



MARGARETTA

LOCAL SCHOOL DISTRICT

Board of Education Office
305 South Washington Street
Castalia, OH 44824
(419) 684-5322

Margaretta High School
209 Lowell Street
Castalia, OH 44824
(419) 684-5351

Margaretta Elementary School
5906 West Bogart Road
Castalia, OH 44824
(419) 684-5357

2011-2012 KINDERGARTEN REGISTRATION PACKET

WWW.MARGARETTA.K12.OH.US

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2011-2012 KINDERGARTEN REGISTRATION

Dear Parent or Guardian,

The attached packet includes all the necessary forms to register a Kindergarten student at Margaretta Local Schools for the 2011-2012 school year.

Kindergarten registration for residents of the Margaretta Local School District will be held Tuesday, April 12 through Thursday, April 14 from 9:30 a.m. – 2:00 p.m. Evening hours are also available on Wednesday, April 13 from 5:00 – 7:00 p.m. Registration will be at the Margaretta Board of Education Office at 305 South Washington Street, Castalia.

Your child must be 5 years old by August 1 to be eligible for Kindergarten.

During registration, your child will be scheduled for Kindergarten Screening. Screening will take place during the first week of school.

No appointment is necessary, though parents are encouraged to complete this enrollment packet prior to your arrival. Please be sure to follow the **Documents Needed for Kindergarten Registration** checklist. These requirements must be met before your child may begin attending Margaretta Local Schools.

Non-residents wishing to enroll at Margaretta for the 2011-2012 school year can complete an open enrollment application from May 1 – May 31. Forms will be available on the district website prior to the enrollment period. Registration will take place after notification of open enrollment approval, which will be the first week in August.

If you have any questions about kindergarten registration, please contact Margaretta Elementary at 419-684-5357.

We look forward to a partnership with you and the opportunity to provide an outstanding education to your child.

Sincerely,



Edward P. Kurt
Superintendent

MARGARETTA LOCAL SCHOOL DISTRICT
DOCUMENTS REQUIRED FOR KINDERGARTEN REGISTRATION

Registration Form	The <i>Registration Form</i> must be completed prior to registration. Please complete all sections.
Photo Identification	A present current photo identification of the custodial parent or legal guardian registering the student is required.
Birth Certificate	The student's original or official birth certificate is required.
Social Security Card	The student's social security card is required.
Proof of Residency	One form of proof of residency must be submitted during registration and prior to gaining entrance into Margarett Local Schools. Proof of legal residence includes a utility bill, credit card bill, bank statement, employment forms or any <u>current</u> official or legal document including the name and street address of the parent/guardian.
Custody Documents (if applicable)	Proof of legal custody must be provided at registration including a certified copy of an order or decree allocating parental rights and responsibilities for the care of a child and designating a residential parent and legal custodian of a child. In addition, court documents must be provided to the school after changes in legal status. Additional forms (<i>Sworn Statement of Legal Custody in Process</i> , <i>Grandparent Power of Attorney</i> , <i>Caretake Authorization Affidavit</i>) can be downloaded from the Margarett website.
Emergency Medical Authorization	The <i>Emergency Medical Authorization</i> form is required to be completed yearly for all students and submitted prior to the start of each school year. Parents of KG students will receive this form in August.
Transportation Information	The <i>Transportation Information</i> form is required to be completed yearly for all students and submitted prior to the start of the school year. This data is used by the Transportation Department only. Parents of KG students will receive this form in August.
Ohio Health History	The <i>Ohio School Health History</i> form is to be completed for new Kindergarten students by the parent/guardian and submitted prior to the start of the school year.
Dentist's Report	The <i>Dentist's Report</i> is to be completed by the student's dentist and submitted prior to the start of the school year.
Physician's Report	The <i>Physician's Report</i> is to be completed by the student's physician and submitted prior to the start of the school year.
Immunization Record	Immunizations must be complete in accordance with Ohio state law. The <i>Physician's Report</i> must include a complete record of immunizations including the month, day and year of each inoculation and must be submitted prior to the start of the school year. Failure to comply within 14 days after the admission to school is basis for excluding the student from school. Students will not be readmitted to school until the immunization record requirements are complete.

Please submit required documents at registration to avoid delays in enrollment. Failure to comply with providing necessary documentation could be the basis for excluding a student from school. To knowingly make a false statement, give false information, or knowingly swear or affirm the truth of a false statement in order for your children to gain entrance or remain at Margarett Schools is illegal and will result in revocation of student enrollment, being held liable to reimburse the district for expenses to educate this student, and/or civil action resulting from fraud. If custody orders and certification of birth are not presented within fourteen (14) days, the school shall notify law enforcement agency of the possibility that the pupil may be a missing child, as defined in section 2901.30 of the ORC.

