



2017-2018

Kindergarten Registration Packet

YOU MUST HAVE AN APPOINTMENT FOR REGISTRATION

**To schedule your appointment, please call Amy Andrews at
Central Registration 513-459-2932.**

REGISTRAR Amy Andrews 513-459-2932

We are open Monday-Friday from 8:30 a.m. to 2:30 p.m.

Kings Education Center

1797 King Avenue, Kings Mills 45034

ITEMS REQUIRED FOR REGISTRATION

- **ORIGINAL BIRTH CERTIFICATE OR PASSPORT**
- **CUSTODY OR COURT PAPERS (IF APPLICABLE)**
- **PHOTO I. D. OF THE PARENT/GUARDIAN**
- **IMMUNIZATION RECORDS FOR STUDENT**
- **PROOF OF RESIDENCY, SUCH AS A RENTAL OR LEASE AGREEMENT, DEED, OR SETTLEMENT STATEMENT. THE PARENTS'/GUARDIANS' NAME MUST APPEAR ON THE LEGAL PROOF OF RESIDENCY DOCUMENT. IF THE DOCUMENTS ARE IN ANY OTHER NAME THAN THE CHILD'S PARENTS'/GUARDIANS' NAME, THAT INDIVIDUAL MUST BE PRESENT AND PROVIDE A PHOTO I.D.**

**Kings Local School District
Welcomes the Class of 2030**



Dear Parent(s)/Guardian of incoming kindergarten student:

Kindergarten is the foundation of your child's education and the Kings Local School District has implemented programs and procedures to ensure a successful start for all students. To help with the transition to kindergarten, the students are gradually introduced to their school experience. Students will meet individually with their teacher prior to beginning their first day of kindergarten.

During the first few days of school, you and your kindergarten child will be given the opportunity to meet one-on-one with his/her teacher during a scheduled appointment time.

During your scheduled appointment time, your child will have the opportunity to:

- Meet his/her teacher
- Drop off school supplies
- Pick up his/her bus tag
- Tour the building
- Participate in a short readiness assessment

On or about the first week in August, you will receive an informational letter listing your child's scheduled appointment date and time. Please note that a parent/guardian must accompany their child to this appointment.

The first official start day for all kindergarten students will be on **Friday, August 18th.**

If you have any additional questions regarding this kindergarten procedure, please call your child's school for additional information.

J.F. Burns Elementary	398-8050 ext. 16000
Kings Mills Elementary	398-8050 ext. 14000
South Lebanon Elementary	398-8050 ext. 15000



"KINGS FULL-DAY KINDERGARTEN READINESS"

These are a few of the areas the Kindergarten teachers would like to see your child coming into Kindergarten be able to do.

LANGUAGE AND LITERACY

- ♦ Identify 10 of 26 letters & sounds - capital and lower case
- ♦ Be able to identify and produce rhyming words
- ♦ Match beginning letter sounds with pictures
- ♦ Know some position terms (above/below, over/under etc..)

MATH

- ♦ Count by rote to 10
- ♦ Able to count up to 10 objects
- ♦ Identify numbers 1 to 10
- ♦ Understand if something has greater, less, or equal amounts
- ♦ Identify basic colors and some simple shapes

FINE MOTOR

- ♦ Be able to recognize & write their first name using 1 capital letter.
- ♦ Be able to copy (draw) simple shapes from models
- ♦ Holds pencil correctly (tri-pod grasp)
- ♦ Utilizes scissors correctly in appropriate position

SPEECH

- ♦ Produce most speech sounds understandably
- ♦ Speak in complete sentences

SOCIAL/EMOTIONAL

- ♦ Attention span of 10-15 min. at time in a classroom setting
- ♦ Listening to and following one-step directions
- ♦ Exhibiting self-control in their behaviors (use words, not physical actions)
- ♦ Know their address and phone (for emergencies)
- ♦ Displaying self-help skills like zipping, buttoning, and tying shoes on own
- ♦ Can use bathroom independently and complete accompanying hygiene tasks

TECHNOLOGY: students should be able to use a mouse to click and drag on the screen—good sites for practicing this are www.starfall.com and www.abcmouse.com

KINDERGARTEN ASSESSMENTS:

KRA (Kindergarten Readiness Assessment) - required by state and given the first 3 days of school. Some observations occur the first month of class also.

