Kirtland Local Schools'



Pre School Registration

The following items are required for each student you are enrolling:

- Original Birth Certificate
- Parent/Guardian Identification
 - Ohio Driver's License
 - State ID
- o (If Applicable) Custody Papers-Finalized with court stamp
 - Guardianship or Custody
 - Divorce Decree
 - Grandparent Power of Attorney
 - Shared Parenting Plan
- Medical Information-MUST BE CURRENT
 - Immunization Records
 - Physical Form
- o School Records
 - Any special education records: IEP and ETR/504 Plan

These items MUST be provided as proof of the parental/legal guardian's residence when a child is enrolled into the Kirtland Local School District.

One (1) of the following MUST BE PROVIDED by all Kirtland Residents:

- Current signed lease
- Mortgage statement
- Purchase agreement or settlement statement

AND

Two (2) additional proofs of residency:

- A current utility bill showing the name and address of the parent/legal guardian
- Income or employment verification
- Tax statement
- Home, rental or car insurance bill
- Verification from bank or other financial institution

IN ADDITION TO THE ABOVE:

- Residency Affidavit
- Home Language Survey

PLEASE NOTE: IF YOU ARE RESIDING AS A RENTER, THE HOME OWNER WILL ALSO NEED TO PROVE RESIDENCY FOR YOU.

If you move to a new address at any time during your child's enrollment in the District, it is your responsibility to inform school officials of your new address and bring proof of residency to the Registrar's Office/



NOTARY PUBLIC

KIRTLAND LOCAL SCHOOL DISTRICT

Kirtland • Kirtland Hills • Waite Hill • Chardon Township 9252 CHILLICOTHE ROAD, KIRTLAND, OHIO 44094 (440) 256-3360 FAX: (440) 256-3831

Recognized Nationally and State-Wide for Educational Excellence

RESIDENCY AND CUSTODY AFFIDAVIT

For the purpose of establishing school residence and custody (to be completed by parent or legal guardian). THE UNDERSIGNED, FIRST BEING DULY SWORN ACCORDING TO LAW, STATE THAT: ___, certify that I am the custodial parent/legal guardian of (Parent's or Legal Guardian's Full Name) (Student(s) First and Last Name) And that I have established residency at_ (Zip Code) (State) (Street Number, Name, Apt. #) (City) TELEPHONE #_____ PROPERTY OWNER'S NAME: ___ I understand that legal residency is determined by certain conditions, among them are that mail delivery, voting residence, and payroll city tax deductions are based on my Kirtland Local School District address and also, that the residence where meals are eaten and where the resident parent sleeps must be this residence. PLEASE READ EACH STATEMENT AND THEN PLACE INITIALS TO THE LEFT OF THE STATEMENT I/we certify that the information provided in this document and registration packet is true and NO information has been withheld, concealed, or misrepresented for the purpose of circumventing the school attendance laws of the State of Ohio in order to enroll named student(s) in the Kirtland Local School District. I/we understand that I/we are responsible for informing school officials of ANY change(s) in the residence of any parent, legal guardian, or other responsible adult. If I change my present address to another address that is within the Kirtland Local School District, I will <u>IMMEDIATELY</u> notify the registration department in person with proof of new residency. I/we have provided Kirtland Local School District with an official copy of any and all current court orders from the Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody or residency of the child(ren) being enrolled as per Ohio Revised Code 3312.672. I/we are also responsible for informing school officials of any changes to the legal custody or guardianship of the child(ren). I/we acknowledge the student who is being registered has NOT been expelled or excluded from any other school pursuant to O.R.C. Sections 3301.121 and 3313.662. I/we understand that the Kirtland Local School District may use whatever legal means it has at its disposal to verify my residency. I/we waive my/our rights to confidentiality of information relative to my/our residence. This information will be used to confirm or deny my residence in Kirtland, Ohio. Parent/Legal Guardian/Custodian: ___ SWORN TO AND SUBSCRIBED BEFORE ME THIS _____DAY OF _____2

