

Buckeye Elementary
Kindergarten Registration
For the 2018-2019 School Year

April 10 and April 12
4:00 pm - 6:00 pm

Saturday, April 14
9:00 am - 12:00 pm

Kindergarten registration will take place at Buckeye Elementary.
1200 Buckeye Ave.
Salem, Ohio 44460
330-332-8917

Parents need to bring:

- * birth certificate
 - * shot records
 - * social security card
 - * proof of residency (utility bill, rent/mortgage receipt)
 - * driver's license or photo I.D.
 - * custody papers (if applicable)
-

Students are welcome to attend, but it is not required.



Salem City Schools Student Registration Form

Information supplied on this form is required under provisions of Ohio law and the Ohio Department of Education regulations.

School _____	Pupil ID# _____
Date of Entrance _____	
Grade _____	Teacher _____
Bus No. _____	AM _____ PM _____ Walk _____
(office use only)	

STUDENT DATA

Last Name _____

First Name _____

Middle Name _____

Social Security # _____/_____/_____

Date of Birth _____/_____/_____

Sex Male Female

Ethnicity

Is the student of Hispanic/Latino heritage?
 YES NO

Race: (check all that apply)

- White Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- American Indian or Alaskan

US Citizen YES NO

Birthplace City/State _____

Street Address _____

Apt/Lot # _____

City _____

Zip _____

Mailing Address including P.O. Box if different from above

Main Phone # _____
(FIRST NUMBER TO BE CALLED)

School District _____

County _____

Proof of Residency: **(required)**

- Rent/Mortgage
- Utility Bill
- Residency Affidavit
- Other

Military: Is student's parent/guardian
 _____ **Active Duty** - Student is a dependent of a member of the Active Duty Forces (Army, Navy, air Force, Marines Corp or Coast Guard)
 _____ **National Guard** - Student is a dependent of a member of the National Guard (Army or Air)

PREVIOUS SCHOOL DISTRICT INFORMATION

School District _____

Last Attended: _____

Building of Attendance: _____

Phone # _____ Fax # _____

City/State: _____

Has student ever attended Salem City Schools Schools? Yes No

Student was in the following special programs at previous school:	
___ Title One	___ Gifted/Talented
___ I.E.P.	___ Fed Lunch Program
___ 504 Plan	___ Other, please list: _____

Student lives with (check one)

<input type="checkbox"/> Mother ONLY	<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Other
<input type="checkbox"/> Father ONLY	<input type="checkbox"/> Grandparent(s)	please specify: _____
<input type="checkbox"/> Mother/Father	<input type="checkbox"/> Ward of Court	
<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Legal Guardian	

CUSTODY (Only if there is a divorce or a court ordered placement)

- Joint Custody
- Mother Only
- Father Only
- Guardian
- Foster Parent

School District where natural/custodial parent resides: _____

- Grandparent
- Agency - Name of Agency _____

PARENT DATA IN REGARDS TO THIS STUDENT

Marital Status: Married Divorced Never Married to Biological Parent

If divorced who is the residential parent? _____

Father's Name: _____ Living with Student? Yes No

Address (if different from student's): _____

Place of Employment: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Email Address _____ (required)

Mother's Name: _____ Living with Student? Yes No

Address (if different from student's): _____

Place of Employment: _____ Cell Phone: _____

Occupation: _____ Work Phone: _____

Email Address _____ (required)

Guardian(s) Name: _____ Relationship: _____

(If student does not live with Natural Parent(s))

If an Agency, Caseworker's Name: _____ Phone number: _____

SIBLING INFORMATION (School Age Only)

(1) _____
(Name) (Relationship) (Building)

(2) _____
(Name) (Relationship) (Building)

(3) _____
(Name) (Relationship) (Building)

(4) _____
(Name) (Relationship) (Building)

TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS TRUE. I CERTIFY THAT THE STUDENT'S NAME LISTED ON PAGE ONE (1) IS HIS/HER LEGAL NAME, THAT I/WE HAVE LEGAL CUSTODY AND I/WE RESIDE WITHIN THE SALEM CITY SCHOOL DISTRICT BOUNDARIES. I UNDERSTAND THE SALEM CITY SCHOOL DISTRICT MAY USE LEGAL MEANS TO VERIFY MY RESIDENCE.

