KINDERGARTEN CHECK LIST

Your child is NOT completely registered for school until we have Received all of the following information.

Information Needed

Original Birth Certificate, to copy for records
NOT hospital Certificate. Original is acquired from the County health department of the county your Child was born in.

Student's Social Security Card, to copy for our records,

(2) Proofs of residence in our school district
(deed, driver's license, current bill, voter registration, change of address form)

Shot Records
(You will receive a form to be completed by your Dr. When your child has his/her annual physical.)
All immunizations must be completed before your child can begin school.

Custody Papers (if applicable)

Registration is April 21st. & 22nd. in the K-8 Office from 9-3.

STUDENT NUMBER ____________
For Office Use Only

NATIONAL TRAIL LOCAL SCHOOL DISTRICT
ANNUAL PUPIL REGISTRATION INFORMATION
SCHOOL YEAR 2016 – 2017

LEGAL NAME OF PUPIL______________________________ SEX ______ GRADE ________
Last First Middle

DATE OF BIRTH_____ /_____ /_____ SOCIAL SECURITY NUMBER ____________________

PLACE OF BIRTH ____
City County State

NAME AND ADDRESS OF SCHOOL LAST ATTENDED **(IF NEW TO DISTRICT)**:________________

HAVE YOU EVER ATTENDED AN OHIO SCHOOL? ________ YES ________ NO

CHECK THOSE WHICH APPLY:
Marital Status:
( ) MARRIED ( ) SEPARATED ( ) DIVORCED

( ) SINGLE PARENT ( ) FATHER DECEASED

( ) MOTHER DECEASED ( ) OTHER ____________

What is the Ethnic Origin of Pupil? **(Choose One)**
Hispanic/Latino _________ **Non-Hispanic** _________

If student is Non-Hispanic please check one (or more) of the following:
_____ Alaskan Native or American Indian
_____ Asian
_____ Black or African American
_____ Native Hawaiian
or Other Pacific Islander
_____ White
(Please note: failure to complete this section will result in a district determination of ethnicity)

FATHER'S NAME______________________

HOME PHONE ____________________

ADDRESS ____
Street Address PO Box City State Zip

E-MAIL ADDRESS ______________________ CELL NUMBER ____________________

PLACE OF EMPLOYMENT ____________________ WORK PHONE ____________________

****

MOTHER'S NAME ______________________ HOME PHONE ____________________

MOTHER'S MAIDEN NAME ________________ CELL NUMBER ____________________

ADDRESS ____
Street Address PO Box City State Zip

E-MAIL ADDRESS ______________________

PLACE OF EMPLOYMENT ____________________ WORK PHONE ____________________

PARENT/PERSON(S)/GOVERNMENTAL AGENCY HAVING LEGAL OR PERMANENT CUSTODY OF PUPIL
For any student not living with both biological parents, proof of custody is required at the time of enrollment. A copy of your divorce decree or award of separation listing custodial status must be presented and photocopied by the building secretary. If the custody determination is pending, a letter from the court or your attorney is required stating the anticipated date of such action. Custodial Status Verification: _________

NAME ______________________ RELATIONSHIP TO PUPIL ____________________
ADDRESS ____
Street Address City State Zip
HOME PHONE ____________________ WORK PHONE ____________________

SPECIAL EDUCATION or SERVICES
Is child on an IEP or receiving any special services? ________ Yes ________No If yes please indicate number from the list below: ___________
(1) Multiple disabilities (2) Deaf-Blindness (3) Deafness (hearing impairment (4) Visual Impairment (5) Speech or Language Impairment (6) Orthopedic Impairment (7) Emotional Disturbance (8) Cognitive Disabilities (9) Specific Learning Disability (10) Preschooler with a Disability (11) Autism (12) Traumatic Brain Injury (13) Other Health Impairment

PERSON OTHER THAN THE PARENTS TO CONTACT IN CASE OF AN EMERGENCY

1) NAME______________________________ RELATIONSHIP____________________

DAYTIME PHONE____________________ CELL PHONE ______________________

2) NAME______________________________ RELATIONSHIP____________________

DAYTIME PHONE ____________________ CELL PHONE ______________________

SIGNATURE ______________________________________ **DATE** ________________

(OVER)

NATIONAL TRAIL LOCAL SCHOOL DISTRICT
EMERGENCY MEDICAL AUTHORIZATION EM/8-93/HB639

SCHOOL BUILDING ____________________________________

PLEASE USE BALLPOINT PEN AND PRESS FIRMLY FOR LEGIBLE COPY. COMPLETE THIS FORM AND RETURN IT TO THE SCHOOL OFFICE IMMEDIATELY

STUDENT NAME ____________________________________
Last First Middle

Grade_________ Birthdate ___________________

ADDRESS ____

____

Sex ________ Bus No. ___________

Teacher (Gr. K-6 only) ____

TELEPHONE ____

Date Entered (new students only) ____________________________________

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.

