Kindergarten Checklist

Registration (both sides)
Blue Residency Affidavit (Keystone residents only)
Birth Certificate
Immunizations
Custody Papers (if applicable)
2 Proofs of Residency (see attached goldenrod paper for acceptable documents).
Yellow Student Information Sheet (completed by parent)
*Blue Ohio Health History (completed by parent – due by 1st day of school)
*Pink Physical (completed by physician – due by 1st day of school)
*Green Dental (completed by dentist – due by 1st day of school)
*Administration of Medication (completed by parent and physician if you need medications administered at school, including over the counter meds)
**Open Enrolled Application (turn this into the BOE between 04/15/20 and 5/29/20)

Schedule a time for mandatory Kindergarten Readiness Assessments with secretary at registration on 2/10/20 OR 2/12/20.

Mon 8/31/20 Tues. 9/1/20 Wed. 9/2/20 Thurs 9/3/20

Time: ______________________

What happens next?
You will bring your child to the above appointment for kindergarten readiness testing.

On Friday, September 4, 2020 there will be a brief orientation that parents will be asked to attend. Orientation times to be determined. Although students do not attend please feel free to bring your child’s supplies at this time.

First day of school for kindergarten is Tuesday, September 8, 2020.

*Forms will be given to you at registration 2/10/20 or 2/12/20

**this form will be available to any open enrolled applicants at registration and also available on the Keystone website.
Keystone Local School District
Student Registration

Please Print

Date of Registration
Date of Entry
Student Name
Address

Last
First
Middle

City
State
Zip

Street
Apt. #

Primary Phone
Parent Cell Phone

Birth City and State
Birth Date

Sex ( ) Male ( ) Female SSN (optional)

Grade
Building

Ethnic Code: ( ) White ( ) Hispanic ( ) Asian ( ) Native American ( ) Black ( ) Multiracial

( ) Father ( ) Stepfather

Father's Address

Email Address

Marital Status: ( ) Married ( ) Divorced ( ) Separated ( ) Widow ( ) Single ( ) Foster ( ) Never Married to Mother

Father's Employer
Position
Employer's Phone
Cell Phone

( ) Mother ( ) Stepmother

Mother's Address

Email Address

Marital Status: ( ) Married ( ) Divorced ( ) Separated ( ) Widow ( ) Single ( ) Foster ( ) Never Married to Father

Mother's Employer
Position
Employer's Phone
Cell Phone

Brothers Younger   Ages
Older   Ages

Sisters Younger   Ages
Older   Ages

Name of Legal Custodian

If court appointed, copy of Court order appointing guardian ( ) YES ( ) NO

District of Educational Responsibility
County

Name of previous School

Address

Street
City
State
Zip
Was the student enrolled in any Special Education program (has an IEP and ETR)? ( ) YES  ( ) NO

If yes, check the program below:

_____ Hearing Impaired  
_____ Visually Impaired
_____ Multi-handicapped
_____ Speech/Language
_____ Autism

_____ Other Health Impairment OHI
_____ Intellectual Disability
_____ Specific Learning Disability
_____ Emotional Disability
_____ Traumatic Brain Injury

Is your child currently enrolled in a gifted/talented program ( ) YES  ( ) NO

Is your child currently enrolled in a Title I Reading program ( ) YES  ( ) NO

Did your child ever attend Keystone Local Schools? ( ) YES  ( ) NO

Does your student plan to participate in any student athletics? ( ) YES  ( ) NO

----------------------------------------------------------------------------------------------------------------------------------

To be signed by parent, guardian, or person having legal custody of this child.

