

Centerville City Schools

February, 2017

Dear Parent,

As a parent of a prospective kindergartner, we welcome you to Centerville City Schools for the 2017-18 school year. If your child will turn 5 years of age before September 30, 2017 you are invited to register your child for kindergarten.

Centerville City Schools offers kindergarten in two buildings, Primary Village North, located at 6450 Marshall Road, (937) 438-6062, and Primary Village South, located at 8388 Paragon Road, (937) 312-1273. Your home address at the time of enrollment will determine which building your child will attend. To determine which building is in your area of school attendance, feel free to contact the district's transportation department at (937) 885-7776, or either building listed above or use the following web link: www.centerville.k12.oh.us/transportation-maps

Kindergarten registration for the 2017-18 school year will be held on:

March 8th - 12:00 p.m. – 7:00 p.m.

or

March 9th - 8:30 a.m. – 10:30 a.m. and 3:00 p.m. – 6:00 p.m.

Included in the kindergarten enrollment packet is a checklist to assist parents in completing all necessary paperwork. You do **not** need to bring your child with you to register. There is also no benefit to being at registration early.

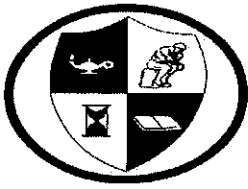
Once your registration is complete, you will be given the opportunity to choose a date and time to bring your child in for kindergarten screening. This year's screening will be held between April 24th and May 5th. Please bring your calendar so that you can choose a date and time that best meets your schedule.

We look forward to working with your family. Please feel free to contact us at the numbers below if you have questions.

Sincerely,

Mindy Cline, Principal
Primary Village North
(937) 438-6062

Amy Allen, Principal
Primary Village South
(937) 312-1273



Centerville City Schools

Kindergarten Enrollment Checklist

Date _____	Student's Name _____
DOB _____	School _____
Parent/Guardian _____	

All of the following must be presented and completed at the time of enrollment.

- A copy of Driver's License or State issued photo ID of individual enrolling student will be made at registration.

PROOF OF BIRTH (Check one):

- | | |
|--|--|
| <input type="checkbox"/> Student's certified Birth Certificate | <input type="checkbox"/> Birth Affidavit |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Hospital Record |
| <input type="checkbox"/> Baptism Certificate | |

PROOF OF RESIDENCY (Check one):

- Mortgage papers, or property tax bill, or copy of deed
- Current signed lease agreement with the landlord's name, address, and telephone number
- House under construction or purchase agreement. Contact Central Enrollment at 433-8841
- Resident affidavit (if living with another person or subleasing) Contact Central Enrollment or individual schools.

PROOF OF CUSTODY: (Check one):

- Child lives with natural parent(s)
- Parents married or separated, living apart in different school districts (students can attend either school district)
- Guardian (must show copy of court order granting custody)
- Mother of student never married to father (mother has school custody)
- Father of student never married to mother (father must have custody documents) (ORC 3109.04.2)
- Parents divorced (parent **must** provide a copy of court-ordered custody agreement showing which parent is Residential Custodian of child for school purposes)
- Children Services/Foster Placement (Children Services caseworker or foster agency representative **must** present court entry or safety plan)
- Non-parent, i.e., family member, family friend, etc. (Individual must provide paperwork at the time of enrollment showing that they have custody or have filed for custody. **May** enroll for 60 days)
- Grandparent Power of Attorney (ORC 3109.52)/Caretaker Affidavit (ORC 3104.65)
- Out-of-State Power of Attorney

ADDITIONAL ENROLLMENT REQUIREMENTS:

- Special Education/504 Plan Form (Attachment B)
- Understanding Residency Requirement (Attachment C)
- School Language Information (Attachment D)
- Kindergarten Session Preference Form
- Immunization Information Form
- Emergency Medical Authorization Form

Glossary

Certified Birth Certificate – A birth certificate is issued by a state’s health department, state registrar or local registrar. The Birth Certificate shall be **certified** as a true copy by either the health department or registrar’s office. The birth certificate must contain either a raised seal or a rubber stamp seal.

Baptism Certificate – a religious record showing the date and place birth of the student.

Birth Affidavit-a document that issued by a court certifying the date and place of birth of the student.

Residence-where the parents sleep a majority of the time, where mail is received, where meals are eaten and where parents are registered to vote.

