

SENECA EAST ELEMENTARY SCHOOL  
**2021-2022 KINDERGARTEN PACKET**  
FORMS AND INFORMATION NEEDED FOR KINDERGARTEN REGISTRATION

**PARENTS:** Seneca East will conduct Kindergarten Screenings on Friday, May 21. Sessions will begin at 8:15 AM and the last screening sessions will be scheduled for 4:15 PM. Before a child is able to be screened, however, we need to collect important information. Following is a list and brief description of the forms that are in the Kindergarten Packet.

1. **Kindergarten Registration Form**. This is a single-sided form. Must be completed by parent/guardian and returned. (yellow paper)
2. **Seneca East 2021-2022 Student Information Form**. Must be completed by parent/guardian and returned. (white paper)
3. **Letter from the School Nurse to Parents**. (pink paper)
4. **Ohio Department of Health Physical Examination Form**. This is a single-sided form. The Physical Examination Form must be completed by a physician at child's appointment and returned. (white paper)
5. **Ohio Department of Health Oral Assessment**. This is a single-sided form. Must be completed by a dentist at child's appointment and returned. This is OPTIONAL, not required. But please return if the form is completed. (white paper)
6. **Ohio Department of Health - Health History**. This is a two-sided form. Must be completed and returned by parent/guardian and returned. (blue paper)
7. **Application for Bus Transportation**. This is a single-sided form. Must be completed by parent/guardian and returned. Note: Only one form is required per family. (white paper)
8. **Information from Kindergarten Staff**. This is a two-sided sheet. (orange paper)
9. In addition to the above, copies of the child's Birth Certificate, Social Security card, Immunization Record and Custody Paperwork, if applicable, will also need to be provided to the school.

**IMPORTANT NOTE:**

Seneca East uses the Final Forms online system for Contact Information, Emergency Medical Authorization, etc. These forms must be filled out online. Parents will be able to fill out the Final Forms information during the assigned screening times. Chromebooks will be available. Parents will meet with the building principal, health nurse, and transportation supervisor in the computer lab next to the auxiliary gym. Parents and children will use the GYM Entrance on Friday, May 21.

Please contact Jan Allgyre (Elementary Secretary) or Brad Powers (Elementary Principal) if you have any questions or need assistance completing any of the forms.

Mrs. Allgyre: (419) 426-3344 or [jallgyre@se-tigers.com](mailto:jallgyre@se-tigers.com)  
Mr. Powers: (419) 426-1854 or [bpowers@se-tigers.com](mailto:bpowers@se-tigers.com)

## Kindergarten Registration Form for 2021 - 2022 School Year

Note: In order to be eligible to attend Kindergarten for the 2021-2022 school year, a child must be five years old on or before **August 1, 2021**.

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 ATTENDED PRESCHOOL \_\_\_\_ YES \_\_\_\_ NO If yes, where \_\_\_\_\_

SCREENING PREFERENCE TIME \_\_\_\_ MORNING \_\_\_\_ AFTERNOON **Screening Date is Friday, May 21, 2021**

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 the entire Registration Packet to the Seneca East Elementary office no later than April 23, 2021. You should also submit copies of your child's Birth Certificate, Social Security Card, up to date Immunization Record, and Custody Paperwork (if applicable) when returning this packet. If you need assistance making copies, please contact Mr. Powers or Mrs. Allgyre and we will set a time to do that for you. **ALL PAPERWORK MUST BE SUBMITTED PRIOR TO SCHEDULING YOUR CHILD'S SCREENING.** To schedule a screening time, contact Mrs. Jan Allgyre (Elementary Secretary) at 419/426-3344 or email: [jallgyre@se-tigers.com](mailto:jallgyre@se-tigers.com), Other questions or concerns may be directed to Mr. Brad Powers (Elementary Principal) at 419/426-1854 or email: [bpowers@se-tigers.com](mailto:bpowers@se-tigers.com)

## **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. An attested transcript of the Certificate of Birth or attested hospital record showing date and place of birth
3. A copy of the child's Social Security Card
4. A copy of an up to date Immunization Record
5. The Ohio Department of Health Physical Examination form - signed by a physician

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 birth certificate may be obtained from the Health Department in the county of birth or online at [vitalchek.com](http://vitalchek.com). 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

## Health History

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

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.