DIBELS—given 3 times a year (fall/winter/spring) for reading and math readiness and to track if on target .

MAP—given in winter and spring in the areas of reading and math. Taken on a computer

More information regarding curriculum and schools can be found on the Kings website at www.kingslocal.net.

Kings Local School District Student Registration Form

Enrolling for Grade _____ Has your child ever attended another Ohio Public School _____

PLEASE PRINT

Has your child ever attended Kings Local School District? YES or NO

Student Legal First Name _____ Legal Middle Name _____

Legal Last Name _____ Called Name _____ Mother's Maiden Name _____

Student's Date of Birth _____

CITIZEN STATUS OF STUDENT: _____ U.S. Citizen _____ Exchange Student _____ Other Non-U.S. Citizen

Gender M/F _____ Birthplace City _____ State _____ Native Language _____ Grade _____

Street Address _____ County of Residence _____

City _____ State _____ Zip _____ Home Phone (____) _____

School Previously Attended _____ City _____ State _____

Phone # _____ Fax# _____

Is your student currently expelled or suspended from your previous school district? YES or NO

It is the policy of the Kings Local School Board to deny admittance to any student that has been expelled from any other public school district and the period of the expulsion has not expired. Parents/Guardian have the right to request a meeting with the building Administrator before a final decision will be made.

Student Lives With:

_____ **Two parents present (natural or step)**

_____ Living with Mother and Father

_____ Living with Mother and Stepfather

_____ Living with Father and Stepmother

_____ **Living with Legal Guardian**

_____ **One parent present (natural)**

_____ Living with Mother

_____ Living with Father

_____ **Living with Foster Parents**

Parent Information:

Status of Biological Parents (check one) ___Married ___Divorced ___Widowed ___Separated ___Single/Never Married

If divorced, who has legal custody? ___Mother or ___Father or ___Shared Parenting Custody Papers on file ___Yes ___No

Are you the natural/adoptive parent(s) of the child? ___Yes ___No Are you the Guardian of the child? ___Yes ___No

Was the child court-placed in your home? ___Yes ___No If yes, Court Papers Provided ___Yes ___No

Date of Assignment _____ County _____

If foster/guardian, in which district did the natural parents reside at the time of placement? _____

Name of Parent(s) or Guardian(s) listed above _____

Other siblings in the Kings Local School District:

Name _____ Grade _____ Name _____ Grade _____

IS THIS CHILD RECEIVING **SPECIAL EDUCATION** SERVICES? _____ Yes _____ No

IF YES, DOES THIS STUDENT HAVE A CURRENT I.E.P. & E.T.R.? _____ Yes _____ No

IS THIS CHILD RECEIVING SPECIAL SERVICES DUE TO A **504 PLAN**? _____ Yes _____ No

IS THIS CHILD RECEIVING **GIFTED EDUCATION** SERVICES? _____ Yes _____ No

IF YES, DOES THIS STUDENT HAVE A CURRENT WRITTEN EDUCATION PLAN? _____ Yes _____ No

STUDENT NAME _____

FATHER/GUARDIAN:

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell _____

Email _____

Place of Employment _____

Work Phone _____

STEPMOTHER (if applicable) _____

Work phone _____

Cell _____

MOTHER/GUARDIAN:

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell _____

Email _____

Place of Employment _____

Work Phone _____

STEPFATHER (if applicable) _____

Work phone _____

Cell _____

I, the undersigned, do hereby state and declare under penalty of falsification (*) that I am the parent or legal guardian of the student named on this form 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 months imprisonment or a fine of \$1,000 or both.

OFFICE USE:		
Enrollment Date _____	ID # _____	
KHS _____	KJH _____	CIS _____
JFB _____	KME _____	SLE _____

BIRTH CERTIFICATE INFORMATION SHEET

The Board believes in the importance of trying to decrease the number of missing children; therefore, efforts are made to identify missing children and to notify the proper adults or agencies.

At the time of initial entry into school, a student shall present to the person in charge of admission an official copy of a birth certificate and copies of those records pertaining to him/her which were maintained by the school which he/she most recently attended. In lieu of a birth certificate, birth documentation may include:

1. a passport or attested transcript thereof filed with a registrar of passports at a point of entry of the United States showing the date and place of birth of the child;
2. an attested transcript of the certificate of birth;
3. an attested transcript of the certification of baptism or other religious records showing the date and place of birth of the child;
4. an attested transcript of a hospital record showing the date and place of birth of the child or
5. a birth affidavit.