Student lives with ____ Father & Mother ____ Mother only ____ Father only

Other (explain) ____

Residential Parent or Guardian:
Mother's name _________________________Daytime Phone__________

Mother's place of employment ________________ ____________

Father's name _________________________Daytime Phone__________

Father's place of employment ____________________________________

Other's name __________________________Daytime Phone___________

Name of Relative or Childcare Provider: ___________________________

____________________________________Relationship_____________

Address ______________________________Phone _________________

To be certain the school has enough contacts in case of an emergency, please list two additional people:

Name __________________________ Relationship __________ __Phone ____________

Name __________________________ Relationship ____________ Phone_____________

List below the names of all brothers and sisters:

____ School ____________________

____ School_____________________

____ School ____________________

****

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-name doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible. This includes, but is not limited to, prevention, recognition, and assessment of athletic injuries (assessment), the management, treatment, disposition, and reconditioning of acute athletic injuries (treatment), and medical care related to such assessment and treatment.

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.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

____

____

____

Signature of Parent/Guardian: ____ Date: ___________________________

Address:____

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:

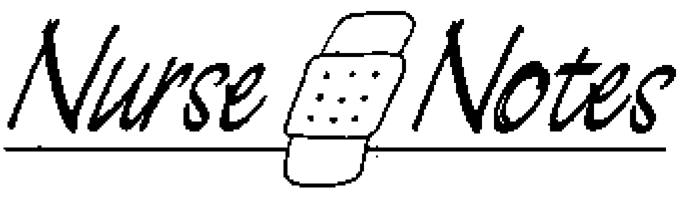
____

Signature of Parent/Guardian: ____ Date: ____________________________________

Address:

____

(OVER)



Below you will find a list of the health requirements for kindergarten. Please read the information carefully and feel free to contact me with any questions that arise. All forms are needed in the office on or before your child's screening which takes place August 16th or 17th, 2016.

- **PHYSICAL EXAM FORM**- (Provided by school)
  This needs to be completed and signed by a physician.
- **IMMUNIZATION RECORD-**Written verification of immunizations is required by Ohio law for entrance into kindergarten. Immunizations can be obtained from your physician or by appointment at the Preble County General Health District every Monday from 9-11am and 3-5pm (except holidays).
- **STUDENT HEALTH FORM-**It is important to know your child's health history including any allergies or medical issues they may have. Please remember to inform us if there is a change in your child's health status.

Thank you in advance for your cooperation with this process. I look forward to meeting your child during kindergarten screening. Have a safe and healthy summer!

Sarah Miller, RN, MS, NCSN
National Trail School Nurse

Ohio Department of Health • School and Adolescent Health

Health History

Student's name	Sex ☐ Male ☐ Female	Date of birth / /

Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father	
Mother	
Brothers and Sisters	

Birth and Developmental History ☐ No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy? ☐ Yes ☐ No

Was infant born full term? ☐ Yes ☐ No Did the infant have any sickness or problems? ☐ Yes ☐ No

Briefly explain illness or problems.

How does the child's development compare to other children, such as his or her brothers/sisters or playmates? ☐ About the same ☐ Delayed ☐ advanced

Student Health Conditions

☐ **YES,** my child receives regular medical/health care for the following conditions: ☐ **NO** medical conditions

☐ Allergies	☐ Diabetes	☐ Seizure disorder
☐ Asthma	☐ Depression	☐ Sickle cell
anemia ☐ ADD/ADHD	☐ Ear problem/hearing difficulty	☐ Skin conditions
☐ Autism	☐ Emotional concerns	☐ Speech problems
☐ Behavior concerns	☐ Headaches	☐ Traumatic brain injury
☐ Birth/congenital malformations	☐ Heart problems	☐ Vision problems (glasses, contacts)
☐ Bone/muscle/joint problems	☐ Hemophilia	☐ Other_______________
☐ Blood problems	☐ Juvenile arthritis	☐ Other_______________
☐ Bowel/bladder problems	☐ Lead poisoning	☐ Other_______________
☐ Cancer	☐ Migraines	☐ Other_______________
☐ Cystic fibrosis	☐ Neuromuscular disorder	☐ Other_______________

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
☐ Bee/Insect		
☐ Food		
☐ Medication		
☐ Other		

HEA 4240 8/06

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

☐ Yes ☐ No If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

☐ Yes ☐ No If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by	Relationship to student	Date
		/ /

PART I. TO BE COMPLETED BY SCHOOL STAFF OR HEALTH CARE PROVIDER

PHYSICAL EXAMINATION / HEALTH RECORD

REV. 2/8/99

(To be completed by Family Physician)

All pupils should have a medical examination before entering Kindergarten. These examinations should include the items on this form. Please take this form to your family physician at the time your child is to be examined. The physician will record findings of physical items, vaccinations and immunizations required by State Regulations for school enterers.