WITNESS



KIRTLAND LOCAL SCHOOL DISTRICT

Kirtland • Kirtland Hills • Waite Hill • Chardon Township 9252 CHILLICOTHE ROAD, KIRTLAND, OHIO 44094 (440) 256-3360 FAX: (440) 256-3831

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STUDENT ENROLLMENT FORM-Please Print

Please provide information exactly as it is found on the Birth Certificate

Today's Date	Last Name	First Name	2
		eferred First Name	
Address			
Home Phone#			
Birthplace	ty) (State	Birth Date	
(Ci	ty) (State	e)	
Ethnicity/Race I	nformation: <u>Required</u> by the U.S.	Department of Education	
Is the Student of F South or Central /	lispanic/Latino heritageYES_ American, or other Spanish culture or o	_ NO - (Hispanic/Latino means a person of Cu origin, regardless of race)	ban, Mexican, Puerto Rican,
Is the Student Mu	Iti-racial? YES NO		
If multi-racial is	YES, indicate TWO or more Race C	ategories Below:	
(W)	White - Origins in any of the origina	l peoples of Europe, the Middle East, or North	Africa
(B)	Black or African American - Havir	g origins in any of the black racial groups of A	frica
(A)	Asian - Original peoples of the Far I	East, Southeast Asia or the Indian subcontinent	
(I)	American Indian or Alaskan Native Community attachment	- Original people of North or South America w	ho maintain tribal affiliation or
(P)	Native Hawaiian/Pacific Islander - C	riginal peoples of Hawaii, Guam, Samoa, or ot	her Pacific Islands
If multi-racial is]	NO indicate ONE Race Category Be	low:	
(W)	While - Origins in any of the origina	peoples of Europe, the Middle East, or North	Africa
(B)	Black or African American - Having	origins in any of the black racial groups of Afr	іса
(A)	Asian - Original peoples of the Far E	ast, Southeast Asia or the Indian subcontinent	
(1)	American Indian or Alaskan Native - Community attachment	Original people of North or South America wh	no maintain tribal affiliation or
(P)	Native Flawaiian/Pacific Islander - O	riginal peoples of Hawaii, Guam, Samoa, or otl	her Pacific Islands
	us (Check one): U.S.Aor	other Country	<u> </u>

ADDITIONAL ADMISSION INFORMATION

Previous School District Name			name () in ()			
Previous School District Address	#		Stree	:l	State	Zip
Reason for Transfer						ng
PARENT/GUARDIAN INFORMA	ATIC	N				
Are there custody papers? Y/N If Y Foster Child? Y/N If YES, Names of Parents	f Fost	er				
PARENT/GUARDIAN 1			PAR	ENT/GUA	ARDIAN 2	
Last Name			-			
First Name			First	Name		
Place of Employment			Place	of Employ	yment	
Work Phone #			Work	Phone#		
Cell Phone #			Cell I	Phone#		
Email Address			Emai	Address_		
Is the address for this person the same as the stude If not, provide full address and home phore	ne#b		lſn	ot, provide fi	person the same as th all address and hom	
OTHER SIBLINGS LIVING WITH Name	Age 	Gender M/F M/F M/F M/F			ttending	
I certify that the above information is	true.					
Signature of Parent or Guardian			Da	ite		
FOR OFFICE USE ONLY:						
REGISTRATION INFORMATION		licate the			llowing data is r	eceived