I certify that I am the parent or the person having legal custody or guardianship of the above named student. I further state that my permanent address is:

______________________________________________________________________________________________________________________________________

I understand that if I am the parent or person having legal custody or guardianship of the above named student and if my address is not as stated above, the student shall be subject to immediate suspension from school, credits will be withheld, and a claim for tuition due:

Signature                                                                                                                     Date

**Do you currently lack fixed, regular, and adequate night time residency?**

( ) Yes  ( ) No

**If sharing the housing of other persons, is it due to loss of housing, economic hardship or similar reason?**

( ) Yes  ( ) No

Signature (for above residency status)                                                                                         Date

What you will need to register your student(s) at Keystone Local School District:

- **Birth Certificate**
- **Immunization Records**
- **Custody papers if applicable**
- **Forms of Proof of Residency**
- Social Security number
- Copy of student's High School Transcript
- Copy of most recent report card
- IEP/ETR/504 if applicable (special needs students)

** Means we must have a copy of these items in order for the student to begin classes.

Rev. 1/5/17
KEystone Local Schools

Legal Residency Verification Form

1. ____________________________ is living with me
   Student’s Name

   at ____________________________ , _______________________.
   Street City

2. The child named above is in my legal custody, and, if necessary, I can and will produce legal
   documents to verify this custody. I understand that if I cannot produce such verification of
   custody or the birth certificate and immunization records required of all new enrollees, the
   student cannot be admitted to school.

3. I have copies of the records of the above-named student for his/her school of most recent
   attendance. OR I have made arrangements with the school he/she most recently attended to
   forward his/her records to Keystone Schools. OR I will make arrangements with the school
   immediately. I understand that according to Ohio state statutes, if these records do not arrive
   within a reasonable period of time; the school must notify proper authorities that the student may
   be a “missing child.”

4. The residence cited above is our permanent address and is within the boundaries of the
   Keystone Local School District. I understand that it is my obligation to notify the school
   immediately when there is a change in this residence.

5. Non-Resident Tuition Notification – In Ohio a student of school age is permitted to attend the
   public school in which his/her custodial parent resides free of charge. By completing and
   signing this Legal Residency Verification Form, you are verifying that the information provided
   is a true and accurate statement of the custodial parent’s residence. You are required to notify
   the school immediately should this information change. Should it be determined the information
   provided as to parent resident is not accurate, the Keystone Local School District will actively
   pursue the collection of tuition fees at the current tuition rate as set by the Ohio Department of
   Education and the student will no longer be permitted to attend the Keystone Local School
   District.

6. My signature below denotes understanding of and agreement with all of the statements above.

   ____________________________ ____________________________
   Parent/Guardian Signature Date
Cleveland and EdChoice Scholarship
Programs Acceptable Forms of Address Proof

Proof of residency is required of all first-year and renewal applicants and must be submitted to the school with the application. Parents/Guardians must document residency by providing the school with a current (less than 3 months old) utility bill. The utility bill MUST SHOW MATCHING SERVICE AND MAILING ADDRESS in the name of the Parent/Guardian. Post office boxes and Cell Phone Bills have no Service Address and therefore are not accepted.

Acceptable Utilities (Must show matching Mailing and Service Address): Electric, Gas, Water, Sewer, Cable/Internet.
Other Acceptable Documents: Monthly mortgage statement and Lease/rental agreement (signed) and one (1) other official document (like a pay stub, bank statement, insurance statement, car payment statement, etc) with parent’s name and address. Additional information can be found on the scholarship webpage.

If the student’s parent/guardian has no utilities in his/her name, then the parent/guardian must provide the following:

1. A signed and notarized statement from the person (i.e., third party) with whom the parent/guardian and the student live or from whom they rent that confirms that they reside at the address. This letter must be from the third party, not the parent/guardian.

2. A copy of a current utility bill in the name of that third party, AND

3. A copy of a piece of current business type mail in the name of the parent/guardian.
   a. Business mail would be things such as pay stubs, car notes, car insurance, monthly bank statements, and official document from a government agency. It must be a business with which the parent/guardian is currently doing regular business.
   b. NO credit card solicitations or service set-up work orders. NOTHING HAND WRITTEN.

