MARGARETTA LOCAL SCHOOL DISTRICT
DOCUMENTS REQUIRED FOR KINDERGARTEN REGISTRATION

____	***Registration Form***	The registration form must be completed prior to registration. Please complete all sections.
____	***Photo Identification***	A valid/current photo identification of the custodial parent or legal guardian registering the student is required.
____	***Birth Certificate***	The student's original or official birth certificate is required.
____	***Social Security Card***	The student's social security card is required.
____	***Proof of Residency***	Two forms of proof of residency must be submitted during registration. Proof of legal residence includes a utility bill, credit card bill, bank statement, employment forms or any current official or legal document including the name and street address of the parent/guardian.
____	***Custody Documents (if applicable)***	Proof of legal custody must be provided at registration including a a certified copy of an order or decree allocating parental rights and responsibilities for the care of a child and designating a residential parent and legal custodian of a child. In addition, court documents must be provided to the school after changes in legal status. Additional forms (*Sworn Statement of Legal Custody In Process, Grandparent Power of Attorney, and Caretaker Authorization Affidavit*) can be downloaded from the Margaretta Website.
____	***Ohio Health History***	The Ohio School Health History form is to be completed for new kindergarten students by the parent/guardian and submitted prior to the start of the school year.
____	***Dentist's Report***	The dentist's report is to be completed by the student's dentist and submitted prior to the start of the school year.
____	***Physician's Report***	The physician's report is to be completed by the student's physician and submitted prior to the start of the school year.
____	***Immunization Record***	Please include a current record during kindergarten registration, even if incomplete. Immunizations must be complete in accordance with Ohio state law. The physician's report must include a complete record of immunizations including the month, day and year of each inoculation and must be submitted prior to the start of the school year. Failure to comply within 14 days after the admission to school is basis for excluding the student from School. Students will not be readmitted to school until the immunization Record requirements are complete.
____	***Parent Questionnaire***	This form regarding your child goes directly to the kindergarten teachers.

Please submit required documents at registration to avoid delays in enrollment. Failure to comply with providing necessary documentation could be the basis for excluding a student from school. To knowingly make a false statement, give false information or knowingly swear or affirm the truth of a false statement in order for your children to gain entrance or remain at Margaretta Schools is illegal and will result in revocation of student enrollment, being held liable to reimburse the district for expenses to educate this student, and/or civil action resulting from fraud. If custody orders and certification of birth are not presented within fourteen (14) days, the school shall notify law enforcement agency of the possibility that the pupil may be a missing child, as defined in section 2901.30 of the ORC.

REGISTRATION FORM

MARGARETTA LOCAL SCHOOLS

First Name: _____ Middle: _____ Last: _____

Street Address: _____ Preferred Name: _____

City/State/Zip: _____ County: _____ Date of Birth: _____

Primary Phone*: _____ Birthplace City: _____

Grade: _____ Gender: ☐ M ☐ F Social Security: _____

My child will: ☐ ride bus AM/PM ☐ ride bus AM only ☐ ride bus PM only ☐ drive ☐ be picked up

NEW STUDENTS TO THE DISTRICT

Has the student previously attended school in Ohio? Y / N Attended Margaretta Schools? Y / N (If yes, grade level____)

Is there a current IEP (Individual Education Program) in place? Y / N (if yes, please provide copies of paperwork)

Is this student presently under suspension or expulsion? Y / N (if yes, please provide copies of paperwork)

Previous District: _____ School Phone #: _____

City/State/Zip: _____ Withdrawal Date: _____

CHILD LIVES WITH:

___ Mother & Father ___ Mother/step-father

___ Mother Only ___ Father/step-mother

___ Father Only ___ Legal Guardian

___ Relative (not Legal Guardian listed below)

Name: _____

Relationship: _____

BIOLOGICAL PARENTS' STATUS:

___ Never married ___ Married

___ Separated ___ Divorced ___ Widowed

STUDENT'S RACE: (check all that apply)

☐ White ☐ Black/African American

☐ Asian ☐ American Indian/Alaska Native

☐ Native Hawaiian/Other Pacific Islander

Is the student Hispanic/Latino? ___ Yes ___ No

Home Language (i.e. *English*): _____

FATHER'S INFORMATION

Custodial/Residential Parent? Yes___ No___

Name: _____

Address: _____

School District of Residence: _____

Employer: _____ Work #: _____

Home Phone #: _____ Cell #: _____

E-mail Address: _____ Receive school correspondence? Y / N

Step-father's Name: _____

Address: _____

Employer: _____ Work #: _____

Home Phone #: _____ Cell #: _____

E-mail Address: _____ Receive school correspondence? Y / N

Legal Guardian's Name: _____

Address: _____

Employer: _____ Work #: _____

Home Phone #: _____ Cell #: _____

E-mail Address: _____ Receive school correspondence? Y / N

MOTHER'S INFORMATION

Custodial/Residential Parent? Yes___ No___

Name: _____ Maiden: _____

Address: _____

School District of Residence: _____

Employer: _____ Work #: _____

Home Phone #: _____ Cell #: _____

E-mail Address: _____ Receive school correspondence? Y / N

Step-mother's Name: _____

Address: _____

Employer: _____ Work #: _____

Home Phone #: _____ Cell #: _____

E-mail Address: _____ Receive school correspondence? Y / N

Brothers/Sisters/Other School-Age Household Members Grade

_____ _____

_____ _____

_____ _____

_____ _____

Primary number will be added to One Call Parent Notification System. The information that I have supplied in this application is correct. I understand that falsification of information will result in revocation of student enrollment, being held liable for expenses incurred to educate this student, and/or civil action resulting from negligent misrepresentation.

