

St. Clairsville-Richland City School District
Kindergarten Registration Form
School Year 2020 - 2021

Student's Name _____
 First Middle Last

Gender (**M or F**) Student's **Date of Birth** Student's **City and State of Birth**

Street Address #1 Student's **Mother's Maiden Name**

Mailing Address (PO Box if applicable) Home Phone Number

City State Zip Cell Phone Number

Email Address _____

Family Information

Mother's Name Occupation Work or Contact Number

Father's Name Occupation Work or Contact Number

Names and ages of siblings: _____

Guardianship

Student lives with: (check one)

_____ Both natural parents _____ Mother only _____ Father only
_____ Shared parenting _____ Mother/Stepfather _____ Father/Stepmother
_____ Grandparents _____ Other – please specify _____

Non-custodial or shared parent: _____
(if address is different than above) Name Relationship

Address

Phone Number

Statement of Custody

I/We have: _____ **full custody** rights or _____ **shared custody** rights of said child for the following reason:

() Married () Separated () Divorced () Father Deceased () Mother Deceased () Never Married
() Foster () Court Placed () Grandparent - Power of Attorney required

- In cases of legal separation or divorce, court documents must be provided naming the parent who is enrolling the student as the residential/custodial parent.
- If the student does not reside with parents, legal documentation must be provided to the school at time of enrollment. Ex: official court papers, legal guardianship papers, power of attorney, foster placement, etc.

Custody/Court documents provided: _____ **Yes** _____ **No**

Previous School Information

Is student repeating kindergarten? Yes No

If yes, name of previous school: _____

School District _____ Address _____ City/State _____ Zip Code _____

Ethnic/Race Information

The United States Department of Education mandates that school districts collect and report racial and ethnic data. The purpose for collecting this information is to “ensure equal access” to education for all students.

Is the student Hispanic/Latino: Yes No

(a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Which of the following five racial groups applies to the student? Check all that apply:

American Indian or Alaska Native – persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Asian – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – Persons having origins in any of the black racial groups in Africa.

Native Hawaiian or Other Pacific Islander

White – People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

Citizenship Status (check one): U.S.A. Other Country: _____

Is student’s primary/home language English? Yes No Language used: _____

Residency Status

Are you a resident of St. Clairsville-Richland City School District? Yes No

District of residence, if **not** St. Clairsville: _____

If **not** enrolling as a resident, please check the following:

Open Enrollment* Court Placed Foster Placed Other _____

**Open enrollment form must be submitted and approved by elementary principal.*

Special Services (if applicable)

Please check if your child is currently receiving any of the following services:

Special Education IEP Speech IEP Occupational Therapy Physical Therapy

Any Medical Concerns: _____

Parent/Guardian Signature and Relationship to Student

Date

(Office use only)

State ID# _____

DASL# _____

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"/> 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.

Form completed by

Relationship to student

Date / /

Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

| | |
|--|---|
| Student Name: <i>(First Name and Last Name)</i> _____ | Student Date of Birth: <i>(mm/dd/yyyy)</i> _____ |
| <p>Communication Preferences Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.</p> | <p>1. In what language(s) would your family prefer to communicate with the school? _____</p> |
| <p>Language Background Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p> | <p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p> |
| <p>Prior Education Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.</p> | <p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month Day Year</p> |
| <p>Additional Information Please share additional information to help us understand your child's language experiences and educational background.</p> | |
| <p>Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____</p> <p>Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____</p> | |

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



COMPLETED BY SCHOOL EMPLOYEE

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the [Language Usage Survey Annotations](#) on page 2 for item-specific guidance.

| | |
|--|--|
| <p>Student's native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p> | <p>_____</p> |
| <p>Student's home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p> | <p>_____</p> |
| <p>Potential English learner See Language Usage Survey Questions 2-4.</p> | <p><input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.</p> |
| <p>Immigrant student status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p> | <p><input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.</p> |

4. **Validate.** Complete the information below.

Signature of validating school employee

Date (mm/dd/yyyy)

Printed name of validating school employee

Name of school or school district