4. Following is an example of how this alternative works: Ms. Smith’s daughter has an EdChoice scholarship. She and her daughter reside with her uncle, Mr. Brown. Mr. Brown will need to write or type a statement and have it notarized, which should include him signing the statement in front of a notary. He will also need to provide a copy of a current utility bill in his name, since he owns or rents the property. Ms. Smith must provide a copy of last month’s bank statement. Complied together, this alternative will suffice as proof of residence for the student regarding the current school year. She must do this annually. If she should move and obtain utilities in her name, then this alternative method is no longer her option and she must comply with the required utility bill requirement instead.

5. Another example of how this alternative works is the following: Mr. Johnson’s son has an EdChoice scholarship. Mr. Johnson and his son live in an apartment. All of the utilities are included in the price of the rent, so Mr. Johnson does not receive any utility bills in his name. Mr. Johnson will need to obtain a notarized letter from the rental office confirming that he and his son live in the apartment. Mr. Johnson will also need to provide another form of address proof, such as a current pay stub or bank statement.

Unacceptable proof of address includes tax forms, junk mail, driver’s licenses, and cell phone bills. Old and outdated (more than 3 months) address proof is also unacceptable.

Parents/guardians must remember to keep the school informed of any address changes that occur and to submit the required documentation to ensure continued program eligibility.
Student Information Sheet

Student's Full Name: ____________________________________________

Student's Birthday ____________________________

Does your child prefer a nickname (circle one)? Yes    No nickname: __________

Mother's Name: ____________________________________________

Mother's Phone Number: ____________________________ Email: 

Father's Name: ____________________________________________

Father's Phone Number: ____________________________ Email: 

Child's Address: ____________________________________________

City: ____________________________________________

Please list any siblings and their name, age, grade, and teacher (if attending KLSD):

1. Name ____________________________________________ Age ______ Grade ______ Teacher ____________________________

2. Name ____________________________________________ Age ______ Grade ______ Teacher ____________________________

3. Name ____________________________________________ Age ______ Grade ______ Teacher ____________________________

4. Name ____________________________________________ Age ______ Grade ______ Teacher ____________________________

How will your child get home on the **FIRST** day of school? ____________________________________________

How will your child regularly get home from school? ____________________________________________

Are there any holidays you DO NOT celebrate at home? ____________________________________________

What Preschool did your child attend? ____________________________________________

Any questions for the Kindergarten teacher/ or anything you want me to know about your child?

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
Please take a moment and complete the following checklist so we can get to know your Kindergartner!

<table>
<thead>
<tr>
<th>Skills</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>Not noticed yet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attends during large groups</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listens when others speak</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses sentences to communicate needs</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Is understood by listeners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follows 2 step directions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperates with peers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shares classroom materials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes turns in activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows self-confidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makes good use of their time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completes tasks in an appropriate amount of time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follows through with my decisions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepts responsibility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transitions to new activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handles change in routine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate fine motor skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate gross motor skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent in restroom</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

My Community Support and Early Assistance  
*(please check anything that applies to your child)*

Groups/organizations involvement
- Library programs (i.e. story time)
- Play groups
- Swim or other types of lessons
- Sports
- Other ____________________________
- None
- Help Me Grow Program

Early Childhood Intervention (3-6 years old)
- IFSP
- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Other ____________________________
  Service Provider____________________

- Health Concerns including allergies: ____________________________
Ohio Department of Health • School and Adolescent Health

Physical Examination

Student's name

Sex

Male  Female

Date of birth

Height

Weight

BMI percentile

BP

Screening Tests

Vision

Date performed

Distance Acuity

Muscle Balance

Stereopsis

Color

Child wears glasses?

Tested with glasses?

Referral made?

L  R

Pass  Fail

Pass  Fail

Pass  Fail

Yes  No

Yes  No

Yes  No

Pure Tone

Right ear

Left ear

Child wears hearing aid?

Child under the care of a hearing specialist

Referral made?