If the student does not present copies of the required documents, the principal shall call the school from which the student transferred and request the information. If that district has no record of the student on file or if that district does not send the records within 14 days, the principal shall notify the police department having jurisdiction in the area where the student resides of the possibility that the student might be a missing child.

LEGAL REFS: ORC 109.5
 2901.30
 3313.205; 3313.672; 3313.96
 3319.321; 3319.322
 3321.12
 3705.05

Parent/Guardian signature _____

TO OBTAIN A BIRTH CERTIFICATE

Every child enrolling in school in the state of Ohio is required to present an official state birth certificate with the raised seal.

The State of Ohio has now implemented what is called statewide issuance for birth certificates. What this means to you is if you or your loved one were born anywhere in Ohio you can come to or contact our office to obtain a certified copy of your birth certificate. It is quick, easy and convenient, just follow the procedure below. Certified copies of death certificates that are on file at the Warren County Combined Health District can also be obtained by one of the following procedures:

1. Come in to the Warren County Combined Health District and pay \$22 per certificate. Office hours are 7:30 a.m. to 4:00 p.m., Monday thru Friday. Closed for all government holidays. Discover ®, MasterCard ® and Visa ® are accepted

A third-party service fee will apply to cardholders who wish to pay via credit card. This fee is required in order to allow the own/city/county/state the option to accept payments via credit card. **This fee will \$3.00 for purchases under \$120, 2.45% for over \$120 purchases.**

2. Request by mail. Please mail the request form ([Birth Request](#), [Death Request](#)), check* or money order for \$22 per copy requested and a self addressed stamped envelope to:

Warren County Combined Health District
Birth and Death Records
416 South East Street
Lebanon OH, 45036

***All Checks now require the following to be placed on the check:**

Birth Date and a State issued identification number from a Driver's License, State ID, Military ID, or Passport.

All certificates ordered from the Warren County Combined Health District will be processed in 1-2 business days.

3. For your convenience, you can process online requests through [VitalChek](#). All major credit cards are accepted, including American Express ®, Discover ®, MasterCard ®, or Visa ®. VitalChek third-party convenience fee - \$7.00

Contact Persons

[Marie Brown](#) - Local Registrar, 513-695-1249 ext. 1249

[Jatana Giallombardo](#) - Deputy Registrar, 513-695-1308 ext. 1308

For Kentucky birth certificates, please contact:

Kentucky Birth Certificates
Office of Vital Statistics
275 East Main Street
Frankfort, KY 40621
(512) 564-4212
kentucky.gov

Kings Local School District

1797 King Avenue, Kings Mills, OH 45034

AFFIDAVIT I - State of Ohio, Warren County

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

1. I am the parent, guardian or legal custodian of _____
and I live at _____

_____, OH _____

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 not to be a legal resident, the district will seek remuneration for each day the student illegally attended school in the district.

I agree that Kings Local School District, 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 Kings Local School District.

TRUE or FALSE

- | | | | |
|----|---|---|--|
| 4. | T | F | The above address is where I eat and sleep overnight the majority of the time. |
| 5. | T | F | The above address is where my child(ren) eats and sleeps the majority of the time. |
| 6. | T | F | There is no other address where my child(ren) sleeps overnight on a regular basis. |
| 7. | T | F | I do not own a house outside the Kings Local School District. |
| 8. | T | F | I do not rent/lease a house or apartment outside the Kings Local School District. |
| 9. | T | F | I am not provided with living space outside the Kings Local School District by a friend,
relative or government agency. |

If you marked FALSE on any of the above statements, please explain _____

MUST BE SIGNED IN THE PRESENCE OF A KINGS LOCAL SCHOOL DISTRICT NOTARY

Signature _____ Date _____

Sworn to or affirmed and subscribed before me this _____ day of _____, _____

by _____

Notary Public

Revised 1/08

Kings Local School District
1797 King Avenue, Kings Mills, OH 45034

***Complete this affidavit if you DO NOT own/rent property in the Kings Local School District but reside with someone who does.

AFFIDAVIT II - State of Ohio, Warren County

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

1. I am the owner/renter of the residence at _____
_____, OH _____ located in the Kings Local School District.

2. The following individual(s) _____

is/are living at my above -stated residence and have since the _____ day of _____, _____

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. Furthermore, by signing this affidavit you are accepting financial responsibility for tuition for the above named student(s) should the student(s) be found to live outside the Kings Local School District.