Signature of Parent/Legal Guardian: _____ Date: _____

MARGARETTA LOCAL SCHOOL DISTRICT

OHIO SCHOOL HEALTH HISTORY

Child's Last Name	First Name	Middle	Called Name

Address	Date of Birth	Gender
		☐ Male ☐ Female

HEALTH CONDITIONS (check any medical conditions that the child has experienced)

- ☐ ADD/ADHD
- ☐ Allergies or hay fever
- ☐ Arthritis
- ☐ Asthma
- ☐ Bedwetting at night
- ☐ Behavior problem
- ☐ Birth/Congenital malformation
- ☐ Cancer
- ☐ Chicken pox
- ☐ Chronic bowel problems
  - ☐ diarrhea ☐ constipation
- ☐ Cystic fibrosis
- ☐ Diabetes
- ☐ Eczema
- ☐ Emotional problems
- ☐ Eye problems/poor vision
  - ☐ glasses ☐ patching
- ☐ Frequent headaches
- ☐ Frequent skin infections
- ☐ Frequent sore throat infections
- ☐ Hearing deficit
- ☐ Heart disease
- ☐ Hepatitis
- ☐ Kidney disease
- ☐ Meningitis/encephalitis
- ☐ Multiple ear infections (3 more more)
- ☐ Nervous twitches or tics
- ☐ Orthopedic handicap
- ☐ Rheumatic fever
- ☐ Seizures/epilepsy - current diagnosis
- ☐ Seizures/epilepsy - history of
- ☐ Sickle cell disease
- ☐ Stool soiling
- ☐ Toothaches or dental infections
- ☐ Traumatic brain injury
- ☐ Tubes in ears (Date:)
- ☐ Urinary tract infection
- ☐ Wetting during day
- ☐ Other: _____

Please explain any conditions above: _____

ALLERGIES

Allergy Type	Reaction	Treatment
☐ Bee/insect		
☐ Food		
☐ Medication		
☐ Other		

MEDICATION HISTORY (list prescription and over-the-counter medications take regularly or frequently)

Medication and dose	Time/frequency	Reason

Do you have other information or comments about this child's health, growth and development, behavior, home or family circumstances that you feel the school nurse should be aware of? If yes, please explain:

_____

_____

_____

Would you like an individual conference with the school nurse or other school personnel to relate any medical information you do not feel you can include on this form? ☐ No ☐ Yes

This information is confidential and your responses will be shared with professional personnel and teaching staff when the information learned will help in planning an education program for your child and ensure their safety while at school.

Form completed by	Relationship to child	Date

MARGARETTA LOCAL SCHOOL DISTRICT

DENTIST'S REPORT

Student's Legal Last Name	First	Middle

Age	Date of Birth	Date of Dental Examination	Today's Date

The following services have been performed (please check all that apply)

☐ Examination	☐ Fluoride application	☐ Oral prophylaxis (cleaning)
☐ Prescription for fluoride supplement	☐ Orthodontic assessment	☐ Radiographs
☐ Treatment (restoration, pulp therapy)	☐ Dental sealant	☐ Other: _____

The following oral hygiene instruction was provided (please check all that apply)

☐ Tooth ☐ Flossing ☐ Dietary counseling ☐ Use of fluoride mouthrinse

☐ Other: _____

The following statements are applicable (please check all that apply)

☐ All necessary preventative services have been performed (fluoride treatment, prophylaxis)

☐ No restorative services are required at this time

☐ Further treatment is indicated (see comments below)

☐ Further appointments have been arranged (orthodontic, restorative)

☐ Routine recall visits recommended

Comments:

Please print or stamp

Dentist's signature	Print name	Phone
Address		Date Signed
City	State	Zip

MARGARETTA LOCAL SCHOOL DISTRICT

PHYSICIAN'S REPORT

Student's Name			Date of Birth	Gender ☐ Male ☐ Female
Date of Examination	Height	Weight	BMI	BP

VISION SCREENING

Distance Acuity	☐ R	☐ L
Muscle Balance	☐ Pass	☐ Fail
Stereopsis	☐ Pass	☐ Fail
Farsightedness	☐ Pass	☐ Fail
Color	☐ Pass	☐ Fail
Wears glasses?	☐ Yes	☐ No
Referral made?	☐ Yes	☐ No
Screening not done	☐	