(Parent/Guardian Signature)

(Date)

Salem City Schools
EMERGENCY MEDICAL AUTHORIZATION

2018-2019 School Year

_____ Students Name _____ School Attending _____

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents can not be reached.

Residential parent or Guardian:

Father _____ Daytime Phone _____ Cell _____

Place of Employment _____ Business Phone _____

Mother _____ Daytime Phone _____ Cell _____

Place of Employment _____ Business Phone _____

Additional Emergency Contact _____ Daytime Phone _____

Name of Relative or Childcare Provider _____

Address: _____ Phone _____ Relationship _____

.....
PART I OR PART II MUST BE COMPLETED
PART 1 – TO GRANT CONSENT

In the event reasonable attempts to contact me by telephone have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) Phone _____ or Dr. _____ Phone _____ (preferred dentist), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible. **IF OTHER THAN SALEM COMMUNITY HOSPITAL..... STUDENTS WILL BE TRANSPORTED TO SAID HOSPITAL BY AVAILABLE (LOCAL) AMBULANCE.**

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Please list the child's allergies and health conditions (indicate if life threatening):

1. _____ 2. _____ 3. _____

Medications being taken _____

Medical Specialist (if any) _____

I/we hereby grant our permission to share all pertinent medical information listed in this form with necessary school and emergency personnel.

_____ Date _____ Signature of Parent or Guardian _____ Address _____

.....
DO NOT COMPLETE PART II IF YOU COMPLETED PART I
PART II – REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment for my child. In the event if illness requiring emergency treatment. I wish the school authorities to take no action or to:

_____ Date _____ Signature of Parent or Guardian _____ Address _____

Vaccine Administration Record for Children

Name: _____ Birthdate: _____ Age: _____

Phone: (home) _____ (cell) _____

Address: _____

Mother's Name: _____ Father's Name: _____

Insurance Status (circle one): None Private CareSource Unison United Health Care Medicaid

If private insurance are immunizations paid: Yes _____ No _____

Race: (select one or more) AS -Asian Pacific BL Black or African American CA Caucasian
 CH Chinese FI Filipino HA Hawaiian IN Native American/Alaskan Native JA Japanese
 NW Other Non-White UN Unknown

Ethnicity : Hispanic or Latino Yes No

Gender : Male Female

Child's Physician Name & Phone: _____

Allergies: _____

I have been provided with a copy of the Vaccine Information Statement(s) (VIS) circled below. I have read, had explained to me, and understand the information in the VIS(s). I request that any of the vaccine(s) circled below which are still required, be given to the child named above for whom I am authorized to make this request. I consent to inclusion of this immunization data in the Ohio Immunization Registry (IMPACT) on behalf of the child named above.

DT DTaP Tdap Td Polio/IPV MMR HepB Varicella Meningococcal
Influenza Hib HPV HepA PCV13 PPV23 Rotavirus Other _____

- I have had a chance to ask questions which were answered to my satisfaction.
- I understand the benefits and risks of the vaccine(s).
- I understand that certain immunizations are mandatory for attendance at school.
- I understand that this consent covers the administrations of all required single dose and multiple dose vaccines.
- I understand that multiple dose vaccines will be administered in accordance with the required time between each immunization.
- I ask that the vaccine(s) indicated on this record be given to the person named above for whom I am authorized to make this request on this date and/or scheduled subsequent dates.
- I further understand that the health status of the child receiving the vaccine will be assessed at the time of each administration and if a change has occurred, immunization(s) may be deferred.
- This consent will remain in effect for one year from the date of the authorized signature.
- I understand that consent may be withdrawn at any time.

