

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

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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)*



## 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)



# Salem City Schools

1226 East State Street  
Salem, OH 44460  
(330) 332-0316  
(330) 332-8936 Fax

## Home Language Usage Survey

\_\_\_\_\_  
Student Name (First Name/Middle Initial/Last Name)

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

\_\_\_\_\_  
Birth Place

### Section A – Student’s Language Background

1. What are the primary language(s) spoken in your home?
2. What language does your child use most frequently?
3. Which language did your child learn first?
4. What language do you use most frequently with your child?
5. Is English the main language your child speaks?
6. How long has your child attended school in the United States?
7. What was your child’s last year of schooling outside the United States?
8. How many years of education did your child complete in another country?
9. In what language(s) has your child received instruction?
10. Please share additional information to help us better understand your child’s English language experiences.

### Section B – Parent/Guardian Preferences

1. In which language do you want to get **written** information from the school?
2. In which language do you prefer to receive **oral or spoken** information from the school?

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

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

\_\_\_\_\_  
Printed name of the parent/guardian

( New 3/14/2018)



**Home Language Usage Survey (Designated school district employee completes this survey.)**

1. Note below additional information to help with proper interpretation of the home language usage survey. This information will help determine English learner services and effective communication with parents.

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2. Review the following statements related to the administration of Ohio’s home language usage survey:

- The district or school has presented questions from the state home language usage survey in a language and form that the parent or guardian understands.
- The district and school has assured parents that they do not use information from the survey for immigration or reports to immigration authorities. The home language usage survey only is used for determining whether the student and parents might be served by language assistance services.
- The appropriate Educational Management Information System (EMIS) record includes information from the home language usage survey.
- For students enrolling from other schools and districts, school officials have requested and use previous home language usage survey data.
- Results of the home language usage survey are in the student’s cumulative records and provided with student files when relocating to other districts.

3. Sign below

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Signature of validating school employee

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Date (mm/dd/yyyy)

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Printed name of validating school employee

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Salem City Schools  
School District

## **Salem City Schools Superintendent Dr. Joseph Shivers**

Salem High School (9 – 12)  
Principal – Mr. Sean Kirkland  
1200 E. 6<sup>th</sup> 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 (7<sup>th</sup> & 8<sup>th</sup>)  
Principal – Mr. Todd McLaughlin  
1200 E. 6<sup>th</sup> Street  
Salem, OH 44460  
330-332-8914

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

Southeast Elementary School (5<sup>th</sup> & 6<sup>th</sup>)  
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 (3<sup>rd</sup> & 4<sup>th</sup>)  
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 – 2<sup>nd</sup>)  
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