

ANTHONY WAYNE LOCAL SCHOOLS KINDERGARTEN REGISTRATION FOR FALL 2012

All students entering Kindergarten in the Fall must be registered **at the Anthony Wayne Administrative Center** by a parent or legal guardian prior to Kindergarten Screening in June. Registration is **by appointment only** and takes about 15 minutes. **To schedule an appointment call 419-877-5377.** It is not necessary for your child to accompany you to registration. Note: Students entering Kindergarten in August of 2012 must be five (5) years old by September 30, 2012.

You can download and print a registration form from our website, www.anthonywayneschools.org. Click on the Registration tab and look for the downloadable Kindergarten Registration form on the right side of the webpage. You may pick up a registration form prior to your appointment at our Administrative Center at 9565 Bucher Road in Whitehouse from 7:30 a.m. to 4 p.m. Registration forms are also available in each primary school office. Registration forms are **not** available by mail, and we will **not** accept faxed registration forms and documents.

In compliance with the requirements established by Ohio law, the Ohio Revised Code and the Missing Children's Act, along with the Anthony Wayne Board of Education, **please bring the following when you register your child for Kindergarten:**

- A completed Kindergarten Registration form
- Your child's original **Official Birth Certificate** from the state bureau of vital statistics **OR** your child's passport
- Photo identification** of parent or legal guardian (driver's license/state ID/military ID)
- Proof of Residency** - Anthony Wayne Local Schools does not have an open enrollment policy. All students must reside with a parent or legal guardian within the Anthony Wayne School District. Parents are required to provide proof of residency in the district. **Please provide one of the following:**
 - Two current utility bills (example: gas, electric, water, propane, trash removal, cable/satellite TV)
 - Residential Purchase agreement/settlement statement (a utility bill will be required 30 days after occupying the house)
 - Lease/rental agreement (a utility bill will be required 30 days after occupying the house/apartment)
 - If you are building a house in the district, provide a copy of the Builder's agreement and a letter from Builder stating that occupancy **will take place** within 90 days from admission date; parents must agree to transport child to and from school until you occupy the new house.
 - Notarized Residency Affidavit (available at the Central Office or on our website) if you are living with an Anthony Wayne resident but have no proof of residency in your name. You must also bring 2 current utility bills in the name of the homeowner/leaseholder.
- Proof of Custody** - If child is NOT living with **BOTH** biological parents listed on the official birth certificate, and if there has been a court determination of custody, you must provide one of the following:
 - A copy of the most recent **complete court document (divorce decree, shared parenting agreement, etc.)** It must be file stamped by the court, and signed by the judge/magistrate.
 - If a custody change is in process, the petitioner has sixty (60) days from the date of enrollment to produce a filed/date stamped, signed Judgment Entry establishing a change in custody, and must provide us with a copy of the filed/date stamped motion petitioning the court for a change in custody. In addition, a notarized letter from the custodial parent is required stating knowledge of the student enrolling in the Anthony Wayne School District. This letter must include: custodial parent's complete name, date of birth, address, current telephone number and photo ID.
 - If biological parents were never married, and both parents' names are on the birth certificate, a notarized "Unmarried Parent Affidavit" must be submitted. This form is available at our Central Administrative Office.



**Kindergarten Registration opens on February 13.
Please register your child at our Central Administrative Office,
9565 Bucher Road in Whitehouse, prior to April 5, 2012 so
that we can plan for Kindergarten Screening later in the Spring. Thank you!**

ANTHONY WAYNE LOCAL SCHOOLS KINDERGARTEN REGISTRATION



For office use:
 Student ID# _____
 School year **2012-2013**

- Monclova Primary School
- Waterville Primary School
- Whitehouse Primary School

STUDENT INFORMATION (Please Print)

Student's LAST name _____ FIRST name _____ MIDDLE name _____ Male Female
As it appears on birth certificate As it appears on birth certificate As it appears on birth certificate

Street address _____ City _____ Zip code _____

Entering grade Kindergarten Birthdate _____ Preferred/home phone (_____) _____
mm/dd/yyyy

Is the student a US Citizen? Yes No Language spoken at home is: _____ Birthplace: (city/state/country) _____

Is the student of Hispanic/Latino heritage? Yes No
Race/Ethnic Group - check all that apply:

- White, non-Hispanic
- Black or African American
- Asian
- American Indian/Alaskan native
- Native Hawaiian or Other Pacific Islander

According to Federal regulations, if parent does not provide their child's racial group, the district must use observer identification.