Pass  Fail

Pass  Fail

Yes  No

Yes  No

Yes  No

Hearing

Date performed

Postural

Date performed

Date performed

No abnormality noted

Screening not done

Referral made

Comments

Speech/Language

Speech assessment completed

Child has no discernible speech problem

Speech evaluation recommended

Child has possible problem with

Yes  No

Yes  No

Yes  No

Type

Yes  No

Type

Yes  No

Tuberculin Test

Date

Type

Results

Lead Poisoning

Date 

Type

Results

μg/dL

μg/dL

Health History (Serious or chronic illnesses/injuries/surgeries)

Physical Examination

Date of most recent examination

Essentially normal  Abnormalities as follows

Is this child able to participate fully in:

Classroom and academic activities

Competitive athletics

Physical education classes

Contact and collision sports

Yes  No

Yes  No

Yes  No

Yes  No

If limitations are advised, please specify

Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?

Healthcare Provider's signature

Print name

Phone

Address

City

State

ZIP

This form is due by the first day of school and must be completed and signed by a doctor. Thank you!
Ohio Department of Health • School and Adolescent Health
Immunization Report

<table>
<thead>
<tr>
<th>Student's name</th>
<th>Sex</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Male ☐ Female</td>
<td>/ /</td>
</tr>
</tbody>
</table>

Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671).
A copy of the child’s immunization record may be attached or dates may be entered below.
Please note the month, day, and year for each immunization should be on record.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Record complete dates (month, day, year) of vaccine doses given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus, Pertussis (DTP)</td>
<td></td>
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<tr>
<td>DTap, Tdap</td>
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<tr>
<td>DT, Td</td>
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<tr>
<td>Polio</td>
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<tr>
<td>Hepatitis B (HBV)</td>
<td></td>
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<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
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<tr>
<td>Varicella (Chickenpox)</td>
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<tr>
<td>Hepatitis A</td>
<td></td>
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<tr>
<td>Meningococcal (MCV4, MPSV4)</td>
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<tr>
<td>Pneumococcal (PCV)</td>
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<tr>
<td>Measles (Rubeola) only</td>
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<tr>
<td>Rubella only</td>
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<tr>
<td>Mumps only</td>
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<tr>
<td>Haemophilus influenza Type b (Hib)</td>
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<tr>
<td>Influenza</td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

This information was provided by ☐ Health Care Provider ☐ Parent/Guardian ☐ Other ________________________________

Signature ___________________________ Print name ___________________________ Date / /

HEA 4241 1/06
Ohio Department of Health • School and Adolescent Health
Health History

Student's name

Sex
☐ Male ☐ Female

Date of birth / / 

Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father

Mother

Brothers and Sisters

Birth and Developmental History ☐ No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy? ☐ Yes ☐ No

Was infant born full term? ☐ Yes ☐ No Did the infant have any sickness or problems? ☐ Yes ☐ No

Briefly explain illness or problems.

How does the child's development compare to other children, such as his or her brothers/sisters or playmates?
☐ About the same ☐ Delayed ☐ Advanced

Student Health Conditions

☐ YES, my child receives regular medical/health care for the following conditions:

☐ Allergies ☐ Diabetes ☐ Seizure disorder

☐ Asthma ☐ Depression ☐ Sickle cell anemia

☐ ADD/ADHD ☐ Ear problem/hearing difficulty ☐ Skin conditions

☐ Autism ☐ Emotional concerns ☐ Speech problems

☐ Behavior concerns ☐ Headaches ☐ Traumatic brain injury

☐ Birth/congenital malformations ☐ Heart problems ☐ Vision problems (glasses, contacts)

☐ Bone/muscle/joint problems ☐ Hemophilia

☐ Blood problems ☐ Juvenile arthritis

☐ Bowel/bladder problems ☐ Lead poisoning

☐ Cancer ☐ Migraines

☐ Cystic fibrosis ☐ Neuromuscular disorder

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

☐ Other

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy Type Reaction School restrictions or recommended actions

☐ Bee/Insect

☐ Food

☐ Medication

☐ Other

HEA 4240 8/06
Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

<table>
<thead>
<tr>
<th>Medication and dose</th>
<th>Time</th>
<th>Reason</th>
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<tbody>
<tr>
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</table>

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?  
☐ Yes  ☐ No  If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?  
☐ Yes  ☐ No  If YES, please explain.

