



# Miamisburg City Schools

## Kindergarten Registration 2020-2021

**\*\*\*\*\*Attention All Parents of Incoming Kindergartners  
for the 2020-2021 School Year\*\*\*\*\***

### Who?

- ✓ All students who plan to attend kindergarten in the Miamisburg City School District for 2020-21. Students must be 5 years of age by August 1, 2020.

### Where?

- ✓ Registration for all incoming kindergartners will take place at the Memorial Building, 540 E. Park Ave. (between Kinder Elementary and the Miamisburg Library)

### When?

- ✓ Kindergarten registration will be held in March. The following dates and times have been set aside for this purpose:
  - Tuesday, March 3 from 8:00 a.m. – 7:30 p.m.
  - Wednesday, March 4 from 12:00 p.m. – 5:30 p.m.
  - Thursday, March 5 from 8:00 a.m. – 7:30 p.m.

### How?

- ✓ Families are able to download all forms required for registration from our website: [www.miamisburgcityschools.org](http://www.miamisburgcityschools.org)  
If you are unable to download the forms, packets will be available at the time of registration.

### What to Bring?

- ✓ The following documents are required to register a child for kindergarten.
  - o Proof of residency – The original copy of one of the following documents is required. Electronic statements are only acceptable if they reflect proof that they came from the company's website.
    - Utility or cable bill (ex. DP&L, Vectren, water bill, Spectrum, Direct TV, AT&T)
    - Internet or telephone bill for residence only. Cell phone service is not acceptable.
    - Current signed lease which includes the landlord's name and phone number.
    - If you are living with another family within the Miamisburg City School District, or if you are not the parent or legal guardian of the student you wish to register, please contact the Student Services Office to determine necessary documents.
  - o Child's original birth certificate
  - o Child's social security card
  - o Photo ID of parent/guardian
  - o Immunization records
  - o Custody paperwork (if applicable)

Please visit our website, or call 866-3381, for additional information.

# Miamisburg City Schools – Student Registration Worksheet

## Student Information:

Office Use Only: SIS#

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (First) (Middle) (Last) (Called Name)

Street Address: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Primary contact Telephone: (\_\_\_\_) \_\_\_\_\_ unlisted: yes no Social Security Number: \_\_\_\_\_

Current Grade: \_\_\_\_ Has your child ever been retained? Yes \_\_\_\_ No \_\_\_\_ If so, what grade were they retained? \_\_\_\_\_

Is the Student of Hispanic/Latino Heritage? Y \_\_\_ or N \_\_\_ What city was child born in? \_\_\_\_\_

Race (*Note: If Multi-Racial, select all that apply*) \_\_\_\_ White \_\_\_ Black or African American \_\_\_ Asian \_\_\_ American Indian/Alaskan Native \_\_\_ Native Hawaiian or Other Pacific Islander

Homeless Status: Not homeless \_\_\_ Shelter \_\_\_ Unsheltered \_\_\_ Doubled Up \_\_\_ Hotel/Motel \_\_\_

Citizenship: U.S. Citizen \_\_\_ Exchange student \_\_\_ Dual national \_\_\_ Non-resident alien \_\_\_ Resident alien \_\_\_

Is your child receiving Special Education Services: yes \_\_\_ no \_\_\_ Is your child receiving Gifted Education Services: yes \_\_\_ no \_\_\_

## Custodial Parent/Guardian Information:

## Other:

\_\_\_ Father \_\_\_ Mother \_\_\_ Court Appointed Guardian \_\_\_ Foster Parent

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_ Father \_\_\_ Mother \_\_\_ Step Parent

\_\_\_ Court Appointed Guardian \_\_\_ Foster Parent

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**TRANSPORTATION INFORMATION:** Yes or No - My Child needs bus transportation to \_\_\_ from \_\_\_ school. (Please circle and check)  
"Not applicable to students who reside or have caregiver within the designated school walk boundary." (Daycare, YMCA, Walker, Car, Bus)

**Custodial Information**

*IT IS OHIO STATE LAW THAT EACH STUDENT PROVIDE A CERTIFIED COPY OF ANY CHILD CUSTODY ORDER OR DECREE WHICH HAS BEEN ISSUED WITH RESPECT TO THE STUDENT. THE CUSTODIAL PARENT OF SUCH A STUDENT MUST ALSO PROVIDE THE BOARD OF EDUCATION WITH CERTIFIED COPIES OF ANY LATER COURT ORDERS WHICH MODIFY THE ORIGINAL CUSTODY ORDER OR DECREE. [Ohio Revised Code 3313.672(b)]*

**PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS THAT APPLIES TO THE CHILD YOU ARE COMPLETING THIS FORM FOR:**

**PARENTAL STATUS: *\*\*Pertains only to this student!!***

\_\_\_ Parents were never married to each other.  
\_\_\_ Parents are married to each other.  
\_\_\_ Parents are divorced from one another.  
\_\_\_ Parents are legally separated from one another by court order.  
\_\_\_ Parent is deceased. \_\_\_ Mother \_\_\_ Father

**RESIDENCY: *\*\*Student lives with, check only one***

\_\_\_ Mother Only                      \_\_\_ Father Only  
\_\_\_ Mother & Father                \_\_\_ Father & Stepmother  
\_\_\_ Mother & Stepfather          \_\_\_ Guardian/Grandparent  
\_\_\_ Foster Parents                  \_\_\_ Host Family  
\_\_\_ 18 years old, lives apart from parent and *is self-supporting*.