Grandparent Power of Attorney-allows for the student’s grandparents the ability to enroll the child in school, to obtain educational and behavioral information and to consent to all school-related matters. Legal custody of the child remains with the child’s parent, guardian or custodian. (ORC 3109.52)

Caretaker Affidavit- when a grandparent has made “reasonable attempts” to locate and contact both of the child’s parents or the child’s guardian or custodian and has been unsuccessful the court can issue an affidavit giving a grandparent the same rights under the Grandparent Power of Attorney. (ORC 3109.65)

Residence Affidavit- when a student and their parent(s) moves in with a family friend or relative and the student’s parent is unable to provide proof of residency. The parent can complete a residence affidavit and have it notarized.

STUDENT ENROLLMENT FORM

SCHOOL USE ONLY	STUDENT ID _____	ENROLLMENT DATE _____
	BUILDING _____	FAMILY/POD/UNIT _____

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education

PLEASE PRINT – Parent/Guardian should complete all information:

STUDENT DATA

NAME _____ GENDER: M / F
Last First Middle

GRADE _____ CITY OF BIRTH _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____ TRANSFER FROM _____
School City/State

ETHNIC INFORMATION (required by Federal law): Are you Hispanic/Latino: _____ Yes _____ No

Select one or more races from the following five racial groups:

_____ American Indian/Alaska Native _____ Asian _____ Black/African American
_____ Native Hawaiian/Other Pacific Islander _____ White

NATIVE LANGUAGE (IF OTHER THAN ENGLISH) _____

HAS YOUR CHILD ATTENDED SCHOOL IN THE UNITED STATES FOR LESS THAN THREE (3) YEARS? Y / N

FAMILY EMAIL ADDRESS _____

ADDRESS: House # _____ Apt. # _____ Street _____

City _____ Zip _____

HOME PHONE NUMBER _____ Unlisted? (Y/N) PARENT'S CELL NUMBER _____

PARENTAL STATUS	RESIDENCY
<input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased: <input type="checkbox"/> Mother <input type="checkbox"/> Father	STUDENT LIVES WITH (check one): <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother & Stepfather <input type="checkbox"/> Father & Stepmother <input type="checkbox"/> Foster Parent** <input type="checkbox"/> Guardian/Grandparent <input type="checkbox"/> Host Family <input type="checkbox"/> 18 years old, lives apart from parent and is self Supporting

FAMILY DATA

PARENT/GUARDIAN #1 _____ RELATIONSHIP TO STUDENT _____

EMPLOYER _____

WORK PHONE _____ EXT _____ CELL PHONE _____

E-MAIL ADDRESS _____

PARENT/GUARDIAN #2 _____ RELATIONSHIP TO STUDENT _____

EMPLOYER _____

WORK PHONE _____ EXT _____ CELL PHONE _____

E-MAIL ADDRESS _____

SIBLINGS ATTENDING CENTERVILLE SCHOOLS:

NAME	DOB	SCHOOL/GRADE

EMERGENCY CONTACTS NOT LISTED UNDER FAMILY DATA

EMERGENCY CONTACT 1: _____
Name Relation Phone Cell

EMERGENCY CONTACT 2: _____
Name Relation Phone Cell

EMERGENCY CONTACT 3: _____
Name Relation Phone Cell

STUDENT'S DOCTOR _____ Phone _____

TRANSFER FROM _____
School City/State

PLEASE CHECK THE STATEMENT THAT BEST DEFINES THE STUDENT'S MOST RECENT ENTRY INTO THE CENTERVILLE CITY SCHOOLS:

- ___ 1 - Student transferred from Home Schooling in Ohio
- ___ 2 - Student transferred from out of state/out of country
- ___ 3 - Student transferred from a nonpublic school in Ohio
- ___ 4 - Student enrolling for first time in Ohio public school/ community school because of age (Preschool/Kindergarten)
- ___ 5 - Not enrolled in an Ohio public district or community school since 2003 for reason other than listed above
- ___ 6 - Transferred from another Ohio public/community school
- ___ 7 - Previously enrolled in this school district
- ___ 9 - Student previously enrolled in preschool program

RE-ENTRY: Has this student ever attended a Centerville City School? ___ Yes ___ No

If yes, which school building? _____

SCHOOL SERVICES

Has this student been in any special programs in school? ___ Yes ___ No

If yes, what program? _____

Does the student have a current: IEP ___ Yes ___ No 504 Plan ___ Yes ___ No

Has the student received Special Education Services in the past? ___ Yes ___ No

I CERTIFY THAT THE INFORMATION PROVIDED TO THE BEST OF MY KNOWLEDGE IS TRUE. All registration information is subject to review by the Student Services Department. If false or misleading information is given regarding residency, back tuition may be assessed and student withdrawn from school. It is the responsibility of the parent/guardian to notify the building principal upon a change of address or living conditions. Failure to comply could lead to tuition charges, school records withheld and/or athletic eligibility voided.