HOME LANGUAGE SURVEY

NAME OF STUDENT_	Family Name		First Name	Middle 1.	
DATE OF BIRTH Month	J J Year	PLACE OF BIF	RTH:	State	Country
NAME OF PARENT/GU	IARDIAN	Family Name		First Name	
HOME ADDRESS:					
CITY:		STATE:		ZIP CODE:	
HOME PHONE:			WORK PHONE		
For Parents/Guardians	•				
Please answer the follow	ving questions:				
What language do yoWhat language do thHow long has your so	ne adults at home i	most often speak?	war and the same of the same o		
f the answer to any of th anguage In EMIS Studer	e first four questio nt Data Element (0	ns above is a langua 3-l270), and proceed _ENGLISH LANGL	ge other than Eng to assess the stud JAGE ASSESSN	lish, indicate the student's English langu	dent's native/ho
For School District Per f the answer to any of th anguage in EMIS Studer Communication skill	e first four questio nt Data Element (0 <u>INITIAL</u>	ns above is a langua G-l270), and proceed ENGLISH LANGL Proficiency Le	ge other than Eng to assess the stud JAGE ASSESSM	lish, indicate the stu dent's English langui I <u>ENT</u>	dent's native/ho age proficiency
f the answer to any of th anguage in EMIS Studer Communication skill Listening	e first four questiont Data Element (0 INITIAL Pre-functional	ns above is a langua G-1270), and proceed <u>ENGLISH LANGL</u> <u>Proficiency Lo</u> Beginning	ge other than Eng to assess the stud JAGE ASSESSM evel	lish, indicate the student's English langua I <u>ENT</u> Advanced	dent's native/h age proficiency Proficien
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KIRTLAND LOCAL SCHOOLS HEALTH HISTORY

Schoo	1:		KES	□K	MS	☐ KHS					
Grade	;										
Child's	s Full Na	me:_								1 1 11	
			Las	ť			First			Middle	
								Sex:	□ Mal		□ Female
			l live wit	h:							
	y History				·						
		child	's brothe	ers and si		nt st Wasa		60	,		
Name					'	Birth Year		Se	K		
1.				~~~							
2.						,					
3.											
4.											
5.	tal Histo				<u></u>						
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	Yes		No!								
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						arly□ Lat					
						oblems wh					
	Yes					explain					
D				,	, ,						
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	1.										
	2.	•									
	3.	Dre	ssed self					_			
	4.										
	How d	oes th	nis child'	s develop	ment co	mpare to	other cl	rildren,	such as	brothers	and sisters or
	playma	ates?	Abo	ut the sar	ne: 🗆	Slower:		Faster	3		
	This ch	ild is	usually:	Very acti	ve:□	Normal	ly active	e: 🗆	Inactiv	e: □	
	Do you	have	any con	cerns abo	out how	your child	gets al	ong with	others	?	
Allergie	es - Plea	se list	and des	cribe alle	rgies or	reactions t	to:				
	Medici	nes/ o	irugs:						~~ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Foods/	plant	5;	4 had sail/relay/relay/relay/				***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		المالية والمحالية المالية والمحالية والمحالة والمحالة والمحالة والمحالة والمحالة والمحالة والمحالة والمحالة وا
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Allergies or hay fever Cystic fibrosis Seizures or epilepsy Diabetes Seizures or epilepsy Diabetes Diabetes Diabetes Diabetes Sickle cell disease Cystic fibrosis Eczema Diabetes Cystic fibrosis Eczema Diabetes Cystic fibrosis Cystic fibrosis Diabetes Diabetes Diabetes Cystic fibrosis Diabetes Diabetes Cystic fibrosis Cystic fibrosis Diabetes Diabetes Cystic fibrosis Diabetes Diabetes Diabetes Cystic fibrosis Cy	Health Conditions - Please check any th ☐ Abnormal spinal curvature (scolios		ic fever
Seizures or epilepsy Seizures or epilepsy Diabetes Diabetes Sickle cell disease Seizures or epilepsy Sickle cell disease Seizures or encephalitis Skin rashes (frequent) Skin rashes (frequent headaches (frequent) Skin rashes (frequent) Sk			rosis
Anemia		☐ Seizures	or epilepsy
Measles ("old fashioned" or "10-day")	1 4 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
Arthritis		v") □ Sickle cel	disease
Meningitis or encephalitis			
Asthma or wheezing		☐ Skin rash	es (frequent)
Multiple ear infections (3 or more)		☐ Emotiona	l problems
Behavior problems		☐ Stool soil	ing
Mumps		□ Eye prob	ems, poor vision (glasses?)
Birth/ congenital malformation: Frequent headaches Suicide attempts Suicide attempts Frequent skin infections Frequent sore throat infections Frequent sore infections Frequen			
Near-drowning or near-suffocation		□Frequent	headaches
Birth mark:	• •		tempts
Throat infections (frequent)			skin infections
Poisoning	□ Nervous twitches or tics	☐Throat in	ections (frequent)
Toothaches or dental infections	- 3 1 22 2 3		
Chicken pox		□ Toothach	es or dental infections
□ Proor hearing □ Urinary tract infections □ Chronic diarrhea or constipation □ Hepatitis □ Pregnancy □ Wetting (daytime/ night) □ Concerns about relationship with □ Iblings/friends □ Injuries and Illnesses - Please list any severe injuries or illnesses: □ Injury / Illness □ Age of Child □ Hospitalized? □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	_	☐ Heart disc	ease, Type:
Chronic diarrhea or constipation	·	□ Urinary tr	act infections
Pregnancy		☐ Hepatitis	
iblings/friends injuries and illnesses - Please list any severe injuries or illnesses: injury / Illness		□ Wetting (daytime/ night)
injuries and Illnesses - Please list any severe injuries or illnesses: Injury / Illness			
Age of Child Hospitalized? Does this child always wear seatbelts in cars? Yes No No Nedications What medications are given daily? What medications are given frequently, but not daily? Additional Information To you have any concerns about how your child gets along with others? To you have other comments or concerns about this child's health, development, behavior, family or ome life that you would like the school to be aware of? If yes, explain briefly:	1) I'm a leitanda		
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Relationship to child:	Injuries and Illnesses - Please list any se Injury / Illness Does this child always wear seatbelts in Medications What medications are given daily?	Age of Child cars? Yes No but not daily? our child gets along with other as about this child's health, do to be aware of? If yes, explai	evelopment, behavior, family or

