



Alliance City Schools Registration Requirements **Preschool** 2020-2021

The Future Starts Here!

- _____ Proof of Residency (1 of the following)
 - Rental /Purchase Agreement
 - Utility Bill
 - Driver's License with current address
 - Notarized Residency affidavit (Available in Student Registration Office)
- _____ Student's Birth Certificate
- _____ Student's Immunization Records
- _____ Child Medical Statement
- _____ Parent/Guardian Photo ID
- _____ Custody Papers (If applicable)
 - Must be official court document
- _____ Proof of income
- _____ Valid email address (preferred for "first day forms")

- Children should be 3 by August 1st and be potty trained to attend preschool.
- Incomplete packets cannot be processed until all items are completed and returned.

Requests: Teacher: _____ AM PM

Please note that only the custodial parent and/or guardian can enroll a student and must present all documents required above at the time of enrollment. The custodial parent will sign a record release at the time of enrollment to withdraw the student from their previous school and request their academic records.

Please contact Ronda Pittman, District Registrar with any questions at 330-821-2106.



Alliance City School District Student Registration

ID# _____

*Use student's name as it appears on the birth certificate
*Must be completed by parent/legal guardian

Please Check One:

- ☐ New Student
☐ Returning Student

Bus Rider:

- ☐ Yes ☐ No

STUDENT INFORMATION:

Student's Legal Name _____

First

Middle

Last

Gender ☐ Male ☐ Female Grade _____ Date of Birth ____/____/____ Birth City/State _____

Address _____

Number and Street

City

Zip Code

County of Residence _____ Main Phone _____

Is the student Hispanic/Latino? (Cuban, Mexican, South or Central American, Puerto Rican or other Spanish culture?) ☐ Yes ☐ No

Student Racial Group: (Mark all that apply) [Note: If no selection is made, school personnel are required to make an observer identification]

- ☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander

If new to ACS is your student currently under suspension/expulsion from another school or school district? ☐ Yes ☐ No

PARENT/GUARDIANSHIP INFORMATION:

Legal Custody is with:

- ☐ Both Parents
☐ Shared or Joint Parenting (Custody documents must be provided. Notarized custody documents are NOT acceptable.)
☐ Mother Only (If parents were unmarried at time of birth, the mother is the "sole residential parent and legal guardian" ORC3109.042)
☐ Mother Only ☐ Father Only (Custody documents must be provided)
☐ Other Guardian Please state name and relationship _____ (documentation must be provided.)
☐ Parents are still married, but separated, and not divorced. (No custody order exists)

Parents are:

- ☐ Married ☐ Never Married ☐ Separated ☐ Divorced ☐ Mother Deceased ☐ Father Deceased

Student Lives with:

- ☐ Both Parents ☐ Mother ☐ Father ☐ Step Parent ☐ Other/Guardian
☐ Alternates Between Parents ☐ Foster Parents ☐ Over 18 – Lives on own

Contact Info:

☐ Mother ☐ Step Mother ☐ Foster Mother ☐ Female Guardian

☐ Father ☐ Step Father ☐ Foster Father ☐ Male Guardian

Name _____

Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Email _____

Email _____



Alliance City School District Student Registration

SPECIAL SERVICES:

Has the student ever received English as a Second Language (ESL) or Bilingual services?

☐ Yes ☐ No

Does the student have an IEP (Individualized Education Plan)?

☐ Yes ☐ No

If yes, what kind of services does your child receive?

Does the student have a 504 Accommodation Plan?

☐ Yes ☐ No

Has the student been identified as Gifted? ☐ Yes ☐ No

If YES, is there a WEP or WAP?

☐ Yes ☐ No

(Written Education Plan or Written Acceleration Plan)

PREVIOUS EDUCATION:

Has the student ever repeated a grade? ☐ Yes* ☐ No

*If YES, what grade(s) were repeated? _____

Years of Preschool? ☐ 0 ☐ 1 ☐ 2 ☐ 3

Name of Preschool _____

Has the student ever attended Alliance City Schools? ☐ Yes* ☐ No

*If YES, What year? _____

If NO, name of last school attended _____

SIBLINGS:

List all children in the home.