Form completed by	Relationship to student	Date /   /
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# Seneca East Kindergarten Registration School Year 2021-2022



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

- Registration Form (yellow) \*If you prefer for your child's teacher to use a nickname please indicate on this form!
- Seneca East 2021-2022 Student Information Sheet (white)
- Health History (blue)
- Physical Examination (white)
- Oral Assessment (Optional) (white)
- Transportation Form (white)
- 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
- Tie Own Shoes
- Blow Own Nose
- Take Off/Put On Own Coat, Hat, Gloves, etc.

## 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 19, 2021. 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 a letter in the mail from your child's Kindergarten teacher in early August with more details!

# 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



# Seneca East Schools

## Student Transportation Request

**\*\*For all students eligible for bussing\*\***

**Only 1 address other than home will be allowed, unless its a court ordered shared parenting, then 2 stops are allowed, plus 1 alternate. Please submit by June 1, 2021**

Student Name(s) \_\_\_\_\_

\_\_\_\_\_

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 a regularly scheduled route stop)**

Name \_\_\_\_\_

**(Babysitter, Relative, other parent)**

Address \_\_\_\_\_

#### **Section 2**

After school, my child (ren) needs to 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 a regularly scheduled route stop)**

Name \_\_\_\_\_

**(Babysitter, Relative, other parent)**

Address \_\_\_\_\_





Dear Parents,

All children enrolling in kindergarten receive a speech and language screening. Due to unforeseen the events of the pandemic, this year's speech and language screening will occur during the **first few weeks of school**. This screening identifies 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, 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 blends 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

# Ohio Department of Health • School and Adolescent Health

## Oral Assessment

Student's name	Date of birth / /
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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

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

**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 \_\_\_\_\_

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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

**Seneca East Local School 2021-2022**

GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_ BUS \_\_\_\_\_

LastName \_\_\_\_\_ First \_\_\_\_\_ Full Middle \_\_\_\_\_

PO Box (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Child Lives With: \_\_\_\_\_ Mother and Father \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only  
 \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Mother & Stepfather \_\_\_\_\_ Father and Stepmother

FathersName \_\_\_\_\_ Phone \_\_\_\_\_  
 Father's Address \_\_\_\_\_ email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Mother's Address \_\_\_\_\_ email \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Guardian's Address \_\_\_\_\_ email \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
 Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency the school will attempt to contact the persons with whom the child has been indicated to live.  
 In addition to those indicated, please list others who may be contacted and/or are permitted to sign the child out of school.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**DATA REQUIRED BY THE OHIO DEPARTMENT OF EDUCATION**

This box is to be completed only if this student is entering kindergarten.  Name and location of preschool attended _____  * A child must be five years of age on or before August 1, 2021, to attend kindergarten for the 2021-2022 school year.	This box is to be completed only if this student is transferring into the Seneca East School District.  Date Enrolled _____ Last District Attended _____
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Child's name as it appears on birth certificate:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ City of Birth \_\_\_\_\_ County of Residence \_\_\_\_\_

Social Security Number \_\_\_\_\_

Demographics:	X		X		Ethnicity/Race/Language	X		X	
Gender		Male		Female	Is the child Hispanic/Latino		Yes		No
Is this child on an IEP?		Yes		No	Race of child (mark all that apply)		White		Asian
Is this child open enrolled to SE? If yes, what is the district of residence?		Yes		No				American Indian/Alaskan Native	
Is there a court order affecting custody/parental contact with this child		Yes If yes, court documentation is required.		No			Native Hawaiian/Pacific Islander		
					Native Language		English		Other _____