CHILD'S NAME ______________________ SCHOOL ______________________

PARENT'S NAME ______________________ BIRTH DATE ______________ SEX ________

ADDRESS ______________________ HOME TELEPHONE ______________________

______________________ HGT ________ WGT ________ BP ________

PART II. TO BE COMPLETED BY HEALTH CARE PROVIDER DURING AND AFTER PHYSICAL EXAM/ASSESSMENT

CODE	NORMAL FOR AGE	ABNORMAL	NOT EVALUATED
EYES			
EARS			
NERVOUS SYSTEM			
TEETH			
TONSILS			
ADENOIDS			
HEART			
POSTURE			
NUTRITION			
SKIN			
CLEANLINESS			
THYROID			
GENITALIA			
LUNGS			

DISEASE HISTORY	YES	NO	DATE
MEASLES RUBEOLA			
MEASLES RUBELLA			
WHOOPING COUGH			
SCARLET FEVER			
RHEUMATIC FEVER			
CHICKEN POX			
MUMPS			
PNEUMONIA			
POLIO			
INF. HEPATITIS			
ACCIDENT PRONE			
ALLERGIES			
TUBERCULOSIS CONTACT			

COMMENTS ____

____

____

IMMUNIZATIONS

VACCINE	DOSE 1, DATE	DOSE 2, DATE	DOSE 3, DATE	DOSE 4, DATE	DOSE 5, DATE
DtaP, DTP, DT					
Td					
Hepatitis B					
Polio: IPV, OPV	Type:	Type:	Type:	Type:	
MMR	MMR #1	MMR#2	Measles Only	Mumps Only	Rubella Only
Hib: HbOC, PRP-OMP, PRP-T, PRP-D, COMVAX	Type:	Type:	Type:	Type:	
Varicella (Chicken Pox)					
Other					

______________________ (Signature of Family Physician)

______________________ (Date of Examination)

The first two copies of this Health Record should be returned to the school. The last copy should be retained by the parent or guardian.

National Trail Local School District

Attention:

Kindergarten and Elementary Bus Riders!!!

(Childcare arrangements)

Dear Parents,

If your child will ride the bus to or from a location **other** than your home address, you must fill out an "**alternate pick up and drop off**" form available in the NT Elementary Office. This form needs to be turned into the Transportation Office **prior** to the start of school year or your child will be transported **only** to and from their home address.

NATIONAL TRAIL
Bus Transportation Information

ALTERNATE PICK UP and DROP OFF
Return No Later Than August 5th.

Child's Name: ____ Grade________

(Please Circle)

YES NO **Child will ride to and from their home address.**

YES NO **Child will NOT ride school bus.**

YES NO **Childcare arrangements unknown at this time.**

ALTERNATIVE BUS PICK-UP AND/OR DROP-OFF LOCATION

If your child needs to be picked up or dropped off **everyday** of the school year at a location **other** than your home, please complete the following. The information that you provide here will become your child's regular bus stop for the school year. Any occasional changes to the regularly scheduled stop location will require a **written parent note** for each day of the requested change.

Morning Pick-Up:

Address:____
Name of Caregiver: ____
Phone Number of Caregiver: ____

Afternoon Drop-Off:

Address: ____
Name of Caregiver: ____
Phone Number of Caregiver: ____

Parent Name: ____
Parent Signature: ____
Date:____
Parent Phone Number: _____________________________________

National Trail Transportation

Dear Parents:

Soon your child will be climbing aboard that big, yellow, bus for the first time. This is a big step for the children and can be a little unsettling for parents as well. I'd like to familiarize you with the policies and procedures in place so that you can feel more comfortable that your child will enjoy a safe and happy ride to and from school each day.