•

Ohio School Health Record Physician's Report

Date of Birth:				
Child's Name:	Male□ Fem	ale□ Age_	Dat	e:
Height: (%) Weight: (%) Blood	Pressure:		
2 project po to the filter for the property of	anan pengepanan yengunanyan a	しゅうしょう はいた ファススカル エンガード	allowards to any allowards of a	A THE COUNTY OF CONTROL OF
SCREENING TESTS				
Vision Date Done:				
Distance Acuity: R L_				
Music Balance: Pass Fa	ail Not Do	one		
		one		
	ail Not Do lo	one		
	0			
	0			
HEARING DATE DONE: Audiometric thresholds:				
	ot Done			
L- Ear Pass Fail No	ot Done			
Other Tests (specify)				
Child wears hearing aid: Yes				
Tested with hearing aid: Yes Referral made: Yes	No No			
Referratifiate.	140			
Correit Asia I Abicitace				
Speech and Language Speech assessment: Done □ No	ot done 🗆			
Child has no discernible speech problem:				
Child has possible problem with:	J			
• •	Rhythm: □	Voice:	П	
100 CM	s No		_	
JP000.		•		
LABORATORY TESTS				
Hematocrit / Hemoglobin ☐ Urine protein ☐	Urine Blood □	Urine g	lucose 🗌	Other:
Hewarocur / HemoRippin — Orme brosen: —	OTHE DIOG	٥ر		Otto:
Physical Examination Date Examined	Essentially Norm	nal	_ Abnorma	alities as follows:

		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Complete the second of the sec

Is this child able to participate fully in the following?		N
<ul> <li>A. Classroom and academic activities</li> </ul>	Yes	No
B. Physical education classes	Yes	No
<ul><li>C. Competitive athletics</li></ul>	Yes	No
<ul> <li>D. Contact and collision sports</li> </ul>	Yes	No
If limitations are advised, please specify those limitat	ions:	
If this child has any physical, developmental or behav	ioral problems	, how can the school assist with special programs,
placement or attention?		
placement of assument		
Physician's Assessment		
Problem List	Recom	mendation for School Management
1.	1.	
7	2.	
3.	3.	
3.		
PLEASE PRINT OR STAMP		
Physician's Name:	Phys	sician's Signature:
·		
Address:		
Phone Number:		
Date Signed:		

