

SENECA EAST ELEMENTARY SCHOOL
2023-2024 KINDERGARTEN PACKET
FORMS AND INFORMATION NEEDED FOR KINDERGARTEN REGISTRATION

PARENTS: Seneca East will conduct our Kindergarten Screenings on Thursday and Friday, May 18 and 19, 2023. Appointments on Thursday will start at 8:00 am, with the last appointments scheduled for 2:30 pm. On Friday, appointments will begin at 8:00 am, with the last scheduled appointments at 12:00 pm. Prior to scheduling a screening time for your child, all paperwork must be completed and turned into the office, as well as copies of the required documentation.

1. **Kindergarten 2023-2024 Registration Form:** This form needs to be completed by a parent/guardian and returned.
2. **Seneca East Local School Enrollment 2023-2024 Form:** This form needs to be completed by a parent/guardian and returned.
3. **Proof of Residency in the Seneca East Local School District:** Parents/guardians will need to provide a copy of a utility bill, phone bill, rental agreement, rental payment receipt, tax statement, voter registration card, deed, or building permit which shows their physical address within the district.
4. **Letter from School Nurse to Parents/Guardians**
5. **Ohio Dept. of Health Physical Examination Form:** This form ***MUST BE*** completed by a physician at a child's appointment and returned.
6. **Ohio Dept. of Health - Health History:** This form is to be completed by parent/guardian and returned.
7. **Ohio Dept. of Health Oral Assessment:** This form is OPTIONAL, but if the child has a dental appointment, it can be completed by the dentist and returned.
8. **Seneca East Student Transportation Request:** This form to be completed by a parent/guardian and returned.
9. **Informational Sheet from the Kindergarten Staff** - this is two-sided.
10. **Informational Letter from the Speech-Language Pathologist**

REQUIRED DOCUMENTATION: In addition to the above, the school will also need copies of the child's official Birth Certificate and Social Security card. Also, a copy of any Custody Paperwork will need to be provided, if this is applicable to your child.

Our school utilizes Final Forms, an online student information system. Final Forms is completed by parents and the school will have laptops available for parents to use during your child's screening time. Assistance will be available from staff members while parents are completing forms.

Please contact Jan Allgyre (Elementary Secretary) or Brad Powers (Elementary Principal) if you have any questions or concerns regarding the submission of the above. Their contact information is listed below:

Mrs. Allgyre: 419/426-3344 or jallgyre@se-tigers.com

Mr. Powers: 419/426-1854 or bpowers@se-tigers.com.

Kindergarten Registration Form for 2023 - 2024 School Year

Note: In order to be eligible to attend Kindergarten for the 2023-2024 school year, a child must be five years old on or before **August 1, 2023**.

CHILD'S FULL NAME _____
(Last) (First) (Middle)

NAME CHILD PREFERS TO BE CALLED _____ MALE _____ FEMALE _____

CHILD'S DATE OF BIRTH _____ PLACE OF BIRTH _____ SS# _____
(City)

ADDRESS _____
(Street) (City) (Zip Code)

MAILING ADDRESS _____ or PO BOX _____
(If different from above)

E-MAIL ADDRESS: _____

COUNTY YOU LIVE IN _____ PHONE NUMBER _____
CELL NUMBER _____

PLEASE INDICATE ONE OF THE FOLLOWING:

_____ SENECA EAST RESIDENT _____ OPEN ENROLLMENT _____
(District of Residence)

CHILD RESIDES WITH: BOTH PARENTS MOTHER FATHER RELATIVE GUARDIAN FOSTER
(Circle One)

NAME OF PARENT/GUARDIAN _____

Child is CURRENTLY attending Preschool (school year 2022-2023): _____ YES _____ NO
If yes, where _____

SCREENING PREFERENCE TIME _____ MORNING _____ AFTERNOON **Screening Dates: May 18 and May 19, 2023**

OPTIONAL: Please indicate below any academic, medical or family information pertaining to your child that may help Seneca East teachers and staff meet his/her needs. Write on the back of this form if you need additional space.

