Northwood Elementary – Olney Building  
512 Lemoyne Rd, Northwood, OH 43619  
419-691-3888 (After August 1st: 419-691-2601)

** KINDERGARTEN REGISTRATION **

(Please note that school starts August 16th, so paperwork needs to be returned as soon as possible.)

The following information must be completed and returned in order for your child to be officially registered for Kindergarten:

1. New Student Registration Form  
   a. Birth Certificate  
   b. Social Security Card  
2. Residency Information (Photo ID + 2 Proofs needed)  
   a. Driver’s License or Photo ID  
   b. Purchase or Lease Agreement  
   c. Utility Bill (dated within 30 days)  
3. Custody Information  
   a. Custody Order or Divorce Decree (if applicable)  
4. School Health Examination Record  
   a. Completed by doctor & returned by the start of school year  
5. STARS Before & After School Program Information Sheet (optional)

Any questions, please contact Mrs. Canaday, the Olney Secretary @ 419-691-3888 – or after August 1st @ 419-691-2601. She may also be reached by email: lcanaday@northwoodschools.org
# NORTHWOOD LOCAL SCHOOLS
## NEW STUDENT REGISTRATION FORM

<table>
<thead>
<tr>
<th>Student’s First Name:</th>
<th>Middle Name</th>
<th>Last Name:</th>
<th>Entering grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security:</th>
<th>DOB:</th>
<th>Birth City</th>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City /Zip</th>
<th>U.S Citizen</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**According to Federal regulations, if the parent does not provide their child’s racial group, the district must use observer identification.**

**Ethnic Category** – please check one of the following:
- □ Hispanic/Latino heritage
- □ White, non-Hispanic
- □ Black
- □ Indian
- □ Multi Racial
- □ Other

**Racial Group(s)** – please check one or more of the following:
- □ A - Asian
- □ B - Black/African American
- □ I - American Indian / Alaska Native
- □ P - Native Hawaiian / Other Pacific Islander
- □ W - White

<table>
<thead>
<tr>
<th>Student resides with:</th>
<th>Biological/Adoptive Parents</th>
<th>□ Mother only</th>
<th>□ Father only</th>
<th>□ Grandparents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Mother/Stepfather</td>
<td>□ Father/Stepmother</td>
<td>□ Foster Family</td>
<td>□ Other:</td>
</tr>
</tbody>
</table>

**Biological/Adoptive Parent Information**

<table>
<thead>
<tr>
<th>Mother’s Name</th>
<th>Father’s Name</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Home Phone:</th>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>Cell Phone:</th>
<th>Cell Phone:</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Legal Guardian/Foster Parent/Grandparent/Other Information (if applicable)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Cell Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
Home Language Survey - Required Information

What language did your child speak when he/she first learned to talk? ______________

What language does your child use most frequently at home? ______________

What is the native language spoken by the adults at home? ______________

Length of time student attended U.S. Schools (# years) ______________

Has this student previously attended Northwood Schools

____ No   _____ Yes  If yes, grade level at withdrawal: ______________

Does the student have an active IEP? ☐ Yes  ☐ No

Does the student have an active 504 Plan? ☐ Yes  ☐ No

Student receives Gifted/Talented services  ☐ Yes  ☐ No

Student is or has been expelled or suspended from another school?

☐ No  ☐ Yes  If yes, please provide copies of paperwork

Family Information

Please list all siblings who currently attend Northwood Schools

<table>
<thead>
<tr>
<th>First/Last Name (Please Print)</th>
<th>Relationship (Brother/Sister)</th>
<th>Current Grade</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

To the best of my knowledge, all of the above information is correct and may be filed with my child’s school records.

_____________________________  __________________________  ________________
Signature of Person Enrolling Student  Relationship to Student  Date
NORTHWOOD LOCAL SCHOOLS
RESIDENCY QUESTIONS

Residency is defined as the place where the parents sleep the majority of the time, where mail is received, where meals are eaten, and where parents are registered to vote. Please see reverse side of this form for requested proofs of residency.

PLEASE SELECT 1 OF THE FOLLOWING:

HAVE YOU PURCHASED A HOME IN NORTHWOOD? _______ YES _______ NO

ARE YOU RENTING A HOME IN NORTHWOOD? _______ YES _______ NO

DO YOU LIVE WITH A RELATIVE or FRIEND WHO IS A LEGAL RESIDENT OF NORTHWOOD? _______ YES _______ NO

*If you are residing with a relative in Northwood you will need to provide a notarized copy of the application for attendance form and two (2) proof of residency from the relative you reside with. You will also need two (2) proof of residency verify that you reside there.

