

**ELIDA ELEMENTARY SCHOOL  
KINDERGARTEN REGISTRATION INFORMATION  
Elida Local Schools  
2019-2020**

A child who will be 5 years of age on or before August 1, 2019 and lives in the Elida Local School district is eligible to attend Kindergarten classes at Elida Elementary School. If your child meets the above criteria you will need to provide the information requested below and bring in the required documentation as soon as possible. Effective July 1, 1990, State Law requires all children to successfully complete Kindergarten before being admitted to first grade.

**All required documents must be submitted prior to scheduling a kindergarten screening appointment.**

**ELIDA ELEMENTARY  
Kindergarten Registration**

\_\_\_\_\_ Student Name \_\_\_\_\_ Male or Birthdate \_\_\_\_\_ All Residential Parents or/Guardians  
\_\_\_\_\_ Female \_\_\_\_\_ Living with Student

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone

\_\_\_\_\_ How you would like your child to write their first name

**Has your child attended preschool?** \_\_\_\_\_ Yes (If yes, complete section below) \_\_\_\_\_ No

**Current and/or Prior Education**

Name of Preschool, Agency or Head Start program attended: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State and Zip Code: \_\_\_\_\_

Preschool Teacher: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Records release request for student : \_\_\_\_\_

Parent/Guardian Signature

Specific Data to be released:

\_\_\_\_\_ Pre-school Information Form \_\_\_\_\_ All personally identifiable data

\_\_\_\_\_ Test Scores/Prof./standardized \_\_\_\_\_ Multifaceted Evaluations/Psychological

\_\_\_\_\_ Current Grades/copy of grade card \_\_\_\_\_ IEP if applicable

**REQUIRED DOCUMENTS (must be provided before screening appt. can be scheduled):**

\_\_\_\_ Birth Certificate \_\_\_\_ Social Security Card \_\_\_\_ Immunization Record \_\_\_\_ Parent/Guardian Photo ID

\_\_\_\_ Proof of residence (deed, lease or residency affidavit) \_\_\_\_ Custody Order (if applicable)

\_\_\_\_ Current bill/mail (utility bill, pay stub, bank stmt., mail from Gov. Agency) – must be current (within 30 days)

# ELIDA LOCAL SCHOOLS REGISTRATION FORM

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Race/ethnicity: (Please see back) Sex: (Circle One) Male Female Social Security #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birth City (as it appears on birth certificate): \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street/Apt. # City, State Zip Code

Home Phone #: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Student is living with:  
\_\_Both Parents; \_\_Father; \_\_Mother; \_\_Guardian; \_\_Step-Parent; \_\_Foster Parents; \_\_Grandparent(s)

If parents are divorced, who is residential (custodial) parent: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_ Students Native Language \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's address: \_\_\_\_\_ Father's address: \_\_\_\_\_

Mother's employer: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Mother's cell phone: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_ Father's work phone: \_\_\_\_\_

Mother's work e-mail: \_\_\_\_\_ Father's work e-mail: \_\_\_\_\_

Has the student been expelled from the previous school? \_\_\_Yes \_\_\_No; Dates: \_\_\_\_\_

Name of the school the student is entering from: \_\_\_\_\_

Does the student currently receive specialized services through an IEP \_\_\_\_\_ OR 504 Plan \_\_\_\_\_

If yes, please describe the program \_\_\_\_\_

Is there a restraining order pertaining to this student? \_\_\_\_\_Yes \_\_\_\_\_No (If yes, a copy is required)

In case of illness, injury, or other emergency situations involving the above student, the school will attempt to contact the parent(s) or legal guardian. If unable to reach a parent or guardian, list two (2) other persons who may be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

**Ethnic Background****1.) Local Ethnic Category**

Valid Options (Please check one)

- A = Asian
- B = Black, Non-Hispanic
- H = Hispanic
- I = Indian/Alaskan
- M = Multiracial
- P = Pacific Islander
- W = White

**2.) Is the student of Hispanic/Latino heritage? (Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.)**

- No
- Yes

**3.) Summative Race/Ethnic Group**

Valid Options (Check those that apply)

- W = White, Non-Hispanic  
People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.
- B = Black or African American (Non-Hispanic)  
Persons having origins in any of the black racial groups in Africa.
- A = Asian  
Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- I = American Indian or Alaskan Native  
Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- P = Native Hawaiian or Other Pacific Islander  
Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**4.) I certify the information I have stated above is true to the best of my knowledge as the custodial parent/guardian of the named student.****Custodial Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# ELIDA LOCAL SCHOOLS

## Custody/Residential Information Disclosure

Ohio law (3313.64 and 712.3321.01, .02) requires that public school officials verify custody and residency status of all students enrolling in school.

**Residency Status:** The parent/guardian for all enrollees must provide proof that they are permanent residents of the Elida Local School District. Please check the item below that describes your residential status:

\_\_\_\_\_ I am a full time resident of the Elida Local School District.

\_\_\_\_\_ I am a full time resident of the \_\_\_\_\_ School District and have applied for open enrollment into the Elida Local School District.

\_\_\_\_\_ I am living with other people in the district and will complete the residency affidavit process.

**Custody Status:**

\_\_\_\_\_ Student lives with both natural/adoptive parents. Parents are not divorced or separated.  
Document: Birth certificate.

\_\_\_\_\_ Student lives with divorced natural/adoptive parent.  
Documents: Birth certificate and most recent court custody document.

\_\_\_\_\_ Student lives with natural parent never married to other natural parent.  
Document: Mother – birth certificate, Father – father’s name on birth certificate or court custody document.

\_\_\_\_\_ Student lives with court appointed guardian.  
Documents: Birth Certificate, court custody document and address of parents at the time of the court hearing.

\_\_\_\_\_ Student lives with foster parent.  
Documents: Birth Certificate, placement letter, court custody document, including district tuition responsibility.

\_\_\_\_\_ Other, please explain \_\_\_\_\_

**Parent or Guardian MUST provide a State photo ID and one document from below:**

\_\_\_\_\_ Current purchase agreement, deed, mortgage statement, or proof from the State Auditors web site

\_\_\_\_\_ Current rental contract/lease with the parent/guardian’s name and the name **and phone number of the landlord.**

My signature acknowledges that as the Parent/Guardian, I understand that I am obligated to notify Elida Schools immediately if there is a change in any of the above information. I also understand that if any investigation reveals that I do not reside full-time at the above address, my child(ren) shall be immediately withdrawn from the school district and I will be charged a tuition penalty, Ohio Revised Code 2151.011 and 3313.64.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**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 LastName)</i> _____		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____	
<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.		1. In what language(s) would your family prefer to communicate with the school? _____	
<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.		2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____	
<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.		5. In what country was your child born? _____ 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? _____ 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	
<b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.		_____	
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>



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

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