**School History:**

School previously attended: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Has student ever attended any school in Miamisburg? \_\_\_ Yes \_\_\_ No  
If yes, which school did they attend? \_\_\_\_\_  
What year did they withdraw from Miamisburg schools? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

*If we are unable to reach you in case of an emergency, who else would we be authorized to call and have pick up your child from school?*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Family Information:** Names of school age brothers/sisters living at home

First Name	Last Name	Date of Birth
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___
_____	_____	___/___/___

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**MIAMISBURG CITY SCHOOLS  
SCHOOL HEALTH HISTORY**

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Date \_\_\_\_\_ School \_\_\_\_\_

**OHIO IMMUNIZATION LAW**

Students receiving all four primary immunizing does of DTP or DTaP prior to their 4<sup>th</sup> birthday **MUST** receive a single booster dose before kindergarten entry.

Students receiving a third dose of Polio vaccine (either OPV or IPV) prior to their 4<sup>th</sup> birthday **MUST** receive a fourth dose.

Students entering kindergarten **MUST** provide proof of **TWO** doses of MMR vaccination. The first must have been received on or after the first birthday. The second must have been received no sooner than 28 days after the first MMR dose.

All kindergartners must provide proof of Hepatitis B vaccination according to the routine schedule (first dose, second dose after one month, and the third dose at least two months after the second).

Varicella Vaccine (chicken pox), students entering kindergarten **MUST** provide proof of **TWO** doses of the Varicella vaccine. The first must be given after the age of one. Children who have had chicken pox are exempt from the requirement. A statement from the parent/guardian or physician is required.

**IMMUNIZATION RECORD**

TYPE	DATE		MO/DAY/YEAR			
DPT						
DT						
POLIO						
MMR						
HEPATITIS B						
VARICELLA						
HIB						
OTHER						

**PHYSICAL ASSESSMENT**

Check One:  
 Within Normal Limits  
 Abnormalities as follows:

Is this child able to participate fully in academic and physical education programs?  
 Yes       No

Date \_\_\_\_\_

Examining Physician \_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE**

**TO BE COMPLETED BY PARENT OR GUARDIAN**

**PRENATAL AND DEVELOPMENTAL HISTORY**

1. Did the mother have any unusual illness during pregnancy? Yes \_\_\_ No \_\_\_
2. Was this child born full-term \_\_\_ early \_\_\_ late \_\_\_? Child's birth weight? \_\_\_
3. Did this child have any illness or problems while in the nursery? Yes \_\_\_ No \_\_\_
4. Give the approximate age at which this child:  
Sat up \_\_\_ Crawled \_\_\_ Walked alone \_\_\_ Was toilet trained \_\_\_  
Spoke single words \_\_\_ Spoke sentences \_\_\_ Dressed self \_\_\_

**HEALTH CONDITIONS (Please check any that this child has had)**

- |  |  |
|--|--|
| <input type="checkbox"/> Allergies                               | <input type="checkbox"/> Frequent sore throats     |
| <input type="checkbox"/> Asthma                                  | <input type="checkbox"/> Hearing problems          |
| <input type="checkbox"/> Behavior problems                       | <input type="checkbox"/> Seizures or Epilepsy      |
| <input type="checkbox"/> Chicken pox Year _____                  | <input type="checkbox"/> Sickle Cell Disease       |
| <input type="checkbox"/> Diabetes                                | <input type="checkbox"/> Toothaches                |
| <input type="checkbox"/> Eye problems (crossed eye, poor vision) | <input type="checkbox"/> Is your child sick a lot? |
| <input type="checkbox"/> Ear tubes                               | Explain _____                                      |
|  | _____  |

1. List and describe **ALLERGIES** and treatment for allergies.  
Medications \_\_\_\_\_  
Plants/animals \_\_\_\_\_  
Bee and wasp stings \_\_\_\_\_
2. What medications does the child take daily \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. List any chronic physical problems or long term illnesses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. List any hospitalizations for injuries, illnesses or surgeries. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EMERGENCY MEDICAL AUTHORIZATION

Revised 5/2013

Student Name \_\_\_\_\_ Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

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.