I agree that the Kings Local School District, 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 Kings Local School District.

*****MUST BE SIGNED IN THE PRESENCE OF A KINGS LOCAL SCHOOL DISTRICT NOTARY*****

Signature _____ **Date** _____

Sworn to or affirmed and subscribed before me this _____ **day of** _____, _____

by _____

Notary Public

If you presently reside with someone and DO NOT have a lease or rental agreement in your name, please follow these instructions:

1. In order to prove residency and enroll your child in the Kings Local School District, the person with whom you reside must provide proof of residency (Rental/Lease agreement, Copy of Deed, Settlement Statement, Land Contract or Purchase Contract), and photo ID.
2. This Affidavit must be signed by the property owner/renter in the presence of a Kings Local School District Notary.
3. This is not a temporary residence of the parent for school enrollment purposes only.

Affidavit II also requires within 15 days of enrollment you must provide two of the following documents with registering address:

- US Postal change of address documentation
- Payroll stub with address – dated within the past 45 days
- Utility bill in your name (water, gas, electric, cable) – dated within the past 45 days
- Bank or credit card statement – dated within last 45 days
- WCJFS documentation – dated within the last 45 days
- WCJFS subsidy voucher (Medicaid, food voucher, etc.) – dated within the past 45 days

For any document listed above, you may conceal financial information.

***** PLEASE BE AWARE THAT A STUDENT CANNOT ATTEND KINGS LOCAL SCHOOLS IF RESIDENCY CANNOT BE VERIFIED.**

Residency affidavits must be renewed annually.

KINGS LOCAL SCHOOL DISTRICT STUDENT TRANSPORTATION ENROLLMENT FORM

Grade _____ New Student _____ Enrolled Student _____

Attending School: _____ KHS _____ KJH _____ CIS _____ JFB _____ KME _____ SLE

Name of Student _____ Date of Birth _____ Male _____ Female _____

Legal Residence _____ City _____ Zip _____

Home Phone _____ Subdivision (if applicable): _____

Mother's name _____ Employer _____ Work Phone _____

Home phone _____ Cell Phone _____

Father's Name _____ Employer _____ Work Phone _____

Home phone _____ Cell Phone _____

Emergency Contact _____ Relationship to child _____ Phone _____

Student will be transported to and from the above address - YES or NO

If YES _____ AM (to school only) _____ PM (from school only) _____ Both (to and from school)

If NO _____ Student will need transportation to an ALTERNATE ADDRESS listed below

_____ PARENT WILL PROVIDE ALL TRANSPORTATION FOR THE CHILD

ALTERNATE TRANSPORTATION INFORMATION:

Alternate Care Provider _____ Effective Date _____

Address _____ City _____ Zip _____

Phone () _____

My child will be picked up at the alternate address on the following days:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

My child will be dropped off at the alternate address on the following days:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Additional Information:

In the event your legal residence changes, contact Central Registration at 459-2932 to schedule an appointment. All changes will be managed through the Central Registration Office and must be completed in person.

Parent/Guardian Signature _____ Date _____

***Attention Kindergarten Parents* Adults are required to be at bus stop for individual student drop.**

EMERGENCY MEDICAL AUTHORIZATION FORM

(Required per HB 639)

Student Name _____ School _____

Home Phone () _____ DOB ____ / ____ / ____ Grade _____ Teacher/Team _____

Home Address _____

PARENT CONTACT INFORMATION

MOTHER/GUARDIAN:

Name _____

Address _____

Home PH: _____ Cell PH: _____

Work Place: _____ WK PH: _____

E-Mail: _____

FATHER/GUARDIAN:

Name _____

Address _____

Home PH: _____ Cell PH: _____

Work Place: _____ WK PH: _____

E-Mail: _____

Is there a legal custody order that applies to this child? Yes _____ No _____ Copy of custody papers must be on file in office.

If yes, please explain: _____

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority. In the event that you can not be reached, please list (3) people to whom you give permission to pick up your child from school in case of **illness or injury**. If we are unable to reach you, we will contact the people listed below in the order they are listed.

