

welcome to KINDERGARTEN

Russellville Elementary Kindergarten Registration

Kindergarten Registration packets are now available in the office for pick up beginning March 13, 2023 from 9:00 to 3:30.

Pre-K applications are available online at www.brownesc.us

Kindergarten packets are available online at www.elsd.us

WHERE TO REGISTER

Russellville Elementary
239 West Main Street
Russellville, OH 45168

REGISTRATION DOCUMENTS

- Copy of Original Immunization Records
 - Birth Certificate
 - Social Security Card
 - Proof of Residency (KDG only)
 - Custody Papers if Applicable
-
- Children who are 4 years of age by August 1st are eligible for Pre-K.
 - Children who are 5 years of age by August 1st are eligible for Kindergarten.
 - Proof of residency is required at the time of enrollment. Please bring a housing contract, a rental agreement, a property tax bill, or a utility bill. A driver's license is not acceptable proof of residency.

The first 50 Students who complete all the Kindergarten Registration paperwork will receive a free t-shirt! Students who are registered can meet the teachers at "Popsicles on the Playground" on May 18, 2023 from 5:30-6:30 at Russellville Elementary.



Welcome to Kindergarten

Registration

In order to register your child for Kindergarten, the following documents and forms are required:

(student's name and date of birth)

- Eastern Local Schools Student Registration Form-attached
- Residency Affidavit Form - attached
- Kindergarten Physical Exam Form - attached
- Updated Final Forms (includes emergency forms, the link is on the school website **(Please make sure you are filling out forms for 23/24)**)
- Original Birth Certificate
- Social Security Card
- Proof of Residency - copy of a utility bill, rent agreement, home insurance bill or similar documentation.
- Child Immunization Records
- Proof of Custody or Guardianship (if applicable)
- Open Enrollment form (if applicable, located on the school website)
<https://www.elsd.us/DownloadsForms.aspx>

When all of your paperwork is complete, your student will be assigned to a classroom. The Physical Exam Form is an exception, if your insurance delays you from being able to complete this form by this date, you can still complete your registration and be assigned to a classroom.

EASTERN LOCAL SCHOOLS

Student Registration Form

Are you a resident of Eastern Local Schools Yes or No
If no, are you an employee of the Eastern Local School District: Yes or No

STUDENT NAME _____
First Middle Last

CALLED NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____
Street PO Box

City State Zip Telephone _____

Grade _____ Date of Birth _____ Place of Birth _____

Circle one: Male Female Mother's maiden name _____
Ethnicity (Detailed form attached)

Is the student Hispanic or Latino? Yes ___ No ___ What is the student's race? Circle at least one below:
White Black/African Am. Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander

PARENT/GUARDIAN(S) NAME _____

RELATIONSHIP TO STUDENT (Circle one) PARENT GUARDIAN

STATUS OF PARENTS (Circle one) Married Divorced Widowed Separated Single Parent

If divorced, who has legal custody Mother or Father

Are you natural/adoptive parent(s) of the child: Yes or No If no, your relationship _____

If foster guardian, what district did the natural parent(s) reside in at the time you received custody? _____

If foster/guardian, please list Case Manager/Court Liaison _____

Case Manager/Court Liaison contact information _____

FATHER/GUARDIAN

Name _____

Address _____

Home Phone _____

Cell/Pager _____

Email _____

Place of Employment _____

Business Phone _____

Step-Mother (if applicable) _____

Work/cell phone _____

MOTHER/GUARDIAN

Name _____

Address _____

Home Phone _____

Cell/Pager _____

Email _____

Place of Employment _____

Business Phone _____

Step-Father (if applicable) _____

Work/cell phone _____

Final Forms

How to Sign up for Final Forms:

- Go to the Eastern Local School District website at <https://www.elsd.us>
- Click on the "Parent Area" tab in the top right corner
- Scroll down & click on "Final Forms Login"
- For families new to our district - Click on the "Parent New Account" to create a new account for your child, notice the year you are registering for.
- For families who already have a child enrolled in the school district, you will have an option to add a student to your existing account.

