must be given after 4th birthday</p> <p>Three (3) – Polio: last dose must be given after 4th birthday</p> <p>Two (2) MMR – Measles, Mumps, Rubella</p> <p>Three (3) Hepatitis B</p> <p>Two (2) Varicella – chicken pox</p>
5 th	<p>Four (4) DTaP – Diphtheria, Tetanus, Pertussis: last dose must be given after 4th birthday</p> <p>Three (3) – Polio: last dose must be given after 4th birthday</p> <p>Two (2) MMR – Measles, Mumps, Rubella</p> <p>Three (3) Hepatitis B</p> <p>Two (2) Varicella – chicken pox</p>
6 th	<p>Four (4) DTaP – Diphtheria, Tetanus, Pertussis: last dose must be given after 4th birthday</p> <p>Three (3) – Polio: last dose must be given after 4th birthday</p> <p>Two (2) MMR – Measles, Mumps, Rubella</p> <p>Three (3) Hepatitis B</p> <p>Two (2) Varicella – chicken pox</p>
7 th	<p>Four (4) DTaP – Diphtheria, Tetanus, Pertussis: last dose must be give after 4th birthday</p> <p>One (1) Tdap – Diphtheria, Tetanus, Pertussis <u><i>adult booster</i></u></p> <p>Three (3) – Polio: last dose must be given after 4th birthday</p> <p>Two (2) MMR – Measles, Mumps, Rubella</p> <p>Three (3) Hepatitis B</p> <p>One (1) Varicella – chicken pox</p> <p>One (1) MCV4 – meningococcal</p>
8 th	<p>Four (4) DTaP – Diphtheria, Tetanus, Pertussis: last dose must be give after 4th birthday</p> <p>One (1) Tdap – Diphtheria, Tetanus, Pertussis <u><i>adult booster</i></u></p> <p>Three (3) – Polio: last dose must be given after 4th birthday</p> <p>Two (2) MMR – Measles, Mumps, Rubella</p> <p>Three (3) Hepatitis B</p> <p>One (1) Varicella – chicken pox</p>
9 th	<p>Four (4) DTaP – Diphtheria, Tetanus, Pertussis: last dose must be give after 4th birthday</p> <p>One (1) Tdap – Diphtheria, Tetanus, Pertussis <u><i>adult booster</i></u></p> <p>Three (3) – Polio: last dose must be given after 4th birthday</p> <p>Two (2) MMR – Measles, Mumps, Rubella</p> <p>Three (3) Hepatitis B</p> <p>One (1) Varicella – chicken pox</p>
10 th	<p>Four (4) DTaP – Diphtheria, Tetanus, Pertussis: last dose must be give after 4th birthday</p> <p>One (1) Tdap – Diphtheria, Tetanus, Pertussis <u><i>adult booster</i></u></p> <p>Three (3) – Polio: last dose must be given after 4th birthday</p> <p>Two (2) MMR – Measles, Mumps, Rubella</p> <p>Three (3) Hepatitis B</p> <p>One (1) Varicella – chicken pox</p>
11 th	<p>Four (4) DTaP – Diphtheria, Tetanus, Pertussis: last dose must be give after 4th birthday</p> <p>One (1) Tdap – Diphtheria, Tetanus, Pertussis <u><i>adult booster</i></u></p> <p>Three (3) – Polio: last dose must be given after 4th birthday</p> <p>Two (2) MMR – Measles, Mumps, Rubella</p> <p>Three (3) Hepatitis B</p>
12 th	<p>Four (4) DTaP – Diphtheria, Tetanus, Pertussis: last dose must be give after 4th birthday</p> <p>One (1) Tdap – Diphtheria, Tetanus, Pertussis <u><i>adult booster</i></u></p> <p>Three (3) – Polio: last dose must be given after 4th birthday</p> <p>Two (2) MMR – Measles, Mumps, Rubella</p> <p>Three (3) Hepatitis B</p> <p>Two (2) MCV4 – meningococcal</p>

Jackson Local Schools Student Registration For School Year 20____ - 20____

Amherst
 Lake Cable

Sauder
 Strausser

JMMS
 JHS

Bus Transportation Needed AM PM Both

Student I.D. # _____

Start Date: _____

SECTION 1: STUDENT INFORMATION

Full Legal Name _____
First (as printed on birth certificate) Middle Last

Gender Male Female Grade _____ Birthdate _____ Birth City _____

Address _____
Number and Street City Zip

Mother's Cell _____ Father's Cell _____ Home/Land Line _____

What is the primary language spoken at home? _____

Is student of Hispanic/Latin origin?* Yes No *(Cuban, Mexican, Puerto Rican, South/Central American, other Spanish culture or origin, any race)