## **Residential** Parent or Guardian:

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address: \_\_\_\_\_ Lives w/ child  Yes  No

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_ Lives w/ child Yes  No

Other's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address: \_\_\_\_\_ Lives w/ child Yes  No

Name of Relative or Childcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

## **LIST HEALTH INFORMATION SCHOOL PERSONNEL SHOULD BE AWARE OF:**

Allergies No  Yes  Specify \_\_\_\_\_ (Food allergy requires doctor statement)

Epi-pen No  Yes  If yes, Epi-pen Medication Authorization Form must be completed.

Asthma No  Yes  If yes, Inhaler Medication Authorization Form must be completed.

Seizures No  Yes  Name(s) of seizure medications? \_\_\_\_\_

Diabetes No  Yes  Names(s) of diabetic medications? \_\_\_\_\_

Does your student take any medication regularly? No  Yes  Specify \_\_\_\_\_

Will your student take medication at school? No  Yes  If yes, Medication Authorization 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:

Physician: \_\_\_\_\_ 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 preferred 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:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

MIAMISBURG CITY SCHOOLS  
EMERGENCY DISMISSAL FORM FOR ELEMENTARY SCHOOLS

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_

In case of an emergency (i.e. severe weather, gas leak, water main breaks, etc.) necessitates the closing of school prior to 3:45 PM, your child's teacher must have instructions from you regarding early dismissal transportation. Miamisburg City School District buses would run normally scheduled end of the day routes in the event of an emergency.

Please select ONE of the following options.

\_\_\_\_\_ My child should follow the normally scheduled routine for dismissal for that day of the week (i.e. bus, walk, parent pick up or daycare)

\_\_\_\_\_ My child will be picked up at the school or evacuation site by an approved adult that has been listed on the Student Information Card and/or Emergency Medical Form.

Since students may not be able to access school telephones during an emergency please talk with your child about that option you have selected. Information regarding school emergencies will be communicated with parents using the One Call Now system and local radio and/or television stations.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Miamisburg City Schools

540 E. Park Avenue  
Miamisburg, OH 45342  
(937) 866-3381  
Fax: (937) 865-5250



MILITARY SERVICE QUESTIONNAIRE

At this time, the Ohio Department of Education is requiring all school districts to collect limited information regarding military families. **Please complete this form, sign, and return.**

Administrative Team

Dr. David Vail  
Superintendent

Tina Hageman  
Treasurer/CFO

Steve Homan, Assistant  
Superintendent/Director,  
Human Resources

Amy Dobson, Director  
Elementary Education

Scott Gilbert, Director  
Business

Katy Lucas, Director  
Student Services

Stacie Moore, Director  
Secondary Education

Greg Whitehead, Director  
Alternative Educational  
Services

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

In your current household, is one or more family members currently serving in a branch of the U.S. Military? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please place "X" on appropriate line:

Status: Active Duty \_\_\_\_\_ National Guard \_\_\_\_\_ Reserves \_\_\_\_\_

Branch: Air Force \_\_\_\_\_ Army \_\_\_\_\_ Coast Guard \_\_\_\_\_ Marines \_\_\_\_\_ Navy \_\_\_\_\_

Thank you for your cooperation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*In an effort to better support children of military dependents, the Ohio Department of Education proposed to create the Ohio Network for Military Families. The Ohio Network for Military Families will serve as an online "virtual" hub providing information and tools for families and connections to a range of student and family supports.

\*The Ohio Department of Education will partner with Wright-Patterson Air Force and the Ohio National Guard to connect with counselors, teachers, principals, superintendents, and administrative office staff to inform and educate school staff on how to recognize challenges faced by military families and provide appropriate supports for Ohio's "military kids."

\*Districts will also now report which students come from military families so that these students' academic growth can be monitored.



Miamisburg City Schools

540 E. Park Avenue  
Miamisburg, OH 45342  
(937) 866-3381  
Fax: (937) 865-5250



OHIO HOME LANGUAGE USAGE SURVEY

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First name, Middle Initial, Last name (please print) mm/dd/yyyy

**\*\*Is any language other than English spoken in the home? Yes \_\_\_ No \_\_\_**  
**If No, please stop. If yes, please continue with survey.**

**Section A – Student's Language Background**

1. What is the primary language(s) spoken in your home? \_\_\_\_\_
2. What language does your child use most frequently? \_\_\_\_\_
3. Which language did your child learn first? \_\_\_\_\_
4. What language do you use most frequently with your child? \_\_\_\_\_
5. Is English the main language your child speaks? Yes \_\_\_ No \_\_\_
6. How long has your child attended school in the United States? \_\_\_\_\_
7. What was your child's last year of schooling outside of the United States? \_\_\_\_\_
8. How many years of education did your child complete in another country? \_\_\_\_\_
9. In what language(s) has your child received instruction? \_\_\_\_\_
10. Please share additional information to help us better understand your child's English language experiences.

