

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/guardian 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:

- 5 DTaP (Diphtheria, Tetanus, Pertussis)
- 4 POLIO
- 2 MMR (Measles, Mumps, Rubella)
- 3 HEP B (Hepatitis B)
- 2 Varicella

Call your child's pediatrician or your local health department for an appointment.

Licking County Health Department

675 Price Road, Newark
Call (740) 349-6535 for an appointment.
Press 4 to schedule

Knox County Health Department

11660 Upper Gilchrist Road, Mt. Vernon
Call (740) 399-8009 for an appointment.

Screenings:

- Lab
- Dental
- Vision
- Hearing
- Physical
- Gross Motor
- Readiness Concepts
- Speech & Language
- Meet the teachers
- School bus tour/bus safety

Please dress your child in 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

HEALTH HISTORY

Student's Name: _____ Date of Birth: _____

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING? Please check **ALL** that apply.

- | | | |
|-----------------------------------|---|--------------------------|
| _____ Diabetes | _____ Asthma | _____ ADD/ADHD |
| _____ Seasonal Allergies | _____ Heart Problems | _____ Kidney Problems |
| _____ Stomach Problems | _____ Irritable Bowel | _____ Breathing Problems |
| _____ Medication Allergies | _____ Headache | |
| _____ Allergy to Stinging Insects | _____ Allergic reaction requiring 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	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

LIST PRESCRIPTION MEDICATION YOUR CHILD TAKES:

	Name of Medication	Strength	Dosage	When Taken
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

NOTE: THE FOLLOWING HEALTH SCREENINGS ARE CONDUCTED PERIODICALLY IN OUR DISTRICT:

Hearing - Vision - Body Mass Index - Scoliosis (7th gr only)

Please notify the school nurse **IN WRITING** if there are changes to your child's medical history or if you wish to opt your child out of any of the periodic health screenings.

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. Utica Elem. Middle/High School Other

Will student normally be: Walking Riding the bus Pick up/Drop off

Will the student be open enrolled: Yes No

If student is to be picked up/dropped off other than home:

Name _____ Relation _____

Pick up Address _____ City _____ Zip _____

Drop off Address _____ City _____ Zip _____

Reason _____

Office Use Only

Date: ____/____/____

Approved Denied – Reason _____

Signature of Transportation Supervisor _____

Cc: ____ Transportation Office ____ Bus Garage