First of all, your bus driver has had extensive training in handling the school bus as well as safe practices and procedures in and around the bus. Drivers attend formal update training each year and must recertify their skills and qualifications every 6 years. Your driver is the first and last contact your child has each school day. Take time to get to know your child's bus driver and keep an open line of communication with them. Most concerns are best handled by simply talking to your bus driver and working together with them. If, however, you feel you are unable to come to a workable solution with the driver, feel free to contact the transportation supervisor or building principal.

School bus policies and procedures are in place for the safe and efficient transport of students. Students are expected to maintain the same behavior on the school bus as in the classroom. The bus driver's full attention is required to safely operate the bus and it is simply not acceptable for the driver to be distracted by disruptive behavior. Rules are in place to insure a safe ride for everyone on the bus. Ongoing behavior problems will lead to discipline up to and including loss of transportation privileges. Please talk to your children about the importance of following your bus driver's rules.

Please remember the new school year brings with it transportation staff changes and student/route adjustments. Some of these changes will require a couple of days' adjustment. Please be patient – with a few exceptions, the routes will be consistent after the first couple of school days. After this, buses likely will be within a minute or two of the scheduled time each day. Also, keep in mind we do make mistakes. If we should miss your child's pick up location during those first couple of days, please bring them to school and let the staff know the student's name, grade, and address. We will make the necessary route correction and make every effort to avoid repeated mistakes.

If you have a varied pick-up/drop-off schedule for your child, it is necessary to put that specific information in writing. The instructions must include: the ***address*** where the child is to be picked up or dropped off; the exact dates this is to take place; and the duration of the change of location. Always include a contact number for the person who will receive the child so that we may contact them, if necessary, for any reason. Do not instruct the child to tell us they are to get off the bus at a different location. Without written authorization, children will be taken to their regular drop-off locations. If your child normally rides home on the bus and you pick them up at the end of the day, please sign them out in the office so we do not hold up the buses searching for a child who has ridden home with parents.

Bus routes and schedules will be posted on the National Trail web page under the transportation heading. Routes are listed by general description and have the pick up times listed for each student. Please check this page www.nationaltrail.k12.oh.us for your child's bus and time.

General Bus Rules

1. The bus driver is in charge of the bus just as teachers are in charge of their classroom.
2. Students are assigned to a particular bus stop and must use that stop. Do not *catch up* to the bus at another stop.
3. Students are to arrive at their stop **5 minutes before the bus arrives** and must wait in their "Designated Place of Safety" until the driver signals them to cross or load. Likewise, students must wait in their "Designated Place of Safety" until the bus pulls away in the afternoon.
4. There is no eating or drinking on the bus.
5. Students are to go directly to their assigned seats and remain seated during the entire bus trip.
6. No live animals, insects, or pets, of any type on the bus.
7. Students are to keep hands to themselves. No hitting, grabbing, poking, pushing, etc.
8. Never throw anything on the bus or out the window.
9. Never put hands, arms, or head out the window.
10. No dangerous objects on bus.
11. No foul language of any kind on the bus.
12. Students are not permitted to stand on or climb over or under the seats of the bus. This is unacceptable behavior and will result in disciplinary action.

Please review these rules with your children. They are intended to make everyone's ride to school safe and enjoyable. Your driver may choose to move and rearrange seat assignments as needed. Remember, if your child is having difficulties on the bus, have them talk to the bus driver so they can remedy the situation. If you should have any questions with regard to transportation procedures, policies, or rules, do not hesitate to contact me at my office or I will be happy to schedule an appointment to meet with in person. Thanks and have a great first year of school!

John Toschlog,

National Trail Transportation Supervisor

NATIONAL TRAIL LOCAL SCHOOL DISTRICT

INSTRUCTIONS

In order to establish your residency in the National Trail Local School District for purposes of enrolling your child (children) in school, we ask that you provide the following information:

1. Compete the attached Affidavit of Current Residency and swear (or affirm) its truthfulness.

2. Complete the attached Affidavit Regarding Prior Residence (Homeowner or Tenant).

3. If you rent or lease your current residence, have the property owner complete the attached Affidavit of Current Landlord (must be notarized) and return it to this office.