Final Forms tip: When entering a parent's name, numbers and information, pay attention to which parent is listed first. The parent that is listed first is often called or emailed first, this should be the parent that is most available during the school day. For example, a parent that cannot take calls at work, sleeps during the day or doesn't check email may want to be the second contact rather than the first contact.

EASTERN LOCAL SCHOOLS
11479 US HIGHWAY 62
WINCHESTER, OHIO 45697

Affidavit I

State of Ohio
Brown County

I, _____, being duly cautioned, do solemnly swear or affirm the following:

1. I am the parent, guardian or legal custodian of _____
and I live at _____
2. This has been my place of residence since _____
My address immediately prior to this date was _____
3. I acknowledge and understand that if the above information is not true and correct, that knowingly swearing or affirming the truth thereof constitutes criminal falsification, a violation of Ohio Revised Code Section 2921.13, a first degree misdemeanor, punishable by a maximum fine of \$1,000 and/or a maximum term of imprisonment of six months. Further, if the student is found to not be a legal resident, the district will seek remuneration for each day the student illegally attended school in the district.

I agree that the Eastern Local Schools, if they deem necessary, have the right to investigate my residency. I agree to allow the release of rental information and also utility customer information to a representative of the Eastern Local Schools.

Signature _____

Office use:

Affidavit I - When completing this form examples or proof that must be presented: Official Rental/Lease Agreement OR Copy of Deed OR Settlement Statement OR Land Contract OR Purchase Contract



Russellville Elementary School
Ryan Wagner, Principal
Kristin Johnston, Secretary
239 Main Street
Russellville, Ohio 45168
Phone: 937-377-4771 Fax: 937-377-9110



According to state law, children that attend school must have the required immunizations. The school must receive a **copy of the official record** from their doctor or health department. The following immunizations are required:

1. **3 Doses of Polio Vaccine**- the final dose must be administered on or after the 4th birthday (regardless of the number of previous doses.)
2. **4 Doses Diphtheria, Pertussis, Tetanus (DPT or DTaP.)** If all 4 doses were given before the 4th birthday, a 5th dose is required.
3. **2 Doses Measles, Mumps, and Rubella (MMR)** unless the child has had the disease or is allergic to the vaccine, then a written statement from the doctor is required.
4. **3 Doses Hepatitis B**
5. **2 Doses Varicella** (Chicken Pox) or a written statement of the history of the disease.

Eastern Local School District requires a Physical to be completed by your child's doctor prior to enrolling in Kindergarten. This needs to be completed prior to our first day of school in August. These forms can be found on our website at www.elsd.us under downloads/form (Nurse forms)

Immunizations are available at **Brown County Health Department** for a fee.
The hours are Monday through Friday 8:00am to 4:00pm.
You can call 937-378-3886 for an appointment.

Medical information:

- Please inform me prior to the first day of school of any medical condition that your child has so I can assist your child should they need medical care.
- If your child requires medications to be given during the school day an adult will need to bring the medication into the office in the original Pharmacy bottle. You will need to bring the doctor's order with you or have them fill out a "Medication Physician form" for the medication. These forms can be found on our website at www.elsd.us under downloads/form (Nurse forms)

If you have any questions I can be reached at **937-377-4711**.