Brother/Sister Name	Date of Birth	Brother/Sister Name	Date of Birth

OTHER CONTACTS:

Other than the above named parents/guardians, please list two additional contacts who can pick up your child if we are not able to reach you in case of an emergency (must be 18 years of age and have a photo ID):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Parent/Guardian Signature _____

Date _____



LIVING ARRANGEMENT FORM

ALLIANCE CITY SCHOOLS
200 GLAMORGAN STREET
ALLIANCE, OH 44601
330-821-2100

NAME OF STUDENT: _____ SCHOOL: _____

1. Presently, where is this student living? *Please check one box in either section A or B in the table below.*

SECTION A	SECTION B
<input type="checkbox"/> in a shelter <input type="checkbox"/> with more than one family in a house or apartment <input type="checkbox"/> in a motel, car or campsite <input type="checkbox"/> with friends or family members (other than parent/guardian) <input type="checkbox"/> alone with no adults CONTINUE ↓	<input type="checkbox"/> Choices in Section A do not apply to the student. If you checked the box in this section (Section B), you do not need to complete the remainder of this form. STOP And Sign Below

2. Please check the reason(s) for your child/family's current living arrangement:

- | | |
|---|--|
| <input type="checkbox"/> Economic Reasons | <input type="checkbox"/> Family Care Needs |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Personal Choice |

3. Under the McKinney-Vento Homeless Assistance Act, your child may have the right to attend his/her previous school at no expense to you.

Previous school and district: _____

4. Please list a phone number where you can be reached: _____

Name: _____

Signature: _____ Date: _____

Please contact the Student Services Office at (330) 821-2105 if you would like more information on the rights provided to homeless families under the McKinney-Vento Homeless Assistance Act.

FOR SCHOOL USE ONLY

Notify the following personnel via email: **EMIS Coordinator**
Student Services Administrative Assistant



This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section I - Child Medical Information

Child's Name _____

Date of Birth _____ Height _____ Weight _____

Immunizations:	Exempt from Immunization:
Complete for Age <input type="radio"/> Yes <input type="radio"/> No	Religious Conviction <input type="radio"/> Yes <input type="radio"/> No
In Process <input type="radio"/> Yes <input type="radio"/> No	Health <input type="radio"/> Yes <input type="radio"/> No
	Other _____

Limitations or health conditions, including allergies, medications, and dietary restrictions.

Section II - Child Medical Statement Verification

Physician/Clinic/Hospital Name _____ Provider Address _____

Provider Phone Number _____ Provider City _____ Provider State _____ Provider Zip _____

Check box of examining medical professional:

- ☐ Physician
☐ Physician's Assistant
☐ Advanced Practice Nurse

This child has been examined and is in suitable condition to participate in group care.

Signature of Medical Professional _____ Date of Exam _____

Programs funded through the Ohio Department of Education must have written policies and procedures to ensure that children have received comprehensive health screenings and/or that families are informed of the importance of health screenings and the resources to obtain them.



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> _____	
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.		1. In what language(s) would your family prefer to communicate with the school? _____	
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.		2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____	
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.		5. In what country was your child born? _____ 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? _____ 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	
Additional Information Please share additional information to help us understand your child's language experiences and educational background.			
Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____ Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____			

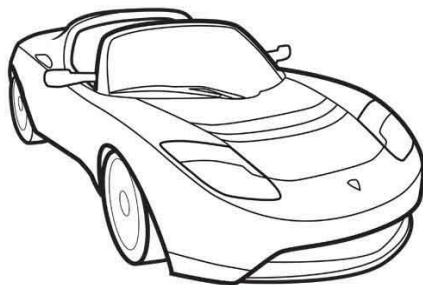
Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents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

Please circle below the way your child will be transported to and from school during the 2020 / 2021 school year.

You will be notified with a postcard by the transportation department of your eligibility approximately 1 week before school starts. If you are enrolling after the start of school, please call the bus garage at 330-829-0348 to get your child's bus number.

Child's Name _____

Address being bussed to? HOME or _____



Parent Pickup

OR



Bus Rider

OFFICE USE ONLY

Grade: Kindergarten Preschool

AM

PM



Alliance City Schools

Preschool Transportation Permission Form

Please check and complete one section only:

_____ I give my permission for Alliance City Schools to transport my child
_____ to and from the Alliance Early Learning Preschool program.

_____ I will provide transportation to and from the Alliance Early Learning Preschool
program for my child _____.

Parent /Guardian Signature

Date



Alliance City Schools

Program Roster Permission Form

The Ohio Department of Education requires all preschool programs to prepare an annual roster of children enrolled in the program including the child's and parent's names and telephone number(s). This roster will be available to each parent upon request, but will not be furnished to anyone other than parents and staff.

Please check only one box below.