4. Submit a **minimum of two items** showing parent's name and current address in the National Trail Local School District:

    a. Copy of voter registration records
    b. Copy of motor vehicle registration(s)
    c. Copy of change-of-address request submitted to the Post Office
    d. Copy of Ohio driver's license
    e. Copy of federal, Ohio or local income tax return
    f. Copy of invoice for moving expenses
    g. Copy of utility bill (electric, gas, phone, cell phone, cable, sewer, water and trash, etc.)
    h. Closing statement on house
    i. Copy of rent receipt with the landlord's phone number
    j. Paycheck stub
    k. Insurance forms (health or auto)
    l. Bank statement (checking or savings)
    m. Real estate tax statement

Submitting the above information **does not** guarantee that your child (children) will be enrolled. Once the above information has been submitted, it must be carefully reviewed to determine whether you meet the requirements for residency under Ohio Law. The local Superintendent will make the final decision whether or not the provided documentation for residency is acceptable. **Additional documentation may be requested.**

If it is determined that you do not meet the requirements for residency, you may appeal to the State Superintendent of Public Instruction. The contact information for the State Superintendent is as follows:

Superintendent of Public Instruction
Ohio Department of Education
25 South Front Street
Columbus, OH 43215-4183
(614) 466-7578

NATIONAL TRAIL LOCAL SCHOOL DISTRICT

*****WARNING*****

The current yearly tuition rate for the National Trail Local School District is:
$4,181.25 (in-state)
The making of a false statement on this form for the purpose of enrolling a child without tuition is a criminal offense as follows:
O.R.C. 2913.02 Theft by Deception
O.R.C. 2913.13 Falsification
and may be **punishable as a felony** according to the amount of tuition owed.

AFFIDAVIT OF CURRENT RESIDENCY*

1. My name is: ____

2. My current home address is: __________________________________
Street Address

____
City State Zip Code

3. My home phone number is: _________________________________

Please mark the following statements as True or False:

	True	False	
4.	☐	☐	The above address is where I eat and sleep overnight a majority of the time.
5.	☐	☐	The above address is where my child (children) eat and sleep overnight a majority of the time.
6.	☐	☐	The above address is the center of our family activities and recreation time.
7.	☐	☐	There is no other address where I sleep overnight on a regular basis.
8.	☐	☐	There is no other address where my child (children) sleep overnight on a regular basis.
9.	☐	☐	I do not own a house or condominium outside the National Trail Local School District.
10.	☐	☐	I do not rent or lease a house, condominium or apartment outside of the National Trail Local School District.
11.	☐	☐	I am not provided with living space outside the National Trail Local School District by a friend, relative or government agency.

NATIONAL TRAIL LOCAL SCHOOL DISTRICT

If you marked “False” on any of the above statements, please explain below:

I hereby swear or affirm that all of the above information is true to the best of my knowledge and belief.

______________________________ ____________________

Signature Date

______________________________ ____________________

Witness Date

***AFFIDAVIT MUST BE COMPLETED BY PARENT IN THE SCHOOL OFFICE.**

NATIONAL TRAIL LOCAL SCHOOL DISTRICT

*****WARNING*****
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$4,181.25 (in-state)
The making of a false statement on this form for the purpose of enrolling a child without tuition is a criminal offense as follows:
O.R.C. 2913.02 Theft by Deception
O.R.C. 2913.13 Falsification
and may be **punishable as a felony** according to the amount of tuition owed.

AFFIDAVIT REGARDING PRIOR RESIDENCE (HOMEOWNER OR TENANT)*

My last prior residence outside the National Trail Local School District was as follows:

____
Street Address

________________________ _____________ ____________________
City State Zip Code

I was the ☐ Owner ☐ Tenant at this property.

My children and I no longer reside at the above address. We moved from the address listed above on or about:
__________________________, 20_____.

The information above is true to the best of my knowledge and belief.

____________________________________ ____________________
Signature Date

____________________________________ ____________________
Witness Date

***AFFIDAVIT MUST BE COMPLETED BY PARENT IN THE SCHOOL OFFICE.**

NATIONAL TRAIL LOCAL SCHOOL DISTRICT

*****WARNING*****

The current yearly tuition rate for the National Trail Local School District is:

$4,181.25 (in-state)

The making of a false statement on this form for the purpose of enrolling a child without tuition is a criminal offense as follows:

O.R.C. 2913.02 Theft by Deception

O.R.C. 2913.13 Falsification / Falsification in a Theft

and may be **punishable as a felony** according to the amount of tuition owed.

AFFIDAVIT OF CURRENT LANDLORD

I am the owner of a residential property at the following address:

____

Street Address

______________________________ ____________ _______________

City State Zip Code

The above property is currently rented / leased to: _____________________________

Name of Tenant

This rental / lease commenced on _______________________________, 20________.

The following persons (adults and children) are living at the above address:

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

The information above is true to the best of my knowledge and belief.

____

Landlord's Signature

STATE OF OHIO)

: ss.

COUNTY OF _________)

Subscribed and sworn to before me, a Notary Public, on the _______ day of _____________, 20______.

____

Notary Public

____

Date Commission Expires