Please return this Registration Form to the Seneca East Elementary office by no later than April 13, 2023. You should also bring your child's Birth Certificate, Social Security Card, Immunization Record, Proof of Residency, and Custody Paperwork (if applicable) to the school office by April 13 so we can make copies for our records. We will also be available from 5:00-6:00 PM on Thursday, April 13 to make copies of this paperwork as needed. A parent meeting will then be held at 6:00 PM in the auditoria for those who have questions about the process. Note: Kindergarten Screening dates are Thursday, May 18 and Friday, May 19, 2023. **ALL PAPERWORK MUST BE SUBMITTED PRIOR TO SCHEDULING SCREENING TIMES.** Parents may sign up for screening times at the parent meeting on April 13 or by calling Mrs. Allgyre during school hours. If you have questions, please call Brad Powers (principal) at 419-426-1854 or Jan Allgyre (secretary) at 419-426-3344. You may also email Mr. Powers (bpowers@se-tigers.com) or Mrs. Allgyre (jallgyre@se-tigers.com) with your questions.

SENECA EAST ELEMENTARY SCHOOL

13343 E.U.S. Highway 224, Attica, OH 44807

Dear Parents/Guardians:

Soon your child will be beginning a new and exciting phase of life; entering kindergarten. To make this transition easier for both of you, there are certain details that must be completed before your child enters school. The following information is needed by the state of Ohio for all children to have on file at the school they will be attending:

1. The Ohio School Health History form
2. A copy of an up to date Immunization Record
3. The Ohio Department of Health Physical Examination form - signed by a physician
4. The Ohio Department of Health Oral Assessment form

All of the above papers are brought to your child's kindergarten screening appointment (if not turned in earlier). The Ohio School History Form should be filled out completely by you. The required immunizations in the state of Ohio for entrance into kindergarten are as follows:

- 5 doses of Diphtheria, Tetanus and Pertussis Vaccine
- 4 doses of Polio Vaccine
- 3 doses of Hepatitis B Vaccine
- 2 doses of Measles, Mumps and Rubella Vaccine
- 2 doses of Varicella Vaccine (chickenpox vaccine)

(If the child has had chickenpox, proof of disease per parent description is required)

Please make an appointment now with either your private physician or local health department to ensure all immunizations are completed in a timely manner. The Seneca County Health Department phone number is 419/447-3691, ext. 352 or 800/698-3691. (If you have Medicaid, you must bring your current medical card.)

***YOUR CHILD WILL BE EXCLUDED FROM SCHOOL IF REQUIRED IMMUNIZATIONS
ARE NOT UP TO DATE.***

I look forward to meeting each of you on the day of your child's kindergarten screening to review all paperwork.

Sincerely,



Amy Ferres, RN
Seneca East Local School District Nurse
Phone: 419/426-1866

Ohio Department of Health • School and Adolescent Health

Physical Examination

| | | | | |
|----------------|--------|----------------|--|----------------------|
| Student's name | | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of birth / / |
| Height | Weight | BMI percentile | BP | |

Screening Tests

| Vision | Hearing | Postural |
|---|---|---|
| Date performed / / | Date performed / / | Date performed / / |
| Distance Acuity <input type="checkbox"/> R <input type="checkbox"/> L Muscle Balance <input type="checkbox"/> Pass <input type="checkbox"/> Fail Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail Child wears glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Tested with glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No | Pure Tone Right ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail Left ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail Child wears hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Child under the care of a hearing specialist <input type="checkbox"/> Yes <input type="checkbox"/> No Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No abnormality noted <input type="checkbox"/> Screening not done <input type="checkbox"/> Referral made Comments _____ _____ _____ |

Speech/Language

Speech assessment completed Yes No

Child has no discernible speech problem Yes No

Speech evaluation recommended Yes No

Child has possible problem with _____

Lead Poisoning

Date _____ Type C V Results _____ µg/dL

Date _____ Type C V Results _____ µg/dL

Tuberculin Test
Date _____ Type _____ Results _____

Health History (Serious or chronic illnesses/injuries/surgeries)