__________________
Parent / Guardian Signature

__________________
Date

* Illegal enrollment is punishable by a fine and collection of back tuition as determined by the Board of Education.

OPEN ENROLLMENT RESIDENCY – PLEASE SELECT 1 OF THE FOLLOWING:

Open Enrollment parents will need to provide two (2) proofs of residency. Residency is defined as the place where the parents sleep the majority of the time, where mail is received, where meals are eaten, and where parents are registered to vote. Please see reverse side of this form for requested proofs of residency.

DO YOU OWN THE RESIDENCE WHERE YOU CURRENTLY RESIDE? _______ YES _______ NO

ARE YOU RENTING THE RESIDENCE WHERE YOU CURRENTLY RESIDE? _______ YES _______ NO

ARE YOU CURRENTLY LIVING WITH A RELATIVE OR FRIEND IN THE SCHOOL DISTRICT WHERE YOU RESIDE? _______ YES _______ NO

__________________
Parent/Guardian Signature

__________________
Date

*Illegal enrollment is punishable by a fine and collection of back tuition as determined by the Board of Education.

Revised 08/2014
NORTHWOOD LOCAL SCHOOLS

Residency Requirements

Along with your child’s open enrollment form, you will need to provide 2 proofs of residency which may be in the form of:

* Two current utility bills (ie: gas, electric, water, cable TV, etc)
* Purchase agreement and current utility bill
* Lease/rental agreement and a current utility bill
* Current paycheck
* Bank Statement
* Real Estate Tax Statement
* Official Driver’s License (with current address)

If you are living as a guest in someone else’s home, you & the current homeowner must complete a Residency Affidavit and the homeowner will also need to provide 2 current proofs of residency.
NORTHWOOD LOCAL SCHOOLS
CUSTODY INFORMATION

Student's Name ________________________________

___ Student resides with Biological/Adoptive Parents

___ Student resides with Mother only

___ Student resides with Mother/Stepfather/Significant Other

___ Student resides with Father only

___ Student resides with Father/Stepmother/Significant Other

___ Student resides with Grandparents

___ Student resides with Relative

___ Student resides with Foster Family (court placed)

___ Student is 18 years old and self-supporting (must provide proof of job and hours working)

___ Other ________________________________

UNMARRIED PARENT SECTION

I, ________________________________, as the Custodial Parent of the above named child (Parent Name)

have never been married to this child's other parent. There is no custody order from any court.

__________________________________________________________________________________

Are there any legal restrictions against either biological parent involving contact with this child?

_____ No    _____ Yes (please explain) ________________________________

__________________________________________________________________________________

* A copy of court documentation must be presented to the school.

Signature ___________________________ Relationship to Student __________________________ Date __________

For School Use Only

_____ / _____ / _______ Yes / No
Date Documentation Received Copy Attached
**DENTIST'S REPORT**

The following services have been performed: (please check)

- radiographs
- oral prophylaxis
- fluoride
- restorations

The following statements are applicable: (please check)

- all necessary services have been performed.
- no restorative services are required at this time.
- future treatment is indicated.
- future appointments have been arranged.

Comments:

Date: ____________

Phone: ____________

Signature of Dentist:

**PHYSICIAN'S REPORT**

**IMMUNIZATIONS**

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DtaP, DPT, DT</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Polio</td>
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<tr>
<td>MMR</td>
<td></td>
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</tr>
<tr>
<td>Hepatitis B</td>
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<tr>
<td>Varicella</td>
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</tr>
<tr>
<td>TB</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>

**Physical Assessment**

Check one:

- Entirely within normal limits
- Abnormalities as follows:
  - Asthma
  - ADD/ADHD
  - Behavior concerns
  - Bone/muscle/joint problems
  - Bowel/bladder problems
  - Cystic fibrosis
  - Diabetes
  - Developmental delays
  - Ear problem/hearing difficulty
  - Hemophilia
  - Seizure disorder
  - Sickle cell anemia
  - Skin conditions
  - Speech problems
  - Other __________________

Is there any reason why the student cannot carry-out a full program of school work?

- Yes
- No

Current medications:

Any special diet or treatment?

