



# Miamisburg City Schools

## Maddux-Lang Primary Registration

### General Registration Information:

- Registration takes place at Maddux-Lang Primary School located at 4010 Crains Run Road in Miamisburg.
- Children must be three (3) or older prior to August 1st to be eligible to register.
- Children must be toilet trained prior to the start of school to be eligible to enroll.
- Dates for registration are as follows:

Monday, March 2, 2020 from 9:30 a.m. – 6:00 p.m.

Tuesday, March 3, 2020 from 9:30 a.m. – 3:00 p.m.

Wednesday, March 4, 2020 from 9:30 a.m. – 3:00 p.m.

\* Spaces are limited and students will be selected according to age and needs of the program.

- **HOW TO REGISTER:**

- 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, forms packets are available at the time of registration or in the Maddux-Lang office.
  - These forms include: registration worksheet, session preference worksheet and physical form

- **WHAT TO BRING WITH YOU TO REGISTRATION:**

- Proof of Residency (Lease, Rental Agreement, Utility or Cable Bill)
- Child's original birth certificate
- Immunization Records
- Child's Social Security Card
- Certified copy of Custody Papers (if applicable)
- Parent Photo Identification

- **Tuition:** is \$1,200 for the year, payable in \$300 quarterly payments as follows: \$300 due in May at time of acceptance into the program, and \$300 payments on or before the last day of the previous grading period. Dates to follow. The first payment must be in the form of CHECK OR CASH ONLY. Future payment may be made by credit card at the school website.

This is an exciting time for preschool age children as it starts their life-long love of learning. If the staff at MLPS may be of assistance, please contact the school office at 937-847-2766.



**Miamisburg City Schools  
Early Childhood Education  
(Preschool)**



**Session Preference**

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Student Name

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Parent Name

I would like to request the following Early Childhood Education (Preschool) session for my son/daughter:

Please indicate first and second choice:

\_\_\_\_\_ AM Session – 9:05 a.m. to 11:45 a.m.

\_\_\_\_\_ PM Session – 1:05 p.m. to 3:45 p.m.

**NOTE:** Every attempt will be made to honor your request as the Early Childhood Education staff work to create balanced classrooms.

# 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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### 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

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

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*  
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*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 School District**  
***Maddux-Lang Primary School***

4010 Crains Run Road  
Miamisburg, OH 45342

Phone: (937) 847-2766  
Fax: (937) 847-8349

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Sarah Buzek, Special Education Supervisor  
Becky Lewis, School Secretary



<b>Early Childhood Education Health Physical State Requirements</b>
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Dear Health Care Provider:

Attached is a copy of the Early Childhood Education Program's physical form. An annual physical is required for all students enrolled in the preschool program.

Please note that a **lead level** and **hematocrit** count have been added to the state requirements listed in the Early Learning Program Guidelines. A dental screening must also be completed by a pediatrician, family doctor, or dentist as part of the required annual physical. The results of all three screenings should be reported on the physician report form.

If you have any questions, please feel free to contact the Early Childhood Program nurse, Melissa Junker or the Early Childhood Program Supervisor, Sarah Buzek, at 937-847-2766.

Sincerely,  
Miamisburg Early Childhood Education staff at Maddux-Lang Primary School

# PHYSICIAN REPORT

## Early Childhood Education

WHEN COMPLETED PLEASE FORWARD TO:

**MADDUX-LANG PRIMARY SCHOOL**

**4010 Crains Run Road, Miamisburg, OH 45342**

**(937) 847-2766 \* FAX (937) 847-8349**

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_

Eyes: \_\_\_\_\_ Vision: Right \_\_\_\_\_ Left \_\_\_\_\_

Ears: \_\_\_\_\_ Hearing Screening: \_\_\_\_\_

Dental (condition): \_\_\_\_\_ Throat: \_\_\_\_\_ Nose: \_\_\_\_\_

Has the child been referred to a dentist? \_\_\_\_\_

Chest: \_\_\_\_\_

Complete Immunization Record

Heart: \_\_\_\_\_

DPT: PLEASE ATTACH COMPLETE

Abdomen: \_\_\_\_\_ Hernia: \_\_\_\_\_

Polio\*: IMMUNIZATION RECORD

\*Indicate OPV or IPV

Genital Development: \_\_\_\_\_

MMR: \_\_\_\_\_

Orthopedic Finding: \_\_\_\_\_

Hib: \_\_\_\_\_

\_\_\_\_\_

Neurological Findings: \_\_\_\_\_

Hepatitis B: \_\_\_\_\_

\_\_\_\_\_

Chicken Pox: \_\_\_\_\_

Seizures – type & frequency: \_\_\_\_\_

TB Skin Test: \_\_\_\_\_

Lead Level: \_\_\_\_\_ Hematocrit: \_\_\_\_\_

**Current Medications:**

\_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Significant Medical History:**

\_\_\_\_\_

**Diagnosis:**

\_\_\_\_\_

Atlantoaxial Instability X-Ray (*Down Syndrome Only*): \_\_\_ Done \_\_\_ Not Done \_\_\_ Positive \_\_\_ Negative

Date: \_\_\_\_\_

*I certify that no communicable disease is evident at the time of this examination.*

\_\_\_\_\_  
Date of physical

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Address & Telephone