## Ohio School Health Record Dentist's Report

Child's Name:
The following services have been performed:
☐ Examination
☐ Diagnosis
Radiographs
☐ Oral prophylaxis
Prescription for fluoride supplements
☐ Topical application of fluoride
The following oral hygiene instruction was provided:
☐ Tooth brushing
☐ Flossing
☐ Diet counseling reflecting relation of diet to dental health
☐ Home / school use of fluoride mouth rinse
The following statements are applicable:
☐ All necessary services have been performed
☐ No restorative services are required a t this time
☐ Further treatment is indicated
☐ Further appointments have been arranged
Comments:
Please Print or Stamp
Dentist's name:
Address:
Phone:
Dentist's signature:
Date signed:

## **Kirtland Local Schools'**



#### PARENT ROSTER INFORMATION

	o Administrative Code, a roster for each group of children, which includes names and telephone hildren attending the center must be prepared annually and given to parents, custodians, or
Iwould	like my name and telephone number to be included on this roster.
Iwould	d not like my name and telephone number to be included on this roster.
Signature	Date
PH	OTOGRAPH, VIDEO, AND INTERVIEW RELEASE
publications, press releases, marketing, fundraisin	os of me and/or my family and information obtained through personal interviews in any of their g or community relations activities.  AUTHORIZATION TO RELEASE FORM
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY:	CITY:
HOME PHONE: CELL PHON	
I understand that they will be asked for a photo-	to ID and I am to call ahead if I am unable to pick up my child.
Signature	Date
The Ohio Department of Education's Office of Earl	ENTAL AND HEALTH SCREENING PARENTAL CONSENT  y Childhood & School Readiness requires that each child obtain a health screening and  that in order for my child to participate in the preschool program he or she will be screened at
Signature	Date



# Bright Beginnings' Tuition Information for the 2019-2020 School Year

- Deposit of \$100.00 must be paid at the time of registration.
  - The deposit is non-refundable and does reserve the child's placement in the New Beginnings' Preschool Classroom.
  - The Deposit is applied to and part of the New Beginnings' yearly tuition of \$1710.00
- Tuition may be paid in the following formats:
  - Tuition paid in its entirety of \$1710.00 at the beginning of the school year or at the time of registration.
  - In two payments:
    - September 1, 2019: \$755.00 (The \$100.00 deposit is deducted from the first payment).
    - January 1, 2020: \$855.00
  - Monthly payments of \$180.00
    - Child will not be able to attend the New Beginnings Preschool Program if payment is not received by the 15th of that month.
- Payments can be made in the following ways:
  - Cash or Check Only.
  - Delivery method for Tuition Payments:
    - Sent into school by dropping off or to the Preschool Teacher (Checks only, no cash may be sent to the school or teacher).
    - Check payable to Kirtland Board of Education mailed to address below:
      - Kirtland Board of Education
         Attn: Preschool Payment in c/o Diana Simpson
         9252 Chillicothe Rd.
         Kirtland, OH 44094



If you have any questions, please contact:

Becky Malinas at (440)256-3311, ext. 1008 or <a href="mailto:becky.malinas@kirtlandschools.org">becky.malinas@kirtlandschools.org</a> or Diana Simpson at (440)256-3311, ext. 1007 or <a href="mailto:diana.simpson@kirtlandschools.org">diana.simpson@kirtlandschools.org</a>.







## **Parent Interview Form**

Name of Child:	Name of Child: Date:							
			FAMILY STATUS					
Your child is yo	our 🗖 Biologi	cal Child	□Adopted Child	□Foster	Child	e e		
Parents are:	□Marrie	d □Separa	ated					
If Parents do r	ot live in the san	ne household,	contact parent is: _					
•			rvice that you wou					
			ACTIVITIES					
-			e?					
			ome other than scl					
Does your child	participate in ou	itings such as s	shopping, visiting re	elatives, etc.?				
Describe the w	ay in which you p	rovide positive	e reinforcements fo	or good behav	ior at home.			
Describe the w	ay in which you h	andle behavio	r at home					
Is there any oth	ner information t	nat you would	like to share about	your child?				
Please list all so	hool age siblings	/step-siblings 1	that live with your o	child:				
First Name	Last Name	Gender	Age	Grade	Birth Date	Guardian		