MARGARETTA LOCAL SCHOOL DISTRICT
OHIO SCHOOL HEALTH HISTORY

Child's Last Name	First Name	Middle	Called Name
Address		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

HEALTH CONDITIONS (check any medical conditions that the child has experienced)

<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Allergies or hay fever <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Bedwetting at night <input type="checkbox"/> Behavior problem <input type="checkbox"/> Birth/Congenital malformation <input type="checkbox"/> Cancer <input type="checkbox"/> Chicken pox <input type="checkbox"/> Chronic bowel problems <input type="checkbox"/> diarrhea <input type="checkbox"/> constipation <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Diabetes	<input type="checkbox"/> Eczema <input type="checkbox"/> Emotional problems <input type="checkbox"/> Eye problems/poor vision <input type="checkbox"/> glasses <input type="checkbox"/> patching <input type="checkbox"/> Frequent headaches <input type="checkbox"/> Frequent skin infections <input type="checkbox"/> Frequent sore throat infections <input type="checkbox"/> Hearing deficit <input type="checkbox"/> Heart disease <input type="checkbox"/> Hepatitis <input type="checkbox"/> Kidney disease <input type="checkbox"/> Meningitis/encephalitis <input type="checkbox"/> Multiple ear infections (3 more more)	<input type="checkbox"/> Nervous twitches or tics <input type="checkbox"/> Orthopedic handicap <input type="checkbox"/> Rheumatic fever <input type="checkbox"/> Seizures/epilepsy - current diagnosis <input type="checkbox"/> Seizures/epilepsy - history of <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Stool soiling <input type="checkbox"/> Toothaches or dental infections <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Tubes in ears (Date: _____) <input type="checkbox"/> Urinary tract infection <input type="checkbox"/> Wetting during day <input type="checkbox"/> Other: _____
Please explain any conditions above: _____		

ALLERGIES

Allergy Type	Reaction	Treatment
<input type="checkbox"/> Bee/insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

MEDICATION HISTORY (list prescription and over-the-counter medications take regularly or frequently)

Medication and dose	Time/frequency	Reason

Do you have other information or comments about this child's health, growth and development, behavior, home or family circumstances that you feel the school nurse should be aware of? If yes, please explain:

Would you like an individual conference with the school nurse or other school personnel to relate any medical information you do not feel you can include on this form? No Yes

This information is confidential and your responses will be shared with professional personnel and teaching staff when the information learned will help in planning an education program for your child and ensure their safety while at school.

Form completed by	Relationship to child	Date
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MARGARETTA LOCAL SCHOOL DISTRICT

DENTIST'S REPORT

Student's Legal Last Name		First	Middle
Age	Date of Birth	Date of Dental Examination	Today's Date

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

<input type="checkbox"/> Examination	<input type="checkbox"/> Flouride application	<input type="checkbox"/> Oral prophylaxis (cleaning)
<input type="checkbox"/> Prescription for fluoride supplement	<input type="checkbox"/> Orthodontic assessment	<input type="checkbox"/> Radiographs
<input type="checkbox"/> Treatment (restoration, pulp therapy)	<input type="checkbox"/> Dental sealant	<input type="checkbox"/> Other: _____

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

<input type="checkbox"/> Toothbrushing	<input type="checkbox"/> Flossing	<input type="checkbox"/> Dietary counseling	<input type="checkbox"/> Use of fluoride mouthrinse
<input type="checkbox"/> Other: _____			

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

<input type="checkbox"/> All necessary preventative services have been performed (flouride treatment, prophylaxis)
<input type="checkbox"/> No restorative services are required at this time
<input type="checkbox"/> Further treatment is indicated (see comments below)
<input type="checkbox"/> Further appointments have been arranged (orthodontic, restorative)
<input type="checkbox"/> Routine recall visits recommended

Comments:

Please print or stamp

Dentist's signature	Print name	Phone
Address		Date Signed
City	State	Zip

MARGARETTA LOCAL SCHOOL DISTRICT

PHYSICIAN'S REPORT

Student's Name			Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Examination	Height	Weight	BMI	BP	

VISION SCREENING			HEARING SCREENING			POSTURAL SCREENING		
Distance Acuity	<input type="checkbox"/> R	<input type="checkbox"/> L	Pure Tone			<input type="checkbox"/> No abnormality found		
Muscle Balance	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Right Ear	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Screening not done		
Stereopsis	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Left Ear	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Referral made		
Farsightedness	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Wears hearing aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments:		
Color	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Under the care of					
Wears glasses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	hearing specialist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Referral made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Referral made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Screening not done	<input type="checkbox"/>		Screening not done	<input type="checkbox"/>				

SPEECH/LANGUAGE ASSESSMENT

Normal Speech Pattern
 Possible problem with
 articulation
 rhythm
 voice
 language
 Speech evaluation recommended
 Speech assessment not done

IMMUNIZATION DATES (month/day/year required)

DTaP	Polio	MMR	Hep B	Varivax	Hib	Other
1)	1)	1)	1)	1)	1)	1)
2)	2)	2)	2)		2)	2)
3)	3)		3)		3)	3)
4)	4)					4)
5)	5)					5)

PHYSICAL EXAMINATION

Essentially normal
 Abnormalities as follows: _____

Is this child able to participate fully in:

Classroom and academic activities? Yes No
 Physical education classes? 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?