	Name	Home #	Cell #	Work #	Relationship to Child
1.	_____ ()	_____ ()	_____ ()	_____	_____
2.	_____ ()	_____ ()	_____ ()	_____	_____
3.	_____ ()	_____ ()	_____ ()	_____	_____

Facts concerning the child's medical history including allergies, medications being taken or current health concerns:

May this health information be shared with appropriate school personnel such as your child's teacher(s)? Yes _____ No _____

Date _____ Signature of Parent/Guardian _____

COMPLETE EITHER PART I OR PART II

PART I – CONSENT FOR TREATMENT

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 the named doctor, or in the event the designated practitioner is unavailable, 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 to the performance of such surgery.

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

Doctor _____ Phone () _____

Dentist _____ Phone () _____

Hospital _____

Date _____

Signature of Parent/Guardian

PART II – REFUSAL TO GRANT CONSENT FOR TREATMENT

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

Date _____

Signature of Parent/Guardian

Sign only if refusal to consent

**Kings Local School District
Student Health History**

Student's Name _____ Date of Birth _____ Sex _____ Grade _____

HEALTH CONDITIONS – Please check any that this child has had:

<input type="checkbox"/> Abnormal spinal curvature	<input type="checkbox"/> Eczema	<input type="checkbox"/> Sickle cell disease
<input type="checkbox"/> Anemia	<input type="checkbox"/> Emotional problems	<input type="checkbox"/> Sinus infections (freq)
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Hay fever	<input type="checkbox"/> Skin rashes (freq)
<input type="checkbox"/> Asthma	<input type="checkbox"/> Headaches (freq)	<input type="checkbox"/> Stool soiling
<input type="checkbox"/> Behavior problems	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Substance abuse
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Suicide attempt
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Throat infections (freq)
<input type="checkbox"/> Cancer, type _____	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Tics/nervous twitches
<input type="checkbox"/> Chicken Pox (year)	<input type="checkbox"/> Meningitis/encephalitis	<input type="checkbox"/> Urinary tract infections
<input type="checkbox"/> Constipation or diarrhea (freq)	<input type="checkbox"/> Nosebleeds (freq)	<input type="checkbox"/> Wetting (day/night)
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Whooping cough
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures	<input type="checkbox"/> Other _____

Please comment on any of the above checked items

VISION AND HEARING

Frequent ear infections? _____ Tubes? _____ In place? _____ Hearing loss? _____ Last exam? _____
Wears glasses or contacts? _____ Reason _____ Last exam? _____

INJURIES / ILLNESSES –List any severe injuries or illnesses, as well as surgeries and hospitalizations (year)

PERINATAL HISTORY-Was this infant born: ___full term ___early ___late Birth Weight _____

Did the infant have any problems while in the nursery? Y or N If yes, please explain _____

ALLERGIES

List all known: _____

Type of reaction to above: _____

Recommended treatment: _____

MEDICATIONS

Daily _____

Frequently, but not daily _____

COMMENTS

Do you have any comments or concerns about this student's health, development, behavior, family or home life that you feel may impact his/her learning?

Parent / Guardian Signature _____ Date _____

VACCINES	IMMUNIZATIONS FOR SCHOOL
DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	K 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.* 1-12 Four (4) or more of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up. Grades 7-12 One (1) dose of Tdap vaccine must be administered prior to entry.**
POLIO	K-6 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 a combination of OPV and IPV was received, four (4) doses of either vaccine are required.*** Grades 7-12 Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.
MMR Measles, Mumps, Rubella	K-12 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	K-12 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)	K-6 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. Grades 7-10 One (1) dose of varicella vaccine must be administered on or after the first birthday.
MCV4 Meningococcal	Grade 7 One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry Grade 12 Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry****

Students eligible for kindergarten and students new to the District must present written evidence of similar immunizations, or written evidence to indicate that they are in the process of receiving immunizations, to be completed no later than the day of entrance. Students failing to complete immunizations within 14 days after entering school are not permitted to return to school.