Thank you for your cooperation in these very important matters,
Cindy Lawrence
Nurse at Russellville Elementary School

KINDERGARTEN PHYSICAL EXAM FORM

Eastern Local School District Health

Student Name: _____ Birthdate: _____

PLEASE COMPLETE THE INFORMATION AND RECORDS

IMMUNIZATIONS (Enter month/day/year of each immunization)

DPT 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Polio 1 _____ 2 _____ 3 _____ 4 _____

MMR (measles, mumps, rubella) 1 _____ 2 _____

Hepatitis B 1 _____ 2 _____ 3 _____

Varicella 1 _____ 2 _____

TB Testing: Date Given: _____ Type: _____ Result _____

Other _____

RECORD OF IMMUNIZATION (To be provided by parent at Kindergarten registration or with this form)

MEDICAL HISTORY

Seizure: _____

Chronic Illness: _____

Allergies: _____

Medication: _____

Significant Historical Information _____

PHYSICAL EXAM

Normal	Abnormal	Height: _____ Wt. _____ B/P _____
_____	_____ General Appearances	Hearing: R _____ L _____
_____	_____ HEENT	Vision: R _____ / _____ L _____ / _____
_____	_____ Neck	HCT: _____
_____	_____ Chest	UA: _____
_____	_____ Heart	
_____	_____ Abd-Genitalia	School Readiness: Normal: _____
_____	_____ Extremities-Back	Needs Evaluation: _____
_____	_____ Neuro	

Explain Abnormal Exam: _____

RECOMMENDATIONS

_____ No Restrictions: Normal Exam Special Seating Needed: ___ Yes ___ No

_____ No Restrictions: Abnormal Exam - Explain _____

_____ Restrictions and suggestion to school: _____

Signed: _____ Date: _____

Physician

Address: _____ Phone: _____

Pre-Kindergarten Experience Survey

2021-22 SY (Fall 2021 Kindergarten Class)

Dear Parent/ Guardian: We are requesting that families complete and return this survey. Your responses to this survey will help us learn more about the contribution of early learning experiences to success in school. We are asking for your permission to share your child's Kindergarten Readiness Assessment (KRA) results with Success By 6 and its partners. All of the information on this survey and the KRA results will be kept secure and confidential. **Thank you** in advance for your time.

Child's First Name: _____ Child's Last Name: _____

Gender: F M Birth date: ____/____/____

Primary Language Spoken at Home: English Spanish Somalian Arabic
 Chinese Japanese Other: _____

From the age of 3 until the time your child entered kindergarten...

- | | Never | 1 Year
or Less | More Than
1 Year |
|---|--------------------------|--------------------------|--------------------------|
| 1. Did your child attend a preschool or childcare program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did your child participate in a Head Start program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. What is the name of the preschool, Head Start, or childcare program your child attended the longest? | _____ | | |

4. During a typical week, how often do you read to or with your child? (e.g., books, magazines, newspapers)

0 days 1-2 days 3-4 days 5-6 days 7 days

5. In your opinion, children should begin formal early education or preschool at age (check one):

0 Year 1 Year 2 Years 3 Years 4 Years 5 Years

6. Since your child's birth, how many times did you move before kindergarten?

0 times 1 time 2 times 3 or more times

Parent Signature: _____ Date: _____

By signing, I give my permission to use this information for evaluation purposes. All information will be kept anonymous and confidential.

DIRECTORY INFORMATION

According to federal law, directory information may be released without prior written consent unless the recipient is engaged in a profit-making activity or unless the parent or pupil, if over eighteen, in writing requests that directory information not be given out. Directory information is defined as to include the pupil's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports.

Our district partners with United Way and we seek permission to release assessment results on district and state assessments. All of the assessment data will be kept secure and confidential and will only be used to track program performance.

By signing below, I agree to allow my school district to release annual assessment results on district and state assessments to educational partners.

Kindergarten Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Dear Parent / Guardian,

Thank you for signing this form. It allows us to compile and analyze student data that will be used for grants and measuring effectiveness of programs. We appreciate your cooperation and hope you understand the importance of this request. Eastern Elementary Administration

Additional information for your child's teacher:

Student name and home address:

Will your student ride the bus or be picked up from school? _____

To what address will your student ride the bus to and from?

Does your child have siblings at Russellville Elementary School, the Middle School or the High School? If so, what are the names and grades?

Note : This form is for the teacher's use, bus routes are made and assigned based on the information in Final Forms. Student's contact list and other important information also comes from Final Forms.