

Welcome to Kindergarten Registration

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

(student name)

- ☐ 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 25/26).
- ☐ Original Birth Certificate
- ☐ 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>

EASTERN LOCAL SCHOOLS

Student Registration Form

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

Yes or No
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

MOTHER/GUARDIAN

Name

Name

Address

Address

Home Phone

Home Phone

Cell/Pager

Cell/Pager

Email

Email

Place of Employment

Place of Employment

Business Phone

Business Phone

Step-Mother (if applicable)

Step-Father (if applicable)

Work/cell phone

Work/cell phone

FAMILY STRUCTURE (Circle one) One Parent Present Two Parents Present Living w/Grandparent(s)
Guardian Relative/No Guardian Step Parent Present Emancipated Minor Majority age student

Previously enrolled in Eastern Local Schools? Yes or No

If yes, what year did you withdraw? _____

Have you ever been enrolled in any other Ohio School District? Yes or No

If yes, name of last Ohio District attended _____

Last school attended _____

Are you currently expelled or suspended from your previous school district Yes or No

Has your child received any of the following services: (Please circle all that apply)

Gifted Education Multifactor/Psychological Evaluation Individual Education Plan (IEP)
Or 504 Individualized Accommodation Plan

SIBLINGS IN DISTRICT

NAME	GRADE	NAME	GRADE
_____	_____	_____	_____
_____	_____	_____	_____

I, the undersigned, do hereby state and declare under penalty of falsification (*) that I am the parent or legal guardian of the above named student and that this registration information is true and correct.

Parent/Guardian Signature

Date

(*) Falsification under Ohio Revised Code section 2921.13 is a misdemeanor of the first degree punishable by a maximum of six (6) months imprisonment or a fine of \$1,000 or both.

Requested information is mandated under Senate ORC Bill 140 and the Education Management Information System (Sections 3301-0714).

FOR OFFICE USE ONLY:

ADM. DATE _____ GRADE _____ HOMEROOM ASSIGNMENT _____

DASL ID _____

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

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: _____

EASTERN LOCAL SCHOOL DISTRICT HEALTH

Sardinia Elementary School
7742 Tri-County Highway
Sardinia, Ohio 45171

Dear Parents/Guardians,

Please review the following requirements and information for your child to attend kindergarten.

Immunizations:

According to Ohio Revised Code 3313.671, if your child's immunizations are not complete or "in process" on or before the 14th day of school, they will not be compliant with the requirements and may be excluded from school until the missing immunizations are completed or the missing dose series is started.

Please provide the school with your child's most recent immunization record. You can also have the physician office fax the most recent record to the Sardinia Elementary office at: 937-446-3518.

At the beginning of the school year I will review your child's immunization record to ensure compliance with the requirements. If there are missing or incomplete immunizations, I will mail a letter to you listing the specific immunizations that your child still needs.

If you need assistance getting these required immunizations for your child, you can contact:

Brown County Health Department at 937-378-6892

Physical:

The Eastern Local School District policy requires that all students in Kindergarten must have a completed health record before being admitted to school. A Kindergarten Physical form is included in this packet.

Medications:

If your child requires medication at school it must be brought to the office by an adult. Medications must be in the original pharmacy container appropriately labeled with the student's name and details for administration of medication. Parent/Guardian signed consent as well as physician signed consent is required before the medication can be administered at school. These forms can be obtained through the office or by going to: <https://www.elsd.us/DownloadsForms.aspx>.

Please feel free to contact me with any questions. You can reach me by calling the Sardinia Elementary office at: 937-446-2250, or by email, tella.halcomb@elsd.us.

Thank you,

Tella Halcomb
Nurse at Sardinia Elementary

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.