Racial Group(s) Please mark **all** that apply

Asian
 White

Black or African American
 Two or More Races

American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander

Did your child enter the United States in the last three **MONTHS**? Yes No If yes, date entered: _____
TB Test Results Attached Yes No

Did your child enter the United States in the last three **YEARS**? Yes No If yes, date entered: _____

SECTION 2: PARENT/GUARDIAN/CUSTODY INFORMATION

Student lives with: Mother and Father Mother Father
(Check all that apply) Legal Guardian Grandparent Foster Care
 Mother/Step-father Father/Step-mother Other _____

CUSTODY INFORMATION

(If student lives with **BOTH** mother and father whom are married, this section can be skipped)

Mother or father is deceased Mother or father is incarcerated Parents never married; no custody orders
 Separated, but not legally divorced Divorced. Shared parenting Court placed: District of Origin _____
 Divorced. Residential parent for SCHOOL purposes _____
 Divorced. Full custody is granted to _____

Student is a dependent of a member of the Active Duty Forces or National Guard:

No Military Active Military (Army, Navy, Air Force, Marine Corps, or Coast Guard)
 Active National Guard

Contact #1 Parent/Guardian Living with student

First Name: _____
Relationship: _____
Home Phone: _____
Primary Number for Alert Call: _____
Place of Employment: _____

Last Name: _____
Address same as student? Yes No
Mobile Phone: _____
Email Address: _____
Business Phone: _____

Contact #2 Parent/Guardian living with student

First Name: _____
Relationship: _____
Home Phone: _____
Primary Number for Alert Call: _____
Place of Employment: _____

Last Name: _____
Address same as student? Yes No
Mobile Phone: _____
Email Address: _____
Business Phone: _____

Non-custodial Parent Information (biological/adoptive parent who does not have custody)

First Name: _____ Last Name: _____ Relationship: _____
Address: _____ City, State, Zip: _____ Home/Cell Phone: _____
Place of Employment: _____ Business Phone: _____

Are there any court orders regarding this child? Yes No If yes, you are required by law to provide us with a copy of this court document.

Other school age children's names Birthdate Other school age children's names Birthdate
 F M _____ F M _____
 F M _____ F M _____

SECTION 3: SPECIAL SERVICES

Has your child been identified as Gifted? Yes No In what area(s)? _____
Has your child ever had an IEP (Individualized Education Plan) or a Service Plan (from a non-public School)? Yes No
Has your child ever had a 504 Accommodation Plan Yes No
Has your child every been identified as ESL (English as a Second Language)? Yes No

SECTION 4: PREVIOUS EDUCATION

Has your child ever been retained? Yes* No *What grade(s) were repeated? _____
Is your child currently under expulsion from another school? Yes No Suspension? Yes No
Years of Preschool: 0 1 2 3 Name of Preschool _____
Has the student ever attended Jackson Local Schools? Yes No If yes, year/grade _____
Student is entering from: _____
Name of School/District City State

LIVING ARRANGEMENT (This information is optional)

--Education for the Homeless Children and Youth Program Title VII of the McKinney-Vento Homeless Assistance Act requires State and local educational agencies to develop, review and revise policies to remove barriers to the enrollment, attendance and success in school that homeless children and youth may experience.

*Unaccompanied Youth Yes No *Unaccompanied Youth are young people who lack safe, stable housing and who are not in the care of a parent or guardian.
 Single Home Apartment Hotel/Motel Unsheltered Homeless Shelter
 Abandoned Unknown Doubled Up (living with another family) Other:

I hereby state that the information provided on this document is true and current. I am the legal guardian or custodian of this child. I understand that if this information is false, my child(ren) could be withdrawn from school and I could face possible legal charges filed in a court of appropriate jurisdiction.

Parent/Guardian Signature _____ Date _____

Kindergarten Questionnaire

CHILD'S NAME _____
LAST FIRST MIDDLE

CHILD'S PREFERRED NAME _____

FATHER/GUARDIAN'S NAME _____

MOTHER/GUARDIAN'S NAME _____

ADDRESS _____
STREET CITY ZIP CODE

TELEPHONE _____ BIRTH DATE ____/____/____ AGE ____/____
M D Y YEARS MONTHS

EMAIL ADDRESS _____

1. Does the father/guardian work? YES NO If yes: Full Time Part time

2. Does the mother/guardian work? YES NO If yes: Full Time Part time

3. Please check the statement that best describes your kindergarten preference for your child.

Everyday Kindergarten

Alternate Day

4. Has your child had any preschool experience? YES NO If yes, please provide the following:

<u>PRESCHOOL</u>	<u>DESCRIPTION OF EXPERIENCE</u>	<u>DATES ATTENDED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Would you classify your child as a leader? YES NO Follower? YES NO

6. Would you classify your child as a mixer? YES NO Loner? YES NO

7. Would you classify your child as out-going? YES NO Shy? YES NO

8. How does your child interact with other children?

Kindergarten Questionnaire (Cont'd)

9. Does your child have any specific fears? YES NO If yes, please describe _____

10. Does your child require a rest time in the afternoon? YES NO If yes, how long? _____

11. Is your child completely toilet trained? YES NO If no, please describe what assistance he/she will need to function at school:

12. What form of discipline works best with your child?

13. Does your child speak a language other than English in the home? YES NO If yes, please describe:

14. Please list your child's special interest(s).

15. Please list any medical information (e.g., vision problems, hearing problems, allergies, diabetes, nose bleeds, etc.) that you would like to make us aware of.