**Section B – Parent/Guardian Preferences**

1. In which language do you want to get **written** information from the school?  
\_\_\_\_\_
2. In which language do you prefer to receive oral or spoken information from the school? \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name of the parent/guardian \_\_\_\_\_

**Administrative Team**

*Dr. David Vail*  
Superintendent

*Tina Hageman*  
Treasurer/CFO

*Steve Homan, Assistant*  
Superintendent/Director,  
Human Resources

*Amy Dobson, Director*  
Elementary Education

*Scott Gilbert, Director*  
Business

*Katy Lucas, Director*  
Student Services

*Stacie Moore, Director*  
Secondary Education

*Greg Whitehead, Director*  
Alternative Educational  
Services

# MIAMISBURG CITY SCHOOLS PARENT CONSENT FORM

Student Name (LAST NAME, FIRST NAME)

School

Grade

## 1. Permission to Contact using Email

- I understand that my email address will remain confidential and will only be used for district and/or school-related information.
- Upon receiving your signed document, school staff members may use the email address you provide.
- I give my consent      E-mail address: \_\_\_\_\_       I do not give my consent

## 2. Permission to Display Photographs; Audio, Video or Electronic Images; Artwork; and Stories

- The school district may use photographs or audio, video, or electronic images of students; statements; and original written materials, artwork or other work created by students during the course of instruction for exhibition, public display, publication, publicity materials, advertising, news media stories, and educational activities, through written media, video, audio or other electronic/digital media (such as the Internet, blogs, social media sites, television, CD-ROM or DVD). Students' full name may also be used with such display.
- I give my consent       I do not give my consent

## 3. Student Network and Internet Acceptable Use and Safety Policy (Board Policy EDE)

- My student and I have read and agree to abide by the **Student Network and Internet Acceptable Use and Safety Policy (Board Policy EDE)**.
- Violation(s) of the terms and conditions in this policy may result in suspension of all internet privileges and disciplinary action up to and including criminal charges.
- I understand that the Acceptable Use Policy is available for viewing at the school office and is posted at <http://www.miamisburgcityschools.org>.
- Student Initials       Parent/Guardian Initials

## 4. Anti-Bullying and Other Forms of Aggressive Behavior (Board Policy JFCF)

- My student and I understand the seriousness and consequences associated with bullying.
- We have read and agree to abide by the *Anti-Bullying and Other Forms of Aggressive Behavior Policy* and Guidelines.
- We understand that any violation of the policy may result in disciplinary action up to and including criminal charges.
- We understand that the *Anti-Bullying and Other Forms of Aggressive Behavior Policy* is available for viewing at the school office and is posted at <http://www.miamisburgcityschools.org>.
- Student Initials       Parent/Guardian Initials

## 5. Permission for Disclosure of Directory Information Without Consent

- School officials **do not** release information from, or permit access to, a student's educational records without the prior written consent of a parent/guardian or eligible student.
- However, student *directory information* may be disclosed **without prior written consent**, unless the parents have withdrawn their consent using this form. Directory information includes: a student's name; address; telephone number; date and place of birth; major field of study; participation in officially-recognized activities and sports; height and weight, if a member of an athletic team; dates of attendance; date of graduation; or awards received.
- I give my permission to disclose directory information       Do not disclose directory information without my consent  
 I give my permission to disclose directory information to school support organizations such as PTOs and booster groups.

## 6. Secondary Students Only--Directory Information for Recruitment

- In accordance with Federal and State law, the Board shall release directory information of secondary students to a recruiting officer for any branch of the United States Armed Forces or an institution of higher education who requests such information unless the parents have withdrawn their consent using the checkbox below.
- I give my consent       I do not give my consent

## 7. Student/Parent Handbook

- My student and I understand that the information in the Student/Parent Handbook is necessary to ensure a successful and productive school year. My student and I have read and reviewed the handbook for his/her school. We understand that the handbook is available for viewing at the school office, is posted at <http://www.miamisburgcityschools.org> and a hard copy is available upon request (Jr/Sr HS).
- Student Initials       Parent/Guardian Initials

Parent/Guardian Signature

Student Signature

Date

# Did your child receive Early Intervention Services as an infant or toddler through Ohio's Help Me Grow program?

Help Me Grow services are provided to children and families when a child is identified as "at risk" for delays in development. Services may include speech therapy, occupational therapy, physical therapy, and working with a teacher or intervention specialist.

\_\_\_\_\_ Yes, my child received Help Me Grow services.

\_\_\_\_\_ No, my child did not receive Help Me Grow services.

Child's Name \_\_\_\_\_

School Child Will Attend \_\_\_\_\_

Parent signature \_\_\_\_\_