Signature of Health Care Provider:

Phone: __________________

Date: __________________

Northwood Elementary - Olney Building, 512 Lemoyne Rd, Northwood, OH 43619
Phone: 419-691-2601 Fax: 419-697-2473
# Immunization Summary for School Attendance
## Ohio

<table>
<thead>
<tr>
<th>VACCINES</th>
<th>FALL 2016 IMMUNIZATIONS FOR SCHOOL ATTENDANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP/DT</td>
<td>K: Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the 4th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4th birthday, a fifth (5) dose is not required.*</td>
</tr>
<tr>
<td>Tdap/Td</td>
<td>L-12: Four (4) or more of DTap or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.</td>
</tr>
<tr>
<td>Diptheria, Tetanus, Pertussis</td>
<td>Grades 7-12: One (1) dose of Tdap vaccine must be administered prior to entry.**</td>
</tr>
<tr>
<td>POLIO</td>
<td>K-6: Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4th birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.***</td>
</tr>
<tr>
<td></td>
<td>Grades 7-12: Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.</td>
</tr>
<tr>
<td>MMR</td>
<td>K-12: Two (2) doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td></td>
</tr>
<tr>
<td>HEP B</td>
<td>K-12: Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>K-6: Two (2) doses of varicella vaccine must be administered prior to entry. Dose 1 must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after first dose, it is considered valid.</td>
</tr>
<tr>
<td>(Chickenpox)</td>
<td>Grades 7-10: One (1) dose of varicella vaccine must be administered prior to entry.</td>
</tr>
<tr>
<td>MCV4</td>
<td>Grade 7: One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry.</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>Grade 12: Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry.****</td>
</tr>
</tbody>
</table>

**NOTES:**
- Vaccine should be administered according to the most recent versions of the [Recommended Immunization Schedules for Persons Aged 0 Through 18 Years](http://www.cdc.gov/vaccineschedules/) or the [Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind](http://www.cdc.gov/vaccineschedules/), as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download [here](http://www.cdc.gov/vaccineschedules/).
- Vaccine doses administered ≤ 4 days before the minimum interval or age are valid (grace period). Doses administered ≥ 5 days earlier than the minimum interval or age are not valid doses and should be repeated at age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information please refer to the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director’s Journal Entry (available at [www.odh.ohio.gov Immunization: Required Vaccines for Childcare and School.](http://www.odh.ohio.gov/immunization)).
- These documents list required and recommended immunizations and indicate exceptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

*Recommended DTap or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4th birthday, a sixth dose is recommended but not required.***

**Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. For students in 12th grade, one dose of Td (Tetanus and diphtheria) is acceptable. Tdap can be given regardless of the interval since the last Tetanus or diphtheria toxoid containing vaccine. DTap given to patients age 7 or older can be counted as valid for the one-time Tdap dose.***

***Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1st) dose of MCV4 was administered on or after the 16th birthday, a second (2nd) dose is not required. If a pupil is in 12th grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.****
Community Learning Centers

STARS BEFORE & AFTER SCHOOL

Academic Assistance & Enrichment Programming
Open 6:30 am until school’s open & from school’s dismissal until 6 pm, Monday–Friday

☆ SuccessMaker®—Basic Skills Software
☆ Results from the Community Learning Centers show that children with over 20 hours of work have a mean gain of 1.12 years in Math Skills and 1.93 in Reading Skills
☆ SuccessMaker is a 2011 finalist for the CODIE Award, recognizing excellence in education technology

☆ Challenge Centers
☆ Daily choice of age-appropriate activities that stimulate children to learn and gain new skills to promote healthy lifestyle, support academic success, and encourage imagination. 400+ Challenge Centers designed for STARS that meet Ohio academic standards/benchmarks

☆ Individualized One-to-One Tutoring Sessions
☆ Students from BGSU working on special areas of interest to reinforce classroom learning

☆ Award Winning Programming
☆ Featured Fall 2001 in The Community Educator from The National Center for Community Education
☆ Recipient of the American School Boards Association 2003 Magna Award—1 of 24 programs recognized
☆ Featured in May 2003 Journal from the Ohio School Boards Association
☆ Recipient of the American Association School Administrator
☆ 2006 Civic Star Award—State Winner for Ohio

☆ Licensed by the Ohio Department of Education

☆ Highly qualified staff of youth specialists
☆ Certified in First Aid and CPR
☆ Communicable Disease Training
☆ Child Abuse & Neglect Recognition

Please complete lower portion of front & back and return or call with questions

I AM INTERESTED IN LEARNING MORE ABOUT THE STARS PROGRAM AT THE
Community Learning Center of Northwood

Please contact me:

Name: ___________________________ Number of children: ________

Primary Phone: ______________ Secondary Phone: ______________ E-Mail: ____________

Home Address: __________________________ City: ____________ OH Zip: ______

For Registration Forms or further information, check www.wcesc.org/community-learning-centers-of-wcesc or contact Holly DeSelms at the Community Learning Center of Northwood at Northwood Elementary School or call 419-308-2596, or return this form to Wood County Educational Service Center, atti: Susan Youngpeter, 1867 North Research Drive, Bowling Green, OH 43402, 419-354-9010, syoungpeter@wcesc.org.