16. Is your child: Right Handed Left Handed Both

17. Does your child know his/her address? YES NO Telephone number? YES NO

18. Can your child tie his/her shoes? YES NO Zip? YES NO Button? YES NO

19. Can your child manipulate scissors? YES NO Crayons? YES NO Glue? YES NO

20. Can your child hop? YES NO Skip? YES NO Jump? YES NO

21. In the space below, please add any additional information that you feel would aid the kindergarten teacher in helping your child have a successful kindergarten experience.

Jackson Local Schools

Health Information

Dear Parent/Guardian:

Your child's health and wellbeing are important to us. To best accommodate your child's needs while at school, it is important that you indicate any health conditions that your child may have. In addition, maintaining confidentiality is of great importance to us, therefore, this information will be kept in a secured area within the school clinic. Only appropriate school personnel will have access to this information.

Please note that we require a signed order from a physician to dispense any prescription medications, inhalers, or emergency medication during school hours. All medications will be securely stored in the school clinic unless otherwise designated by your child's physician. Specific health forms are available from the school nurse relating to medication administration and health condition management. These forms should be completed and returned to us as soon as possible to avoid lapses or delays in your child's care. An individualized health care plan may be developed and updated annually based on the severity of the health condition.

Thank you for your assistance in this matter.

Regards,

Lori Fisher, RN, BSN, MSN
Carrie Anne Shoop, RN, BSN, MSN
Mellesha Monterrubio, RN, BSN
District Nurses

Student's Name: _____ DOB: _____ Grade: _____

Please indicate below any health conditions that your child is **currently** under a physician's care for as well as any related medications to be given during school hours.

- My child does **NOT** have any health conditions at this time.
- My child is under the physician's care for the following health conditions (please specify):
- | | |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Food Allergies: _____ | <input type="checkbox"/> Blood Disorder: _____ |
| <input type="checkbox"/> Stinging Insect Allergies | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Other Allergies: _____ | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type II | <input type="checkbox"/> Deafness |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Blindness |
| <input type="checkbox"/> Neurological: _____ | <input type="checkbox"/> Behavior/Emotional Disorder |
| <input type="checkbox"/> Concussion/Head Injury | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Cardiac: _____ | <input type="checkbox"/> Physical Disability: _____ |
| <input type="checkbox"/> Other condition currently being treated by a physician: _____ | |

Parent/Guardian Signature

Date

Office Secretary Use Only:

- Immunizations attached and given to nurse
(date & initial): _____

Nurse Use Only:

- Immunizations complete (date & initial): _____
 Immunization notification to parents _____
 Immunizations due (15th day of school): _____

ARTSONIA PERMISSION SLIP

Dear Parents,

As you know, we have been fortunate enough to continue the Connect the ARTS program this year. Your child will be instructed by teaching artists 3 or 4 times a year and create art related to what they are learning in their English Language Arts class. This year we would like to offer you and your child the opportunity of having their art displayed on the Artsonia website at www.artsonia.com.

“Artsonia is the largest student art museum in the world! Every child can have an online art gallery and preserve their masterpieces for all time.” The story of Artsonia begins with a dream that artwork created from kids around the world can be shared and enjoyed by everyone. Today, due to the passion of thousands of art teachers worldwide, that dream has come true.

If you would like to have your child’s art displayed on this safe website, you will receive an email so that you can set up your parent account. This account allows you to do the following optional items.

Welcome, Parents & Family!

Artsonia is the world's largest kids' art museum. Our dream is that every child will have a special art gallery online, reflecting their masterpieces from pre-school through high-school, preserved for all time!

What can my child and I do on Artsonia?



Start a Fan Club!

Invite family and friends to view the grand opening and join your child's official Artsonia Fan Club.



Create a Buzz!

Friends and family can leave positive comments about your child's artwork in their guestbook.



Get the Gear!

Purchase customized art keepsakes from Artsonia featuring your child's artwork!

Please take a minute to visit the website and watch a short informational video. Please complete the permission slip below letting us know if you would like or not like your child’s work to be displayed. Thank you!

Child’s Name: _____ Teacher: _____

____ Yes, I would like my child to participate. Parent Email: _____

____ No, I would not like my child to participate.

Parent Signature: _____ Date: _____