Students Name _____

Parent/Guardian Signature _____ Date _____

KINGS LOCAL SCHOOL DISTRICT HOME LANGUAGE SURVEY

Date _____ School _____ Grade _____

Child's Name _____
First Name Middle Name Last Name

Parent or Guardian's Name _____
First Name Middle Name Last Name

1. In what country did your child most recently reside? _____

2. Was your child born in the United States: ☐ Yes ☐ No

If yes, in which state? _____

If no, in what other country? _____

3. Has your child previously attended any (K-12) school in the United States? ☐ Yes ☐ No

If yes, please provide school name(s), state, and dates attended:

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

Name of School _____ State _____ Dates Attended _____

4. What is the language most frequently spoken at home? _____

5. Which language did your child learn when he/she first began to talk? _____

6. What language does your child most frequently speak at home? _____

7. What language do you most frequently speak to your child? (Father) _____

(Mother) _____

8. Please describe the language understood by your child. (Check only one)

- A. ☐ Understands only the home language and no English.
- B. ☐ Understands mostly the home language and some English.
- C. ☐ Understands the home language and English equally.
- D. ☐ Understands mostly English and some of the home language.
- E. ☐ Understands only English.

9. If available, in what language would you prefer to receive communication from the school? _____

10. Has your child ever received English as a Second Language tutoring in a U.S. school? ☐ Yes ☐ No

Parent or Guardian's Signature

Date

Languages

Kings Local School District

Attached is an important document from your child's school for you to complete. Please have this document translated for you, and provide the information requested. Return the completed document to the school as soon as possible. Thank you.

Eng
lish

Joint est un document important de l'école de votre enfant pour que vous accomplissiez. Veuillez avoir ce document traduit pour vous, et fournissez les informations demandées. Renvoyez le document rempli à l'école aussitôt que possible. Merci.

Fre
nch

完了すべきあなたのためのあなたの子供の学校からの重要な文書を添付する。この文書をあなたのために翻訳しなさい提供しなさい要求される情報を。学校に完了された文書をできるだけ早く戻しなさい。ありがとう。

Jap
an
ese

Приложен важный документ от школы вашего ребенка для вас, котор нужно завершить.
Пожалуйста имейте этот документ переведено для вас, и обеспечивайте спрошенную информацию.

Rus
sian
e

Se une un documento importante de la escuela de su niño para que le termine. Por favor tenga este documento traducido para usted, y proporcione la información solicitada. Vuelva el documento terminado a la escuela cuanto antes. Gracias.

Spa
nish
e

附上一個重要文件從您的為您的兒童的學校完成。請把這個文件被翻譯為您, 和提供資訊被請求。儘快退回文件到學校。謝謝。

Chi
nese

Συνδέεται ένα σημαντικό έγγραφο από το σχολείο του παιδιού σας για σας για να ολοκληρώσει. Παρακαλώ μεταφράζει το παρόν έγγραφο για σας, και παρέχετε τις πληροφορίες ζητούμενες. Επιστρέψτε το ολοκληρωμένο έγγραφο στο σχολείο το συντομότερο δυνατόν. Σας ευχαριστούμε.

Gre
ek



Kings Local School District Race & Ethnicity Form

The U.S. Department of Education (Federal Register/Vol. 72, No. 202, October, 2007) requires Educational Institutions to allow parents to "self-identify" or "re-identify" the race and ethnicity of their student.

Student Name: _____ **Grade:** _____

**Educational Institutions are required to report racial and ethnic data in the categories below.
Please answer the following questions:**

1. Is the student Hispanic/Latino heritage?

Note: Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **Yes** ☐ **No**

2. What race is the student? (choose one or more)

Race	Race Definitions (as defined by the Ohio Department of Education)
<input type="checkbox"/> White	Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
<input type="checkbox"/> Black or African American	Persons having origins in any of the Black racial groups of Africa.
<input type="checkbox"/> Asian	Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> American Indian or Alaskan Native	Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

I understand The U.S. Department of Education allows observer identification if a parent or guardian refuses to provide their child's racial/ethnic group. The observed designation will be communicated to the parent or guardian by the district prior to designation.

Parent/Guardian Signature: _____ **Date:** _____



**Kings Local School District
Photo/Work Release for
Print & Visual Media and Website**

I grant Kings Local School District the unlimited right to use and/or reproduce photographs, videos, likenesses, or the voice of my child in any legal manner and for the internal or external promotional and informational activities of the Kings Local Schools. I also agree to allow my child's work and/or photograph to be published on the Kings Local Schools website/intranet web pages, publications, social media and/or local news media.

By signing the Parent/Guardian checklist, you agree to abide by this policy.

As a parent/guardian or eligible student you have the right to request, in writing, that the school NOT disclose the above mentioned information about them. This request must be received in a reasonable amount of time, not to exceed two weeks from notification of rights.

