

Kindergarten Parent Important Info

1. Take home and complete all parts of the kindergarten packet
2. Attend the **MANDATORY** Parent Meeting on April 8 @ 5:30 in the Northwood Local Schools Cafeteria (Northwood Residents **ONLY**). Bring the following documents with you if you did not already turn in!!

1. Completed Registration Packet
2. Birth Certificate
3. Social Security Card
4. Proof of Residency (All are needed)
 - Photo ID
 - Purchase or Lease Agreement
 - Utility Bill (dated within 30 days)
5. Immunization Records
6. Custody Papers (If Applicable)

3. Turn in all paperwork at the meeting
4. Sign up for August Kindergarten Screening at the parent meeting
5. Watch for info in summer mailing



NORTHWOOD
LOCAL SCHOOLS

Northwood Local Schools

Home of the Rangers
"Excellence in Education"

Board of Education 700 Lemoyne Road Northwood, Ohio 43619 419-691-3888

Welcome to Northwood Schools! In order to enroll your student please complete the enclosed packet and then give me a call at 419-691-3888 ext. 2005 or email nsmith@northwoodschoools.org to schedule a time to turn in the paper work and finalize the enrollment process. When you come in for your appointment to finalize the enrollment you will need to bring the following items:

- Child's birth certificate
- Child's social security card
- Child's most recent grade card (students K-8/9)
- Child's High School transcript (students 9-12)
- Current ETR and IEP (if applicable)
- Any custody/residential parent court documents for the child(ren)
- Photo ID for parent(s)/guardian(s)
- 2 proofs of residency (*Residency is defined as the place where the parent(s)/guardian(s) sleep the majority of the time, where mail is received, where meals are eaten and where parent(s)/guardian(s) are registered to vote.*) Acceptable proofs of residency are:
 - Purchase/Lease/Rental agreement
 - Current utility bill (ie. Gas, electric, water, cable, phone)
 - Current pay stub
 - Current bank statement
 - Real Estate tax statement
 - Current document from a government entity (ie. BMV, Jobs and Family Services)

Thank you,

Naomi Smith
Enrollment/EMIS Coordinator

**NORTHWOOD LOCAL SCHOOLS
STUDENT REGISTRATION FORM
SCHOOL YEAR: _____**

STUDENT INFORMATION:

_____	_____	_____	_____
First Name	Middle Name	Last Name	Grade
_____			_____
Street Address	City	Zip Code	Gender
_____	_____/_____/_____	_____	<u>Yes/No</u>
Social Security Number	Date of Birth	City of Birth	US Citizen

FEDERAL ETHNICITY AND RACE

Is the student Hispanic or Latino? Yes No

What is the student's race? White, Non-Hispanic Black or African American Asian
 American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Scheduling/Reporting Ethnicity: White, Non-Hispanic (W) American Indian or Alaskan Native (I)
 Asian (A) Black or African-American (Non-Hispanic) (B) Hispanic/Latino (H) Multiracial (M)
 Native Hawaiian or Pacific Islander (P)

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

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name

Parent/Guardian #2 Name

Phone Number

Relationship

Phone Number

Relationship

Email (required)

Email

Resides with child: Yes No

Resides with child: Yes No

Biological/Adoptive Parent: Yes No

Biological/Adoptive Parent: Yes No

RESIDENCY QUESTION

Do you reside within the Northwood Local School District? Yes No

Do you own or rent the residence where you currently reside? (You will need to provide two proofs of residency)
 Own Rent Neither, I am currently residing with a relative or friend

*If you are residing with a relative or friend you will need to provide a notarized copy of the **Residency Affidavit** form. You and the home owner will each need to provide two proofs of residency.

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

**NORTHWOOD LOCAL SCHOOLS
STUDENT REGISTRATION FORM
SCHOOL YEAR: _____**

CUSTODY INFORMATION

Student resides with: Biological/Adoptive Parents Mother Only Father Only Father and Stepmother/Significant Other Grandparents Relative Foster Family (court placed) Other: _____

Are there any legal restrictions against either biological parent involving contact with this child? No Yes (please explain, a copy of the court document must be presented to the school)

Have biological/adoptive parents ever been married? Yes No (if no, please go to the next section)

If yes, are biological/adoptive parents still married? Yes No (if no, you will need to provide a court document stating that you are the residential parent for schooling.)

NEVER MARRIED PARENT SECTION

I, _____, as the Custodial Parent of the above named child, have never been married to the child's other parent. (* If a court document exists, it must be presented to the school.)

Parent Signature _____
Date _____

HOME LANGUAGE SURVEY (Required Information)

What language did your child speak when they first learned to talk? English Other: _____

What is the native language spoken by the adults at home? English Other: _____

What language does your child use most frequently at home? English Other: _____

SPECIAL/GIFTED EDUCATION

Does the student have an active IEP? Yes No

Does the student have an active 504 Plan? Yes No

Student is or has been expelled or suspended from another school? Yes No (if yes, please provide copies of paperwork)

Has the student previously attended Northwood Schools? Yes No (if yes, grade level at withdrawal _____)

To the best of my knowledge, all of the above information is correct and may be filed with my child's school records. I understand that illegal enrollment is punishable by a fine and collection of back tuition as determined by the Board of Education.

Signature of Person Enrolling Student _____
Relationship to Student _____
Date _____

****Form must be completed by a doctor and returned by the start of the school year****

Student's Name: _____

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

	Date	Date	Date	Date
DTaP/DT				
Tdap/TD				
POLIO				
MMR				
HEP B				
VARICELLA				
MCV4				
Other				

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 _____

Hearing: Right: _____ Left: _____

Vision:

Distance acuity: Right 20/ _____ Left 20/ _____

Muscle Balance: Pass / Fail

ALLERGIES: please list (medications, insect stings, food, etc.)

Current medications:

Any special diet or treatment?

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

_____ Yes _____ No

Phone No. of Health Care Provider _____

Signature of Health Care Provider _____

Date _____