Physician's signature		Print name	Phone
Address			Date Signed
City	State	Zip	

Margaretta Local Schools

2011-2012

Graduation: Saturday, June 9, 2012 10:00 A.M.

180 Student Days + 2 Staff Days + 2 Inservice Days = 184 Teacher Days

Parent/Teacher Conferences

11/18 and 11/23 Elementary Students (K-6) will not have classes
 11/23 High School (7-12) will not have classes

Make-up Days If Necessary Are: 6/6, 6/7, 6/8, 6/11, 6/12, 6/13, 6/14, 6/15

2 Hour Delay

1/23 two hour delay for Data and Record Keeping

August 2011						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	NT	I	27
28	S	FD	31			

8/25 – New Teacher Day (NT)
 8/26 – Inservice Day (I)
 8/29 – Staff Day (S)
 8/30 – First Day of Classes (FD)

December 2011						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	V	V	V	24
25	V	V	V	V	V	31

12/21 – 1/2 – Winter Break (V)

April 2012						
S	M	T	W	T	F	S
1	V	V	V	V	V	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

4/2-4/8 – Spring Break (V)

September 2011						
S	M	T	W	T	F	S
				1	2	3
4	H	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

9/5 – Labor Day (H)

January 2012						
S	M	T	W	T	F	S
1	V	3	4	5	6	7
8	9	10	11	12	13	14
15	H	17	18	19	GP	21
22	23	24	25	26	27	28
29	30	31				

1/16 – Martin Luther King Day (H)
 1/20 – 2nd 9 wks/Sem Grading Period (GP)
 45 days

May 2012						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	V	29	30	31		

5/28 – Memorial Day (H)

October 2011						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	I	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

10/10 – Inservice Day (I)

February 2012						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	H	21	22	23	24	25
26	27	28	29			

2/20 – Presidents Day (H)

June 2012						
S	M	T	W	T	F	S
					1	2
3	4	LD	S	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

6/5 – 4th 9 wks. /Sem Grading Period & Last Day (LD) (44 days)
 6/6 – Staff Day (S)

November 2011						
S	M	T	W	T	F	S
		1	GP	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	PT	19
20	21	22	PT	H	V	26
27	28	29	30			

11/2 - 1st 9 wks. Grading Period (GP) 45 Days
 11/18 & 11/23 – Parent/Teacher Conf. (K-6)
 11/23 - HS (7-12) Parent/Teacher Conference
 11/24-25 – Thanksgiving Break (H & V)

March 2012						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	GP	28	29	30	31

3/27 – 3rd 9 wks. Grading Period (GP) 46 days

July 2012						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Voter Registration Form

Please read instructions carefully. Please type or print clearly with blue or black ink.

For further information, you may consult the Secretary of State's Web site at: www.sos.state.oh.us or call 1-877-767-6446.

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of the election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be *received or postmarked* by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice prior to Election Day, please contact your county board of elections.

Lines 1 and 2 below are required by law. You *must* answer **both** of the questions for your registration to be processed.

Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the *last four digits* of your Social Security number on line 10. If you have neither, please write "None."

Registering by Mail

If you register by mail and do **not** provide either a current Ohio driver's license number or the last four digits of your Social Security number, please enclose with your application **a copy** of one of the following forms of identification that shows your name and current address:

Current valid photo identification card, military identification, or current (within one year) utility bill, bank statement, paycheck, government check or government document (except board of elections notifications) showing your name and current address.

Your Signature

Your signature is required for your registration to be processed. In the box next to the arrow by line 14, please affix your signature or mark, taking care that it does not touch surrounding lines or type so it can be effectively used to identify you. If your signature is a mark, include the name and address of the person who witnessed the mark beneath the signature line. If by reason of disability you are unable to physically sign, you may follow specific procedures found in Ohio law (R.C. 3501.382) to appoint an attorney-in-fact who may sign this form on your behalf at your direction and in your presence.

Please see information on back of this form to learn how to obtain an absentee ballot.

FOLD HERE

1. Are you a U.S. citizen? Yes No
 2. Will you be at least 18 years of age on or before the next general election? Yes No
If you answered NO to either of the questions, do not complete this form.

3. Last Name		First Name		Middle Name or Initial		Jr., II, etc.	
4. House Number and Street (Enter new address if changed)				Apt. or Lot #		5. City or Post Office	
7. Additional Rural or Mailing Address (if necessary)						8. County where you live	
9. Birthdate (MO-DAY-YR) (required)		10. Ohio driver's license No. OR last 4 digits of Social Security No. (one form of ID required to be listed or provided)			11. Phone No. (voluntary)		
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street							
Previous City or Post Office			County			State	
13. CHANGE OF NAME ONLY Former Legal Name				Former Signature			

FOR BOARD USE ONLY SEC4010 (Rev. 07/08)
City, Village, Twp.
Ward
Precinct
School Dist.
Cong. Dist.
Senate Dist.
House Dist.

I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

14. **Your Signature** →

Date / /
 MO DAY YR