Physical Examination Date of most recent examination / /

Essentially normal Abnormalities as follows

Is this child able to participate fully in:

| | |
|--|---|
| Classroom and academic activities <input type="checkbox"/> Yes <input type="checkbox"/> No | Physical education classes <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Competition athletics <input type="checkbox"/> Yes <input type="checkbox"/> No | Contact and collision sports <input type="checkbox"/> Yes <input type="checkbox"/> No |

If limitations are advised, please specify

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

| | | |
|---------------------------------|------------|--------------|
| HealthCare Provider's signature | Print name | Phone () |
| Address | | Date / / |
| City | State | ZIP |

Ohio Department of Health • School and Adolescent Health Health History

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

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. _____ | |
| How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced | |

Student Health Conditions

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

Please explain any conditions above or any reasons for hospitalizations.

| Please indicate any allergies your child may have. | | School restrictions or recommended actions |
|--|----------|--|
| Allergy type | Reaction | |
| <input type="checkbox"/> Bee/Insect | | |
| <input type="checkbox"/> Food | | |
| <input type="checkbox"/> Medication | | |
| <input type="checkbox"/> Other | | |

Ohio Department of Health • School and Adolescent Health

Oral Assessment

| | |
|----------------|----------------------|
| Student's name | Date of birth / / |
|----------------|----------------------|

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

| | | | |
|---|---|--|--|
| <input type="checkbox"/> Examination | <input type="checkbox"/> Fluoride application | <input type="checkbox"/> Oral prophylaxis (cleaning) | <input type="checkbox"/> Prescription for fluoride supplement |
| <input type="checkbox"/> Orthodontic assessment | <input type="checkbox"/> Radiographs | <input type="checkbox"/> Dental sealant | <input type="checkbox"/> Treatment (restoration, pulp therapy) |
| <input type="checkbox"/> Other _____ | | | |

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

| | | | |
|--|-----------------------------------|---|---|
| <input type="checkbox"/> Toothbrushing | <input type="checkbox"/> Flossing | <input type="checkbox"/> Dietary counseling | <input type="checkbox"/> Use of fluoride mouthrinse |
| <input type="checkbox"/> Other _____ | | | |

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

| |
|---|
| <input type="checkbox"/> All necessary preventive services have been performed. (Fluoride treatment, prophylaxis) |
| <input type="checkbox"/> No restorative services are required at this time. |
| <input type="checkbox"/> Further treatment is indicated. (See comments) |
| <input type="checkbox"/> Further appointments have been arranged. (Orthodontic, restorative) |
| <input type="checkbox"/> Routine recall visits recommended. |

Comments

| | | |
|---------------------|------------|------------------|
| Dentist's signature | Print name | Phone () |
| Address | | Date / / |
| City | State | ZIP |



Seneca East Student Transportation Request

***For all students eligible for bussing* (Open enrollment students will only be eligible if there is room on the bus at the designated bus stops)**

Only 1 address other than home will be allowed, unless it's a court ordered shared parenting, then 2 stops are allowed, plus 1 alternate

Student's name _____

Address _____

Parent/Guardian _____

COMPLETE BOTH SECTIONS BELOW

Section 1

For transportation to school, my child(ren) needs to be picked up from the closest bus stop to:

CHECK ONE: Home address _____

Other address _____

I will NOT be utilizing bus transportation _____

****If other address please specify below (must be on a regular scheduled route)**

Name _____

(Babysitter, Relative, other parent)

Address _____

Section 2

After school, my child (ren) needs to be dropped off at the closest bus stop to:

CHECK ONE: Home address _____

Other address _____

I will NOT be utilizing bus transportation _____

**** If other address please specify below- (must be on a regular scheduled route)**

Name _____

(Babysitter, Relative, other parent)