Please send such above mentioned notification to the following address:

Kings Local School District
Attn: Dawn Gould
1797 King Avenue
Kings Mills, OH 45034

**Kings Local School District
Public Notice
Educational Rights of Homeless Children and Youth**

Welcome to our school and school district. Kings Local School District is actively seeking to enroll children and youth who are homeless. If you are homeless or know of a child or youth that is homeless and not attending school, please contact the following individual who will provide information and assistance during the enrollment process:

Local Liaison Name: **Timothy J. Spinner, Assistant Superintendent**
Telephone: **513-398-8050**
School Address: **1797 King Avenue Kings Mills, OH 45034**

- *Who is considered "homeless"?* Any child or youth not attending school who lacks a fixed, regular, and adequate nighttime residence is considered homeless and includes those who are sharing housing with others due to loss of housing or economic hardship. It also includes children and youth who are living in hotels, camping grounds, emergency shelters, cars, bus or train stations, or other similar settings. If you are not sure, please call your local liaison listed above.
- *What are the education rights of homeless children and youth?* Our schools provide equal and comparable access to all students regardless of their home living situation. Homeless children and youth have specific rights that include:
 - a) Immediate enrollment in school and, when desired or feasible, at the "school of origin."
 - b) Prompt provision of necessary services such as transportation and meal programs.
 - c) Appropriate support services and programs for which they are eligible such as programs for gifted, children with disabilities, vocational education, and preschool.
 - d) Academic assistance through the district's federally funded Title I program.
 - e) Parent or guardian involvement in school activities.
- *What is the "school of origin"?* The term "school of origin" means the school the child or youth attended when permanently housed or the school in which the child or youth was last enrolled. It is the district's responsibility to consider the best interests of the child or youth when making a decision regarding what school to attend. Consideration must be given to placement at the school of origin unless doing so is contrary to the wishes of the parent or guardian.
- *What if there is disagreement regarding school placement?* The parent, guardian or unaccompanied youth (a youth not in the physical custody of a parent or guardian) may appeal the placement decision if the district makes a placement in a school other than the school of origin or a school requested by the parent, guardian or unaccompanied youth. The student will be immediately enrolled in the school in which enrollment was requested by the student or parent while an appeal is pending. The person indicated above will provide information and assistance regarding such an appeal.

No Child Or Youth Should Be Denied Access To A Free And Appropriate Public Education

OFFICE USE ONLY					
STUDENT NAME	NAME OF PARENT/GUARDIAN	DATE DISTRIBUTED	DATE SCHOOL NOTIFIED OF STUDENT	CURRENT LOCATION OF STUDENT	SCHOOL OF ORIGIN

COMPUTER/ONLINE SERVICES

(Acceptable Use and Internet Safety)

Technology can greatly enhance the instructional program, as well as the efficiency of the District. The Board recognizes that careful planning is essential to ensure the successful, equitable and cost-effective implementation of technology-based materials, equipment, systems and networks.

Computers and use of the District network or online services support learning and enhance instruction, as well as assist in administration. Computer networks allow people to interact with many computers; the Internet allows people to interact with hundreds of thousands of networks.

All computers are to be used in a responsible, efficient, ethical and legal manner. Failure to adhere to this policy and the guidelines below will result in the revocation of the user's access privilege. Unacceptable uses of the computer/network include but are not limited to:

1. violating the conditions of State and Federal law dealing with students' and employees' rights to privacy, including unauthorized disclosure, use and dissemination of personal information;
2. using profanity, obscenity or other language that may be offensive to another user or intended to harass, intimidate or bully other users;
3. accessing personal social networking websites for non-educational purposes;
4. reposting (forwarding) personal communication without the author's prior consent;
5. copying commercial software and/or other material in violation of copyright law;
6. using the network for financial gain, for commercial activity or for any illegal activity;
7. "hacking" or gaining unauthorized access to other computers or computer systems, or attempting to gain such unauthorized access;
8. accessing and/or viewing inappropriate material and
9. downloading of freeware or shareware programs.

The Superintendent/designee shall develop a plan to address the short- and long-term technology needs and provide for compatibility of resources among school sites, offices and other operations. As a basis for this plan, he/she shall examine and compare the costs and benefits of various resources and shall identify the blend of technologies and level of service necessary to support the instructional program.