Signature: _____ Date: _____
(Parent, Guardian or designee)

Vaccine Administration Record for Children

Name: _____ **Birthdate:** _____ **Age:** _____

Date	Vaccine	Vac Mfg	Lot #	Expires	Site Adm	MSI Date	Misc

Student Information

Last Name _____

Street Address _____

First Name _____

Apt/Lot # _____

Middle Name _____

P.O. Box # _____

Date of Birth ____/____/____

City _____

Grade _____

Zip _____

Sex Male Female

Citizenship Status: _____ (1) U.S. Citizen
(2) Exchange Student (3) Non U.S. Citizen

Main Phone No. _____

Student's Cell Phone _____

Unlisted Yes No

Mother's Cell Phone _____

Military: Is student's parent/guardian
_____ **Active Duty** – Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marines Corp or Coast Guard)

Email _____

_____ **National Guard** – Student is a dependent of a member of the National Guard (Army or Air)

Father's Cell Phone _____

Email _____

Step-Mother's Name _____

Step-Father's Name _____

Step-Mother's Cell Phone _____

Step-Father's Cell Phone _____

Student lives with (check one)

Mother ONLY

Father/Stepmother

Other

Father ONLY

Grandparent(s)

please specify: _____

Mother/Father

Ward of Court

Mother/Stepfather

Legal Guardian

CUSTODY

(Only if there is a divorce or a court ordered placement)

Joint Custody

School District where natural/custodial parent resides: _____

Mother Only

Foster Parent

Father Only

Grandparent

Guardian

Agency - Name of Agency _____

Parent Information

Marital Status: Married

Divorced

Never Married

Father's Name: _____

Residential Parent? Yes No

Address (if different from student's): _____

Place of Employment: _____

Work Phone: _____

Mother's Name: _____

Residential Parent? Yes No

Address (if different from student's): _____

Place of Employment: _____

Work Phone: _____

Guardian(s) Name: _____

Relationship: _____

(If student does not live with Natural Parent(s))

If an Agency, Caseworker's Name: _____ Phone number: _____

SIBLING INFORMATION (School Age Only)

(1) _____
(Name) (Relationship) (Building)

(2) _____
(Name) (Relationship) (Building)

TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS TRUE. I CERTIFY THAT THE STUDENT'S NAME IS HIS/HER LEGAL NAME, THAT I/WE HAVE LEGAL CUSTODY AND I/WE RESIDE WITHIN THE SALEM CITY SCHOOL DISTRICT BOUNDARIES. I UNDERSTAND THE SALEM CITY SCHOOL DISTRICT MAY USE LEGAL MEANS TO VERIFY MY RESIDENCE.

(Parent/Guardian Signature)

(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.

Student Name: <i>(First Name and Last Name)</i> _____	Student Date of Birth: <i>(mm/dd/yyyy)</i> _____
<p>Communication Preferences 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>Language Background 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>Prior Education 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</p> <p style="margin-left: 20px;">If yes, how many years/months? _____</p> <p style="margin-left: 20px;">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</p> <p style="margin-left: 20px;">If yes, when did your child first attend a school in the United States? _____/_____/_____ Month Day Year</p>
<p>Additional Information Please share additional information to help us understand your child's language experiences and educational background.</p>	
<p>Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____</p> <p>Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____</p>	

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>Student's native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	_____
<p>Student's home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	_____
<p>Potential English learner 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>Immigrant student status 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

Salem City Schools Superintendent Dr. Joseph Shivers

Salem High School (9 – 12)
Principal – Mr. Sean Kirkland
1200 E. 6th Street
Salem, OH 44460
330-332-8905

7:50 a.m. – 2:44 p.m.
Tardy bell 7:50 a.m.

Salem Junior High School (7th & 8th)
Principal – Mr. Todd McLaughlin
1200 E. 6th Street
Salem, OH 44460
330-332-8914

7:50 a.m. – 2:44 p.m.
Tardy bell 7:50 a.m.

Southeast Elementary School (5th & 6th)
Principal – Mrs. Lisa DeRose
2200 Merle Road
Salem, OH 44460
330-332-8925

8:45 a.m. – 3:10 p.m.
Tardy bell 8:45 a.m.

Reilly Elementary School (3rd & 4th)
Principal – Mrs. Cindy Viscounte
491 Reilly Ave.
Salem, OH 44460
330-332-8921

8:45 a.m. – 3:10 p.m.
Tardy bell 8:45 a.m.

Buckeye Elementary School (KG – 2nd)
Principal – Mr. John Lundin
1200 Buckeye Ave.
Salem, OH 44460
330-332-8917

9:05 a.m. – 3:20 p.m.
Tardy bell 9:05 a.m.

Transportation Department

1160 Pennsylvania Avenue
Salem, OH 44460
330-332-2321