Please indicate any other information about your child’s health or development that you think would be helpful for the school to know

<p>| |</p>
<table>
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</table>

Form completed by  Relationship to student  Date / /
# Oral Assessment

**Student's name**

**Date of birth**

---

### The following services have been performed (please check all that apply)

- [ ] Examination
- [ ] Fluoride application
- [ ] Orthodontic assessment
- [ ] Radiographs
- [ ] Oral prophylaxis (cleaning)
- [ ] Dental sealant
- [ ] Prescription for fluoride supplement
- [ ] Treatment (restoration, pulp therapy)
- [ ] Other

### The following oral hygiene instruction was provided (please check all that apply)

- [ ] Toothbrushing
- [ ] Flossing
- [ ] Dietary counseling
- [ ] Use of fluoride mouthrinse
- [ ] Other

### The following statements are applicable (please check all that apply)

- [ ] All necessary preventive services have been performed. (Fluoride treatment, prophylaxis)
- [ ] No restorative services are required at this time.
- [ ] Further treatment is indicated. (See comments)
- [ ] Further appointments have been arranged. (Orthodontic, restorative)
- [ ] Routine recall visits recommended.

**Comments**

---

**Dentist’s signature**

**Print name**

**Phone**

| ( ) |

**Address**

**City**

**State**

**Zip**

---

*This form is due by the first day of school and must be completed and signed by a dentist. Thank you!*
14 Simple Everyday Tips to Prepare Your Child

1. **Point out letters** on the TV, cereal boxes, street signs, etc.

2. **Point out common shapes.**
   *Examples: The clock is a circle, the window is a square.*

3. **Have your child sort anything and everything** by shape, size, color, etc.

4. **Play catch with your child** and practice counting by 1 each time the ball is caught.

5. **Read books to your child.** Have your child find the letters in his or her name on the pages.

6. **Ask your child questions about a story.**
   *What happened first? • What happened next? • How did it end?*

7. **Count each step as you walk** up a flight of stairs with your child.

8. **Play games** and practice taking turns.

9. **Watch videos with your child** on the YouTube channel HaveFunTeaching found at youtube.com/user/havefunteaching

10. **Have your child use directional words** to describe things.
    *Examples:
    *The cup is on top of the table.
    *The swings are next to the slide.
    *The boy is under the tree.*

11. **Have your child identify shapes, letters, & numbers** at the store.
    *For example, ask your child this:
    *"Can you find 2 items shaped like a rectangle 1 item that starts with a B, and 3 apples?"

12. **Encourage your child to draw and color.** Give your child paper, activity and coloring books, crayons, pencils, markers, etc. and let his or her imagination run wild.

13. **Make up an alphabet song** with your child
    *Examples: A is for Apple, B is for Ball, C is for Cat, and so on.*

14. **Visit your local library.** Borrow a children's book and let your child tell the story based on what he or she sees in the pictures (ignore the actual story). **Ask questions and be engaged.**
    *Some engaging questions to ask your child:
    *What do you think their names are?*
    *What are they doing?*
    *Why would they do that?*
WHAT YOUR CHILD NEEDS TO KNOW WHEN Entering Kindergarten

- □ Count to 20
- □ Recognize numbers 1 through 10
- □ Group things by color, shape, size, etc.
- □ Know what number comes right before and after a given number
- □ Identify basic shapes
  Examples: circle, oval, triangle, square, diamond, and rectangle
- □ Understand directional words
  Examples: below, above, in front of, behind, on top of, next to, and between
- □ Clearly write first name
- □ Identify most UPPERCASE and lowercase letters
- □ Recognize letter sounds
- □ Recognize rhyming sounds
  Examples: cat and hat, bug and rug, kit and sit

- □ Answer a question in a complete sentence
- □ Listen and maintain eye contact while someone is speaking
- □ Pass things to someone
- □ Sit on the floor quietly with legs crossed