Kindergarten Screening & REGISTRATION

May 3, 2017 – Newton Students May 4, 2017 – Utica Students

8:00 a.m. – 2:00 p.m.

Utica Church of Christ

115 North Central Avenue, Utica



Please plan at least two hours for screening.

Call to schedule, an appointment!

(740) 403-6502

DURING THE FOLLOWING DATES/TIMES:

April 17 – April 28

8:30 - 11:30 a.m. or 1:00 - 3:00 p.m.

To start Kindergarten this fall, a child must have been born on or before August 1, 2012.

What to bring to registration: Child's **Certified** Birth Certificate & a copy Child's urine sample in jar labeled with name Valid ID of parent/quardian registering child Custody documents (Court Stamped) (if appl.) Two (2) copies of current immunization record Proof of residency (ie., utility bill, government mailing, rental or lease agreement) Forms* (to be completed prior to registration) Registration Form Health History Form Transportation Form *Forms can be downloaded at northfork.k12.oh.us or picked up at the school or Board Office. *ALL FORMS MUST BE SIGNED BY THE **CUSTODIAL PARENT OR GUARDIAN.**

Immunizations required:	Screenings:
5 DTaP (Diphtheria, Tetanus, Pertussis) 4 POLIO 2 MMR (Measles, Mumps, Rubella) 3 HEP B (Hepatitis B) 2 Varicella	Lab Dental Vision Hearing Physical Gross Motor
Call your child's pediatrician or your local health department for an appointment.	Readiness Concepts Speech & Language
Licking County Health Department 675 Price Road, Newark Call (740) 349-6535 for an appointment. Press 4 to schedule	☐ Meet the teachers ☐ School bus tour/bus safety Please dress your child in
Knox County Health Department 11660 Upper Gilchrist Road, Mt. Vernon Call (740) 399-8009 for an appointment	comfortable clothing.

If you have any questions, please call Jennifer Wygle, School Nurse at (740) 403-6502 or

Utica Elementary

367 Church Street Utica, OH 43080 (740) 892-2551

Newton Elementary

6645 Mount Vernon Road Newark, OH 43055 (740) 745-5982

Student Number	NORTH FORK LOCAI	L SCHOOL DI	STRICT REGISTRATION F	FORM	/
Student's Name:					·
First	Middle Social Se	curity #:		Last	Other Siblings in the home & attending North Fork Schools:
Student Number:	Birthdate:	Age:	Birthplace City:	<u>.</u>	Name Grade
Gender: Female Male	Grade to be Entered: Mother's M	laiden Name:			
Biological Father:	Biological Mothe	er:			
Person(s) with custody of child:	Both Biological Parents Father Only	Mother Only	Other		
Person(s) with whom child resid	des: Both Biological Parents Father Only Father & Stepmother Mother & Step		· — · · · · -		
If a divorce or guardianship exis	ts, we must have a <u>certified</u> full copy of the orde	er or decree.	This is per State of Ohio La	aw (ORC 3313.672) a	and the Missing Children's Act.
Student's Ethnicity: Is this stude	ent Hispanic/Latino? Yes No (A person of	f Cuban, Mexican,	, Puerto Rican, South or Central A	merica, or other Spanish	culture or origin, regardless of race.)
American Indian or Alaska Na Native Hawaiian or other Pac White (A person having origins in any o	erson having origins in any of the black racial groups of Africa.) tive Islander (A person having origins in any of the original peopl ific Islander (A person having origins in any of the original people of the original peoples of Europe, the Middle East, or North Africa.)			and who maintains tribal aff	iliation or community attachment.)
Summative Race : ☐ White, Non-Hispanic ☐ Multira	cial Asian Black or African American/Non-Hispa	anic	can Indian or Alaskan Native	☐ Hispanic/Latino ☐	Native Hawaiian or other Pacific Island
	OtherStudent's Native Lan	_			-
			student at the onset of speech.)		primary language spoken in the student's ho
Address of Residence: Street:		<u> </u>	Mailing Address (if different Street:	•	
City, State, Zip:			City, State, Zip:		
Home Phone:	Unlisted?	No	Parent's Cell Phone:		
Parent's Email Address:			County of Residence:		
Student's Admission Reason: Only school district attended From a non-public school From outside Ohio	☐ From a private preschool ☐ Previously dropped out ☐ Previously open-enrolled out of Distric	Fror	m a public school in Ohio m outside the USA m a public preschool	Pre	urt placement eviously home schooled om MRDD om an institution

School to be enrolled in: Utica Elementary Newton Elementary Utica Middle School Utica High School

Modified 3/29/17

Previous School District: __

Custodial Parent/Guardian Signature

Current IEP? Yes No

Date

Current 504? Yes No Gifted? Yes No

HEALTH HISTORY

tudent's Name:			Date of Birth:		
DOES YOUR CHILD HAVE ANY OF THE FOLLO	WING? Please	check ALL that a	pply.		
Diabetes	Asthma	_	ADD/ADHD		
Seasonal Allergies	Heart Pro	-	Kidney Problems		
Stomach Problems	Irritable I	-	Breathing Problems		
Medication Allergies	Headach	2			
Allergy to Stinging Insects	Allergic r	eaction requiring	g an Epipen		
Other (please name)					
Comments:					
LIST OF MEDICATION ALLERGIES:					
Name of Medication	Reaction				
1					
2					
3					
4					
LIST OF FOOD ALLERGIES:					
Name of Food	Reaction				
1	Reaction				
2	-				
3					
4					
LIST PRESCRIPTION MEDICATION YOUR CHIL	D TAVEC:				
Name of Medication	Strength	Dosage	When Taken		
1	Strength	Dosage	WHEH PARCH		
2					
3					
4					
NOTE: THE FOLLOWING HEALTH SCREENING					
Hearing - Vision -	Body Mass Ir	ndex -	Scoliosis (7th gr only)		
Please notify the school nurse IN WRITING is wish to opt your child out of any of the period			d's medical history or if you		
Parent/Guardian Signature			Date		
Printed Name of Parent/Guardian					
Parent Address					
Parent Telephone		Cell			



North Fork Local School District New or Special Transportation Request

Name of Student		
Date of Birth/ Gender	_ Grade	
Name of Parent or Legal Guardian		
Street Address	City	Zip _
Mother/Guardian primary phone number	Secondary phone number	
Father/Guardian primary phone number	Secondary phone number	
Student will be attending: Newton Elem. 1	Utica Elem. Middle/High School	☐ Other
Will student normally be: ☐ Walking ☐ Riding	g the bus □ Pick up/Drop off	
Will the student be open enrolled: \square Yes \square No		
If student is to be picked u	p/dropped off other than	home:
•	• ••	
Name	Relation	
Pick up Address	City	Zip
Drop off Address	City	Zip
Reason		
Off	ice Use Only	
Date:/		
☐ Approved ☐ Denied – Reason		
Signature of Transportation Supervisor		
Cc:Transportation Office Bus Garage		