Because access to online services provides connections to other computer systems located all over the world, users (and parents of users who are under 18 years old) must understand that neither the school nor the District can control the content of the information available on these systems. Some of the information available is controversial and sometimes offensive.

The Board does not condone the use of such materials. Employees, students and parents of students must be aware that the privileges to access online services are withdrawn from users who do not respect the rights of others or who do not follow the rules and regulations established. A user's agreement is signed to indicate the user's acknowledgment of the risks and

regulations for computer/online services use. The District has implemented technology-blocking measures that protect against access by both adults and minors to visual depictions that are obscene,

child pornography, or, with respect to the use of computers by minors, harmful to minors. The District has also purchased monitoring devices that maintain a running log of Internet activity, recording which sites a particular user has visited.

"Harmful to minors" is defined as any picture, image, graphic image file or other visual depiction that:

1. taken as a whole and with respect to minors appeals to a prurient interest in nudity, sex or excretion;
2. depicts, describes or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts or a lewd exhibition of genitals and
3. taken as a whole, lacks serious literary, artistic, political or scientific value as to minors.

The District will educate minors about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms and cyberbullying awareness and response. The Superintendent/designee will develop a program to educate students on these issues.

Annually, a student who wishes to have computer network and Internet access during the school year must read the acceptable use and Internet safety policy and submit a properly signed agreement form. Students and staff are asked to sign a new agreement each year after reviewing the policies and regulations of the District.

[Adoption date: November 17, 1998]

[Re-adoption date: May 16, 2000]

[Re-adoption date: May 15, 2001]

[Re-adoption date: November 18, 2008]

[Re-adoption date: March 15, 2011]

[Re-adoption date: June 18, 2013]

Kindergarten Student Placement Sheet

Student Name: _____ Gender: _____

Student Birth date _____ Grade: **KG**

School:

JF Burns Elementary

Kings Mills Elementary

South Lebanon Elementary

To assist the principal in making the best possible placement for your child, please answer the following questions.

1) Please list the characteristics that describe:

A. Your child

B. How your child learns

C. Your child's interests

2) In your opinion, what are important characteristics for your child's teacher to have?

Is the student receiving any of the following? (Please circle all that apply)

Speech

English as a Second Language (ESL)

Special Education Services

Counseling

Parent/Guardian Signature _____ Date _____

CHILD PROFILE

Child's name: _____ Birth Date: _____

What does he/she want to be called? _____

HEALTH:

Does your child have any allergies including food? _____ if yes, please be specific.

General physical condition: _____ Any special attention needed? _____

Can he/she take care of his/her toilet needs by themselves? _____

How does your child act with strangers? _____

What are his/her fears? _____

Does he/she have temper tantrums? _____ If yes, how do you deal with them at home?

PRESCHOOL EXPERIENCE: Yes No (please circle one)

If yes: Number of years in preschool: _____

Name and location of preschool attended: _____

HEADSTART: Yes No (please circle one)

Any concerns indicated by your child's preschool teacher? Yes No (please circle)

If yes, what were the concerns? _____

Can a person unfamiliar with your child easily understand your child's speech? _____

Classroom Teacher: _____

KINGS LOCAL SCHOOL DISTRICT
PARENT/GUARDIAN FORM CHECKLIST

Student Name: _____ Grade: _____ Homeroom: _____

Please initial below if you have read and completed the following forms:

(Initial)

- | | |
|--|-------|
| ➤ I have completed and returned the Student Registration Form | _____ |
| ➤ I have completed and returned the Emergency Medical Form | _____ |
| ➤ I have signed and turned in Immunization Records | _____ |
| ➤ I have completed and returned the Race and Ethnicity Form | _____ |
| ➤ I have completed and returned the Transportation Form | _____ |
| ➤ I have completed and returned the Student Health History Form | _____ |
| ➤ I have completed and returned the Home Language Survey | _____ |
| ➤ I have read the Homeless Survey | _____ |
| ➤ I have read the Acceptable Use Policy | _____ |

My signature below indicates that I have received, read and agreed to abide by the policies contained in the following: Attendance Policy, Photo/Work Release Policy and FERPA Policy.

FERPA Policy can be found at www.kingslocal.net, Board Of Education, Board Policies, Section J: Student

_____ Date: _____

Student's Name (PRINT CLEARLY)

Parent or Guardian's name (PRINT CLEARLY)

Parent or Guardian's Signature

