

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 22/23**
- 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

_____ Telephone _____
City State Zip

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 _____

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).

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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: _____