Participation and enrollment in the Community Learning Center programs is open to Northwood Elementary School families and is not based on race, color, national origin, citizenship status, religion, or gender.
Detailed Income Information to Request an
Estimation of Scholarship Rate for School Year

Look for your approximate
Family Size and
GROSS Household Income

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Gross Household Income</th>
<th>STARS Scholarship Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 - $130/month</td>
<td>$ .10 per hour</td>
<td></td>
</tr>
<tr>
<td>4 - $183/month</td>
<td>$ .70 per hour</td>
<td></td>
</tr>
<tr>
<td>6 - $237/month</td>
<td>$ 1.30 per hour</td>
<td></td>
</tr>
<tr>
<td>2 - $813/month</td>
<td>$ 1.90 per hour</td>
<td></td>
</tr>
<tr>
<td>4 - $1,148/month</td>
<td>$ 2.50 per hour</td>
<td></td>
</tr>
<tr>
<td>6 - $1,483/month</td>
<td>$ 3.10 per hour</td>
<td></td>
</tr>
<tr>
<td>2 - $1,627/month</td>
<td>$ 3.75 per hour</td>
<td></td>
</tr>
<tr>
<td>4 - $2,297/month</td>
<td>$ 3.75 per hour</td>
<td></td>
</tr>
<tr>
<td>6 - $2,967/month</td>
<td>$ 3.75 per hour</td>
<td></td>
</tr>
<tr>
<td>2 - $3,446/month</td>
<td>$ 3.75 per hour</td>
<td></td>
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<tr>
<td>4 - $4,451/month</td>
<td>$ 3.75 per hour</td>
<td></td>
</tr>
<tr>
<td>6 - $5,935/month</td>
<td>$ 3.75 per hour</td>
<td></td>
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<tr>
<td>2 - $4,068/month</td>
<td>$ 3.75 per hour</td>
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</tr>
<tr>
<td>4 - $5,743/month</td>
<td>$ 3.75 per hour</td>
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<tr>
<td>6 - $7,418/month</td>
<td>$ 3.75 per hour</td>
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<tr>
<td>2 - $4,882/above/month</td>
<td>$ 3.75 per hour</td>
<td></td>
</tr>
<tr>
<td>4 - $6,892/above/month</td>
<td>$ 3.75 per hour</td>
<td></td>
</tr>
<tr>
<td>6 - $8,902/above/month</td>
<td>$ 3.75 per hour</td>
<td></td>
</tr>
</tbody>
</table>

Each family will receive an invoice at the end of the month, charging for the hours of a child's actual attendance, plus $1 supply fee for each session. Any portion of the first hour will be charged as one hour. After the first hour, the rate will be charged in quarter-hour increments.

This is an estimated Hourly Rate Fee & Scholarship and is not a binding contract on either party. However, this information will give an Estimation of Scholarship Rate for STARS. All information is confidential. Please complete the following table:

1. List the names of ALL people who currently reside in the household and the information that is appropriate for each.
2. List all sources of income for each individual, including wages, income from self-employment, child support, and SSI or other benefits. Income amounts must be reported for Gross Income, not take-home pay.
3. Return to STARS at Northwood Elementary or mail to Community Learning Centers, 1867 North Research Drive, Bowling Green, OH 43402, attention Susan Youngpeter.
4. You will be receiving an Estimation of Hourly Rate Fee & Scholarship based on the information that you provide below.
5. At the time you enroll your child in STARS, you will be asked to provide Evidence of Income. Your family's actual Scholarship will be based on the Evidence of Income.

Thank you for your interest in STARS.

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**THIS DOCUMENT IS AN INTEREST FORM AND NOT A REGISTRATION FORM. OTHER FORMS WILL BE REQUIRED TO COMPLETE REGISTRATION FOR THE PROGRAM.**

I understand that based on accurate reporting of gross income, I will receive an Estimation of Hourly Rate & Scholarship.

Signature ___________________________ Date ___________________