HEARING SCREENING

Pure Tone		
Right Ear	☐ Pass	☐ Fail
Left Ear	☐ Pass	☐ Fail
Wears hearing aid?	☐ Yes	☐ No
Under the care of hearing specialist?	☐ Yes	☐ No
Referral made?	☐ Yes	☐ No
Screening not done	☐	

POSTURAL SCREENING

☐ No abnormality found
☐ Screening not done
☐ Referral made
Comments:

SPEECH/LANGUAGE ASSESSMENT

☐ Normal Speech Pattern ☐ Possible problem with ☐ articulation ☐ rhythm ☐ voice ☐ language
☐ Speech evaluation recommended ☐ Speech assessment not done

IMMUNIZATION DATES (month/day/year required)

DTaP	Polio	MMR	Hep B	Varivax	Hib	Other
1)	1)	1)	1)	1)	1)	1)
2)	2)	2)	2)		2)	2)
3)	3)		3)		3)	3)
4)	4)					4)
5)	5)					5)

PHYSICAL EXAMINATION

☐ Essentially normal ☐ Abnormalities as follows: _____

Is this child able to participate fully in:
Classroom and academic activities? ☐ Yes ☐ No Physical education classes? ☐ Yes ☐ No

If limitations are advised, please specify:

Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?

Physician's signature	Print name	Phone
Address		Date Signed
City	State	Zip

MARGARETTA LOCAL SCHOOL DISTRICT
KINDERGARTEN PARENT QUESTIONNAIRE

Please complete and submit this form during Kindergarten registration. This form will go directly to the kindergarten teachers.

Child's Name _____ _____ Birth Date _____

Boy _____ Girl _____ Nickname _____ Date _____

Your name _____ Relationship to child _____

The things my child does that pleases me the most: _____

_____

The things my child does (or does not do) that worry me the most: _____

_____

My child prefers the following toys and activities: _____

_____

The activities my child and I do together: _____

_____

My child will not (cannot) eat: _____

During the day, my child (check all that apply):

	Where	Half Day	Full Day
Attends preschool	_____	_____	_____
Attends a day care	_____	_____	_____
Attends kindergarten	_____	_____	_____
Is home with a parent		_____	_____
Is home with a caregiver other than a parent		_____	_____

If your child attends preschool, how many years has your child attended _____

Please answer the following questions to the best of your knowledge. Please check: ***consistently, often, sometimes, never.***

Behavior: My child…

	Consistently	Often	Sometimes	Never
Accepts limits without getting upset				
Follows and complies with rules				
Plays with toys without damaging them				
Over-reacts or has temper tantrums				
Has sufficient energy and stamina for sustained activities				
Is fearful or worries a lot				
Does what parents ask him/her to do				
Keeps working at something until it is finished (persistent)				
Uses words rather than physical actions to settle arguments with other children				
Is easily frustrated				
Asks permission to use something that belongs to someone else				

Describe the strategies that work for you at home when you child needs guidance about behavior or discipline.

Socialization: My child…

	Consistently	Often	Sometimes	Never
Likes being with other children rather than being alone				
Separates from parents easily				
Plays well with others (taking turns/sharing)				
Is well liked by other children				
Recognizes feelings in others				

Attention: My child…

	Consistently	Often	Sometimes	Never
Sticks to an activity for at least 15 minutes				
Stops an activity when parents say to do so				
Is easily distracted				

Child's name _____

Self-Help: My child…

	Consistently	Often	Sometimes	Never
Uses the toilet independently (required for acceptance into kindergarten)				
Dresses himself or herself correctly and independently				
Feeds himself or herself independently				
Opens jars and Tupperware containers independently				
Puts his or her shoes on the right feet				
Puts toys away when asked				
Washes and dries hands independently				
Brushes his or her teeth				
Blows and wipes his or her nose without being asked				
Follows routines without struggle				
Open Ziploc bags/lunch items on his/her own				

Speech/Language: My child…

	Consistently	Often	Sometimes	Never
Has clear speech that can be easily understood by others (not only by parents)				
Clearly expresses wants and needs				
Uses complete sentences				
Needs instructions repeated often				
Remembers simple information from day to day				
Gives appropriate answers to questions				

Developmental abilities: My child…

	Consistently	Often	Sometimes	Never
Appears to be learning at an average rate for his or her age				
Has had delays in developmental milestones (walking, talking)				
Demonstrates age appropriate understanding and thinking skills				
Behaves and acts similarly to same age peers				
Seeks same age friends				

Motor development: My child…

	Consistently	Often	Sometimes	Never
Buttons and zips clothing without difficulty				
Uses pencils and crayons without difficulty				
Uses scissors without difficulty				
Has good hand/eye coordination (kicking or catching a ball)				
Has good control of body movements (skipping, hopping, etc.)				
Can be clumsy				

Any other information that you feel your child's teacher should know:

I certify that this information is correct to the best of my knowledge.

Parent signature _____