SIGNATURE _____ DATE _____

ATTACHMENT B

CENTERVILLE CITY SCHOOLS

Special Education/504 Plan Form

Student Name: _____

Date of Birth: _____

_____ Student is **NOT** currently receiving special education services.
If checked, you do not have to complete the rest of the form—just sign at the bottom.

_____ Student **IS** currently receiving special education services and being served on an IEP
(Individualized Education Plan).
If checked, please fill out the rest of the form and sign at the bottom.

_____ Student **IS** currently on a 504 Plan.

_____ I have provided a current copy of the IEP.

_____ I do not have a current copy of the IEP.

_____ I have provided a copy of the Multifactorial Evaluation (MFE).

_____ I do not have a current copy of the MFE.

_____ I have provided a 504 Plan statement.

_____ I have signed the record release form giving my permission to release Special
Education or 504 Plan information to the Centerville City Schools' Student Services
Department.

Parent/Guardian Signature

Date

ATTACHMENT C

CENTERVILLE CITY SCHOOLS

Understanding Residency Requirements

- The schools of the Centerville City School District shall be tuition free to all school residents between five and twenty-one.
- A student is considered a resident if he/she resides with a parent or parents or person or governmental agency with legal custody whose place of residence is within the boundaries of the District.
- A legal residence is one where the parents/guardians and children engage in major family life activities such as eating, sleeping, receiving mail, voting, etc.
- A student, at least 18 but not 22 years of age, who resides in the district, lives apart from his/her parents and who supports himself/herself by his/her own labor is eligible for entrance.
- A child may attend the district as a resident for a period not to exceed sixty days on the sworn statement of an adult resident of the district that he/she has initiated legal proceedings for custody. A copy of the application form and a copy of the form listing the date and time of the hearing must be presented.

I understand that if my child attends Centerville City Schools while not being eligible to do so tuition free, I will be responsible for tuition at a rate set by the Treasurer of the Centerville City Schools according to law, plus administrative costs, court costs, and any attorney fees incurred in the collection of these sums and that the student will immediately be withdrawn from the Centerville City School District.

I have read and understand the above statements.

Name: _____ Signature: _____

Date: _____

Attachment D

CENTERVILLE CITY SCHOOLS

Home Language Survey

Student's Last Name _____ First _____ Middle _____

Date of Birth _____ Place of Birth: City _____ State _____ Country _____

Date first enrolled in any US school: _____

Please answer the following questions:

1. What language(s) did your child learn to speak when he/she first learned to talk?

2. What language does your child use most frequently at home?

3. What language do the parents speak most frequently to the child?

If you want to write more about one of the questions above, please use this space:

Name: _____ Signature: _____

Date: _____

ID# _____
School use only



Kindergarten Session Preference Form 2017-2018 School Year

Please print:

CHILD'S NAME: _____ MALE: _____ FEMALE: _____

CHILD'S DATE OF BIRTH: _____

PARENT NAME: _____ PHONE #: _____

ADDRESS: _____

PREFERENCE: AM _____ PM _____ NO PREFERENCE _____

PVN HOME SCHOOL: JOHN HOLE ___ DRISCOLL ___ STINGLEY ___ NORMANDY ___ (FOR GRADES 2-5)

PVS HOME SCHOOL: NORMANDY ___ CLINE ___ WELLER ___ (FOR GRADES 2-5)

We understand that at times working parents encounter problems with daycare transportation. However, please be aware that there are daycares in the area who do deliver and pick-up afternoon students.

We cannot guarantee session placement based on daycare transportation schedules. Session requests will be honored if possible, but not guaranteed.

Comments or additional information: _____

_____ I am interested in the Young Five's program if screening results indicate that placement for my child.

STUDENT NAME _____
(Please print) Last First (ID #)

Centerville City Schools EMERGENCY MEDICAL AUTHORIZATION FORM

(Ohio Revised Code 3313.712)

Date of Birth _____ Home Phone _____
School _____ Address _____
School Year _____ Grade _____ City _____ Zip _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, health personnel including student nurses, and other school personnel.

