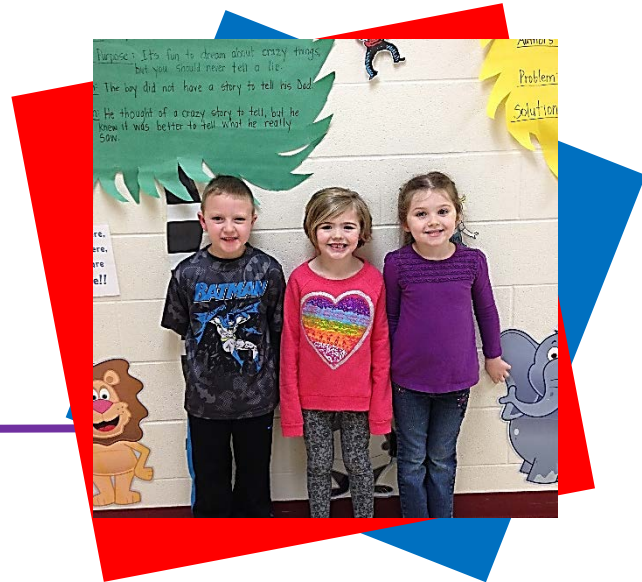


# Kindergarten

## Screening & REGISTRATION



**August 3, 2020 – Utica Students**  
**August 4, 2020 – Newton Students**

**New this year, much of the kindergarten registration process will be completed online.**

1

**Submit the following documents by June 30<sup>th</sup> to [registration@northfork.k12.oh.us](mailto:registration@northfork.k12.oh.us):**

- Child's Certified Birth Certificate
- Valid ID of parent/guardian registering child
- Custody documents (court stamped) (if appl.)
- Up-to-date immunization record
- Proof of residency (ie., utility bill, government mailing, rental or lease agreement, paystub)
- Copy of current IEP (if applicable)
- All forms in the Registration Packet:
  - Registration Form
  - Health History Form
  - Transportation Form
  - Language Usage Survey

**No printer? No fax? No scanner? No problem!**

**Complete and sign forms using your iPhone or tablet. See instructions on the next page.**

2

**Schedule an appointment for screening by visiting:**

**Utica Elementary** - <https://www.signupgenius.com/go/904054EAFAA2CA3FD0-kindergarten>

**Newton Elementary** - <https://www.signupgenius.com/go/904054EAFAA2CA3FD0-kindergarten1>







**For more information, contact:**

North Fork Board of Education, 312 Maple Avenue, PO Box 497, Utica, Ohio 43080 - (740) 892-3666

**We look forward to welcoming our new kindergarten students in the 2020-21 school year!**

## How to complete, sign, and send forms using your iPhone or tablet:



Download the **FREE Adobe Fill & Sign – Form Filler App**. (This free app lets you fill, sign, and send forms quickly. Then e-sign and send. No printing or faxing needed.)

1. Visit the North Fork Local School District's website at [northfork.k12.oh.us](http://northfork.k12.oh.us).
2. **DOWNLOAD**. Open the **Kindergarten Enrollment Packet** link and download it.
3. **COPY**. Tap , then choose  to copy forms to Adobe Fill & Sign (you might need to scroll through your apps to find it).
4. **FILL**. Tap in fields on form to enter text or checkmarks.
5. **SIGN**. Tap  Create your signature using your finger or a stylus, then click "apply" to place your signature where needed on the forms.
6. **SEND**. Tap , and choose email. Send forms to [registration@northfork.k12.oh.us](mailto:registration@northfork.k12.oh.us) via email.




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Or . . .

## Scan documents using the iPhone, iPad, or iPod touch Notes app.

1. Open the Notes app.
2. Open a note or create a new note.
3. Tap , then tap Scan Documents.
4. Place your document in view of the camera on your device.
5. If your device is in Auto mode, your document will be automatically scanned. If you need to manually capture a scan, tap  or one of the Volume buttons.
6. Drag the corners to adjust the scan to fit the page, then tap Keep Scan.
7. You can add additional scans to the document or tap Save when you're done.

## Sign a document

1. Tap the document in the note.
2. Tap , then tap Markup.
3. To add your signature, tap , then tap Signature . To manually sign your document, select a tool to use, then sign with your finger or a stylus.
4. Tap Done.

## Don't have access to technology?

Paper forms may be picked up, completed, and returned to:

North Fork Board of Education  
312 Maple Avenue  
Utica, OH



# HEALTH HISTORY

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Asthma                                | <input type="checkbox"/> ADD/ADHD           |
| <input type="checkbox"/> Seasonal Allergies          | <input type="checkbox"/> Heart Problems                        | <input type="checkbox"/> Kidney Problems    |
| <input type="checkbox"/> Stomach Problems            | <input type="checkbox"/> Irritable Bowel                       | <input type="checkbox"/> Breathing Problems |
| <input type="checkbox"/> Medication Allergies        | <input type="checkbox"/> Headache                              |   |
| <input type="checkbox"/> Allergy to Stinging Insects | <input type="checkbox"/> Allergic reaction requiring an EpiPen |   |
| <input type="checkbox"/> 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 \_\_\_\_\_ Student Number \_\_\_\_\_

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 \_\_\_\_\_ Relationship \_\_\_\_\_

Pick up Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Drop off Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Reason \_\_\_\_\_

---

### Office Use Only

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

Approved  Denied – Reason \_\_\_\_\_

Signature of Transportation Supervisor \_\_\_\_\_

Cc: \_\_\_\_ Transportation Office \_\_\_\_ Bus Garage

**Appendix A: Language Usage Survey**

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child’s proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____	
<p><b>Communication Preferences</b> Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child’s education in a language they understand.</p>		<p>1. In what language(s) would your family prefer to communicate with the school? _____</p>	
<p><b>Language Background</b> Information about your child’s language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.</p>		<p>2. What language did your child learn first? _____</p> <p>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p>	
<p><b>Prior Education</b> Responses about your child’s birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.</p>		<p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States?  <input type="checkbox"/> Yes   <input type="checkbox"/> No            If yes, how many years/months? _____            If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States?   <input type="checkbox"/> Yes   <input type="checkbox"/> No            If yes, when did your child first attend a school in the United States?            _____ / _____ / _____            Month                  Day                  Year</p>	
<p><b>Additional Information</b> Please share additional information to help us understand your child’s language experiences and educational background.</p>			
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____	
Parent/Guardian Signature: _____		Today’s Date: <i>(mm/dd/yyyy)</i> _____	

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child’s school. Translated information about schools’ civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



(Appendix A, continued)

\*\*\*COMPLETED BY SCHOOL EMPLOYEE\*\*\*

1. **Check.** Confirm the following statements related to the administration of Ohio’s language usage survey:
  - The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
  - The district or school informed the parent(s) or guardian(s) of the form’s purpose. The language usage survey only is used to understand students’ linguistic experiences and educational background.
  - The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
  - For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
  - Results of the language usage survey are kept with the student’s cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the [Language Usage Survey Annotations](#) on page 2 for item-specific guidance.

<p><b>Student’s native language</b> See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	<p>_____</p>
<p><b>Student’s home language</b> See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	<p>_____</p>
<p><b>Potential English learner</b> See Language Usage Survey Questions 2-4.</p>	<p><input type="checkbox"/> Yes. Assess the student’s English proficiency. <input type="checkbox"/> No. Do not assess the student’s English proficiency.</p>
<p><b>Immigrant student status</b> See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<p><input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.</p>

4. **Validate.** Complete the information below.

\_\_\_\_\_  
Signature of validating school employee

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed name of validating school employee

\_\_\_\_\_  
Name of school or school district