☐ I give my permission to include my child's name and my name and phone number on the annual roster. This is how I want the information to appear:

Child's Name _____

Parent's Name _____

Telephone Number _____

☐ I do not wish my child's name and my name and phone number to be included in the annual roster.

Parent /Guardian Signature

Date

PERMISSION FOR PRESCHOOL SCREENINGS

I hereby give permission for my child, _____, to receive the following screenings, which are required by the Ohio Department of Education for children enrolled in public preschool programs in order to identify and help correct any potential problems before my child begins kindergarten:

- Overall development - (Brigance and ELA)
ASQ:SE Questionnaire, ECO (special needs only) which looks at
Basic motor, language, and conceptual skills
 - Vision
 - Growth (height / weight)
 - Hearing and periodic impedance monitoring (tympanometry)
 - Speech
-
- I understand if my child has already received any of these screenings, I should notify the teacher and forward a copy of the screening to her.
 - I understand that, as mandated by the State of Ohio, the results of the ELA Assessment will be send to the Ohio Department of Education.
 - I understand I will be notified of the results of these screenings, and the the results of the screenings along with my child's preschool records will be forwarded to my child's elementary school when he or she begins kindergarten.
 - I understand the importance of a physical and dental exam and all screenings for my child. Screenings include all labs done by a pediatrician or Health Department and vision, hearing and growth assessments done by a pediatrician and/or a school.

Children who attended their district's preschool screening or had a multi factored evaluation have already had some of these screenings.

Parent Signature _____ Date _____

Please complete the following form. This form is required to be completed in order to determine your preschool tuition.

Page 1 - You, as the parent/guardian are the applicant. Fill the top section of page one out about yourself. In the second section on page one, please list all of the people in your household starting with yourself on the first line, the child you are enrolling in preschool second, and then all of the other people who live in your home.

Page 2 - Does not need to be completed

Page 3 - Where you will list all of the people who live in your home that receive any type of income. Please provide us with a copy of pay stubs or documentation for benefits that you receive so that we can verify your income. This page is how your tuition is figured, so it is important that it is completed correctly with the proper documentation.

If you have any questions regarding this form or any of the required paperwork, we are happy to help you fill it out.

Thank you!

Ohio Department of Job and Family Services
Ohio Department of Education
EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

Tell us about you (the applicant)

First Name	MI	Last Name
Address		Today's Date
City	State	County
Zip Code		
Phone Number ()	Additional Phone Number ()	E-mail Address

Tell us about the people in your home

Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

Tell us about your needs for your child(ren)

Child 1	Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			
Child 2	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			
Child 3	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			

Tell us about your finances

Will you or the people in your home receive income this month? ☐ Yes ☐ No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income <i>(before taxes)</i>	How Often Received <i>(weekly, bi-weekly, etc)</i>	Date Last Received	Work or School Schedule <i>(please list times)</i>
					<input type="checkbox"/> Sun ____ <input type="checkbox"/> Thurs ____ <input type="checkbox"/> Mon ____ <input type="checkbox"/> Fri ____ <input type="checkbox"/> Tues ____ <input type="checkbox"/> Sat ____ <input type="checkbox"/> Wed ____
					<input type="checkbox"/> Sun ____ <input type="checkbox"/> Thurs ____ <input type="checkbox"/> Mon ____ <input type="checkbox"/> Fri ____ <input type="checkbox"/> Tues ____ <input type="checkbox"/> Sat ____ <input type="checkbox"/> Wed ____
					<input type="checkbox"/> Sun ____ <input type="checkbox"/> Thurs ____ <input type="checkbox"/> Mon ____ <input type="checkbox"/> Fri ____ <input type="checkbox"/> Tues ____ <input type="checkbox"/> Sat ____ <input type="checkbox"/> Wed ____
					<input type="checkbox"/> Sun ____ <input type="checkbox"/> Thurs ____ <input type="checkbox"/> Mon ____ <input type="checkbox"/> Fri ____ <input type="checkbox"/> Tues ____ <input type="checkbox"/> Sat ____ <input type="checkbox"/> Wed ____
					<input type="checkbox"/> Sun ____ <input type="checkbox"/> Thurs ____ <input type="checkbox"/> Mon ____ <input type="checkbox"/> Fri ____ <input type="checkbox"/> Tues ____ <input type="checkbox"/> Sat ____ <input type="checkbox"/> Wed ____

Do you or anyone in your household pay Child or Spousal Support? ☐ Yes ☐ No

How Much?

Signature of Applicant

Date