Residential Parent or Guardian

Mother's Name _____ Daytime Phone _____ Cell _____
Father's Name _____ Daytime Phone _____ Cell _____
Emergency Contacts: 1. _____ Daytime Phone _____ Cell _____
2. _____ Daytime Phone _____ Cell _____
3. _____ Daytime Phone _____ Cell _____

Please identify any health concerns that school personnel should be aware of:

Allergies: No _____ Yes _____ Specify _____
Epi-pen: No _____ Yes _____ *If yes, Epi-pen Authorization Form must be completed.*
Asthma: No _____ Yes _____ *If yes, Inhaler Authorization Form must be completed.*
Seizures: No _____ Yes _____ Emergency seizure medications? _____
Name of medications _____

Diabetes No _____ Yes _____ Emergency diabetic medications? _____
Name of medications _____

Does your student take any medication regularly? ___ No ___ Yes Specify _____
Name of medication, amount taken, how often _____

Will your student take medication at school? ___ No ___ Yes *If yes, Permission to Dispense Medication Form must be completed.*

Are there any other medical conditions that school personnel should be aware of? _____

PART I OR II MUST BE COMPLETED

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital/Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian _____ Date _____

PART II: REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian _____ Date _____



Centerville City Schools

2017-2018 School Year IMMUNIZATION INFORMATION

Dear Parents:

- Please complete the immunization/shot record below **or** attach a copy of most current immunization record.
- **Must turn in most current immunization/shot record with school registration in March.**
- At registration you will receive the form, "School Health Examination Record".
 - ✓ Your physician should complete this record at your child's physical **PRIOR** to school entry.
 - ✓ **Must be returned as soon as possible and mandatory before July 31, 2017 in order for your child to start school.**

PRIOR TO KINDERGARTEN ENTRY: DTP #5, OPV/IPV #4, MMR #2 and Varicella #2 are **REQUIRED**
HBV #1, #2, #3 are **REQUIRED**

Abbreviations for Immunizations

DTP (Diphtheria, Tetanus, & Pertussis)
 OPV/IPV (Oral or Inactivated Polio Vaccine)
 MMR (Measles, Mumps, & Rubella)
 HBV (Hepatitis B Vaccine)
 Hib or HbPv (Haemophilus B) Required for Preschool
 Varicella/Varivax (Chicken Pox)

Typical Immunization Schedule

Birth = HBV #1
 2 Months = DTP #1, OPV/IPV #1, & HBV #2
 4 Months = DTP #2, OPV/IPV #2
 6 Months = DTP #3, HBV #3, OPV/IPV #3
 15 Months = DTP #4
 12-15 Months – Varicella (Chicken Pox)
 12 – 15 Months = MMR
 4 – 5 Years = DTP #5, OPV/IPV #4, & MMR #2, Varicella (Chicken Pox) #2

IMMUNIZATIONS AND SKIN TESTING

	DATE	DATE	DATE	DATE	DATE
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertusis)					
OPV/IPV (Poliovirus Vaccine)					
MMR (Measles, Mumps, Rubella)					
HBV (Hepatitis B)					
HIB (Haemophilus B Vaccine)					
Varicella / Varivax (chicken pox)			History of Chicken pox date		
PCV (Pneumococcal disease)					
Rota (Rotovavirus)					
Hep A (Hepatitis A)					
TB (Tuberculin)					

CHILD'S NAME _____ BIRTH DATE: _____

RETURN THIS FORM WITH REGISTRATION PAPERS



Centerville City Schools

Dear Parents,

In preparing for your child's school registration, your child is required to have all necessary immunizations before school entrance. **THOSE CHILDREN WHO DO NOT HAVE DOCUMENTED EVIDENCE OF IMMUNIZATIONS MAY NOT ENTER SCHOOL EVEN FOR ONE DAY UNDER PRESENT OHIO LAW.** If you do not have immunization documentation, you should be able to obtain this from your physician or you may go to the Montgomery County Immunization Clinic, County Building, 451 West Third Street, Dayton OH. For information, call (937) 225-4508.

The **REQUIRED MINIMUM** number of doses of vaccine to achieve protection against these diseases are as follows (according to the Ohio Revised Code effective January 4, 2010).

VACCINES	FALL 2017 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DTP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	Kindergarten Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the 4 th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4 th birthday, a fifth (5) dose is not required.
POLIO	Kindergarten Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4 th birthday regardless of the number of previous doses. If combination of OPV and IPV was received, four (4) doses of either vaccine are required.
MMR Measles, Mumps, Rubella	Kindergarten Two (2) doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.
HEP B Hepatitis B	Kindergarten Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose) must not be administered before age 24 weeks.
Varicella (Chickenpox)	Kindergarten Two (2) doses of varicella vaccine must be administered prior to entry. Dose 1 must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after first dose, it is considered valid.

If your child has not completed all required immunizations, he/she may remain in school **if** he/she has had **at least** one DTP shot, **and** one dose of Polio vaccine, **and** one MMR vaccine **and** one Varicella vaccine and at least one Hepatitis B shot. **Your child must complete the DTP, Polio, MMR and Hepatitis B series as fast as possible; failure to do so is reason to exclude your child from school at a later date.**

If your doctor says immunization might be harmful to your child, a waiver must be on file. If you object to immunization for good cause, for example religious convictions, a waiver must be on file.