Address _____



Seneca East Kindergarten Registration School Year 2023-2024



*****The following forms & copies MUST be turned in to the school BEFORE Screening times will be scheduled:**

- Registration Form (If you prefer for your child's teacher to use a nickname, please indicate on this form!)
- Seneca East 2023-2024 Student Information Sheet
- Health History
- Physical Examination
- Oral Assessment (Optional)
- Transportation Form
- Copy of Immunization Record (list of needed immunizations on letter from nurse)
- Copy of Birth Certificate
- Copy of Social Security Card
- Custody Papers (if applicable)

Academic Skills to Begin Working on Before Entering Kindergarten

• Please know we will continue to master these skills during Kindergarten. Preparing/practicing early will help your child to be familiar with these skills as they are introduced during Kindergarten!

- Write First Name & Identify Letters in First Name
- Practice Coloring, Cutting, & Gluing Skills
- Count to at Least 10
- Recognize Basic Colors
- Recognize Basic Shapes
- Begin Recognizing Letters in the Alphabet (Seneca East uses D'Nealian Handwriting- copy on back)
- Begin Recognizing Numbers to 10

Self Care Skills to Have Mastered By the Start of Kindergarten

- Use the Restroom Independently (buttoning/unbuttoning pants, belts, wiping, etc.)
- Tie Own Shoes
- Blow Own Nose
- Take Off/Put On Own Coat, Hat, Gloves, etc.
- Practice Backpack Skills (packing/unpacking, zipping, & putting on)

Ways You Can Help Your Child to Have a Successful Year in Kindergarten

- Show your child learning is fun!
- Promote a love of reading by reading to your child EVERYDAY!
- Teach your child how to listen and follow oral directions.
- Teach your child the importance of getting along with others.

*****Important Date (if pandemic restrictions will allow this year)*****

Open House will be held on Thursday, August 17, 2023. The Kindergarten teachers will each hold a meeting in his/her classroom at 5:30 p.m. This meeting is very important to attend so you can learn, understand, and ask questions about the procedures and routines for your child's Kindergarten classroom! Look for an email from your child's Kindergarten teacher in early August with more details!

The Open House for Grades 1-5 will begin at 6:00 p.m. following the meetings.

D'Nealian Handwriting

Aa Bb Cc Dd Ee Ff Gg Hh

Ii Jj Kk Ll Mm Nn Oo

Pp Qq Rr Ss Tt Uu Vv

Ww Xx Yy Zz

1 2 3 4 5 6 7 8 9 10



Dear Parents,

All children enrolling in kindergarten for the 2023-2024 school year receive a speech and language screening. These screenings will take place during the first few weeks of school. The purpose of the screenings are to identify children with errors in their speech production. It also identifies deficits in their language abilities such as inability to relate to experiences, compare objects, sequencing, describing, basic concepts, etc.

Children in kindergarten should have mastered the following sounds: P, B, M, N, NG ("ing"), T, D, W, F, V, K, G, H, Y, and vowels. These sounds should be produced correctly at this age (approximately 5 years old). If an error is found to exist in **several** of these sounds, the child may be recommended for speech interventions and/or evaluation during the kindergarten year. Sounds such as: R, S, Z, TH, L, CH, SH, S and L blends are more advanced in normal speech development, and often develop naturally without speech therapy by the age of 7+. These sounds depend on maturity and proper dentition which may take until second grade to fully develop. It is true that some children do talk fluently as young as 3 or 4 years of age without noticeable errors. Parents should also be aware that speech errors may appear later on due to dentition.

Parents are always informed of any and all information pertaining to their child in regard to speech/language interventions, steps to an evaluation, and therapy. I hope that this information will give you as parents an insight to the case selection of students for speech therapy during the kindergarten year.

If you have any questions or request additional information, please feel free to contact me by phone or via email. Thank you!

Katlyn Dutko, M.A. CCC-SLP
Speech Language Pathologist
Seneca East Local Schools
kdutko@se-tigers.com
(419) 426-3344 ex. 5067