WHO DOES THE STUDENT LIVE WITH?

Check all that apply:	Print first/last name	Cell phone number	E-mail address	Employer	Work phone number
<input type="checkbox"/> Father					
<input type="checkbox"/> Mother					
<input type="checkbox"/> Stepfather					
<input type="checkbox"/> Stepmother					
<input type="checkbox"/> Legal guardian					
<input type="checkbox"/> Foster Parent					
<input type="checkbox"/> Grandparent					

Who has legal custody of this student?

- Mother & Father
- Mother (only)
- Father (only)
- Legal guardian
- Grandparent(s)
- Shared parenting/joint custody
- Government agency (Children's Services, DJFS, etc.)
- Other (specify) _____

PRE-KINDERGARTEN EXPERIENCE

Preschool attended, if any _____

Preschool address _____

Preschool phone number _____

- Student has an active IEP (Individual Education Plan) and receives preschool services for a disability.

SCHOOL BUS TRANSPORTATION REQUESTED:

- Morning only
- Afternoon only
- Morning and afternoon
- I request transportation to childcare provider. Submit an **Alternate Transportation Request Form** (available at Administrative Center or school office).

FAMILY INFORMATION:

Please list all brothers or sisters currently attending Anthony Wayne Local Schools:

First/Last Name (please print)	Date of birth (mm/dd/yyyy)	Relationship (brother or sister)	School

NON-CUSTODIAL PARENT INFORMATION:

Check one:	Name	Address	City/State/Zip Code	Phone number	E-mail address
<input type="checkbox"/> Father					
<input type="checkbox"/> Mother					

To the best of my knowledge, all of the information provided on this registration form is true. I certify that the student's name is his/her legal name, that I have legal custody and I reside within the Anthony Wayne School District boundaries. I understand that the Anthony Wayne School District may use legal means to verify my residence in the District.



PLEASE PRINT Parent/guardian name

SIGNATURE of parent/guardian

Date

The confidentiality of this information will be preserved in accordance with FERPA and Anthony Wayne Board of Education policy.

*Sec. 3323.64 of Ohio Revised Code requires a child to attend classes in the school district where the parent with court-determined custody resides. Proof of custody must be furnished or attached to this registration form. **Immediately notify the school office when a change in custody occurs.***

Student Name _____
 (Please print) *Last* *First* *Middle*

Bus # _____
<input type="checkbox"/> Walker
<input type="checkbox"/> Car Passenger
<input type="checkbox"/> Car Driver

Anthony Wayne Local Schools
EMERGENCY MEDICAL AUTHORIZATION FORM
 (Ohio Revised Code 3313.712)

Student's Date of Birth _____
 School _____
 School Year 20_____-20_____ Grade _____

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 or guardians cannot be reached. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, health personnel including student nurses, and other school personnel.

EMERGENCY CONTACTS: Please list names in the order they should be contacted if parents cannot be reached.

	Name	Home Phone	Cell Phone	Work Phone
Parent				
Parent				
Emerg. Contact #1				
Emerg. Contact #2				
Emerg. Contact #3				
Emerg. Contact #4				

It is extremely important that you provide ANY pertinent medical history or information about existing conditions that may affect your child at school:

Medical information:
Medications:
Allergies:

PART 1 OR 2 MUST BE COMPLETED:

PART 1: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Local Hospital/Emergency Room _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designed practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

 Signature of Parent/Guardian Date

PART 2: REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

 Signature of Parent/Guardian Date