

Student Name _____

Date _____

Jefferson Township Local School District Kindergarten Enrollment Checklist

___ Copy of the original, certified birth certificate (not a hospital or baptismal certificate)

___ Updated Immunization Records

___ Proof of residency (mortgage statement, lease/rental agreement, DP&L/Vectren bill)

___ Custody Documentation (if applicable)

___ Copy of driver's license

___ Student Registration Worksheet

___ Emergency Medical Authorization

___ Authorization to Release School Record Data

___ School Health Information Form

___ Blairwood Student Information Sheet

___ Photo Release Form

___ Transportation Form (if applicable)

___ Residency Affidavit Form (if applicable)

___ Academic Screening

For School Office Use Only

Registration completed by _____

Kindergarten Screening Completed on _____ by _____

Kindergarten Screening Results _____

Other Information _____

Fall Assignment _____

Jefferson Township Local School District – Student Registration Worksheet

Student Information: _____ Date: _____

Name: _____		Date of Birth: _____ / _____ / _____
(Last)	(First)	(Middle)
Address: _____		Place of Birth: _____
		(city)
City: _____	Zip Code: _____	Mother's Maiden Name _____
Telephone: (____) _____	unlisted: yes no (circle one)	Current Grade: _____
Social Security Number: _____		Gender: Male _____ Female _____
Ethnic Origin:		U.S. Citizen: yes no
Asian/Pacific Islands _____	Black/Non-Hispanic _____	If no, check one: Exchange student _____
Multiracial _____	Amer. Indian/Alaskan Native _____	Other: _____
White _____	Hispanic/Latino Yes No _____	Limited English Proficiency: yes no
		If yes, language spoken _____
		Is your child receiving Special Education Services
		Yes _____ No _____
		When: _____
		Homeless Status: yes no
		If yes, check one:
		Public operated shelter _____
		Privately operated shelter _____
		Lives with relatives or friends _____
		Other _____
		Has the student attended Jefferson before: _____

Parent/Guardian Information:

Father	Mother	Step Parent	Guardian	Foster Parents
(circle appropriate status)				
Name: _____				
Address: _____				
City/Zip: _____				
Phone: _____				
Employer: _____				
Address: _____				
City/Zip: _____				
Phone: _____				

Father	Mother	Step Parent	Guardian	Foster Parents
(circle appropriate status)				
Name: _____				
Address: _____				
City/Zip: _____				
Phone: _____				
Employer: _____				
Address: _____				
City/Zip: _____				
Phone: _____				

OFFICE USE ONLY:			
Birth Certificate: _____	SSID # _____	Immunization Records: _____	Withdrawal Papers: _____
Proof of Residency: _____	(specify) _____	Custody Papers _____	Court Order _____
Grades/Transcripts _____	IEP/MTFE _____	Open Enrollment _____	Social Security Card: _____

Custodial Information

IT IS OHIO STATE LAW THAT EACH STUDENT PROVIDE A CERTIFIED COPY OF ANY CHILD CUSTODY ORDER OR DECREE WHICH HAS BEEN ISSUED WITH RESPECT TO THE STUDENT. THE CUSTODIAL PARENT OF SUCH A STUDENT MUST ALSO PROVIDE THE BOARD OF EDUCATION WITH CERTIFIED COPIES OF ANY LATER COURT ORDERS WHICH MODIFY THE ORIGINAL CUSTODY ORDER OR DECREE. [Ohio Revised Code 3313.672(b)]

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS THAT APPLIES TO YOUR CHILD:

- A. Child lives with natural parent(s) or with legally adoptive parents.
- B. Parents are divorced or legally separated; child resides with parent that has legal custody by court order.
(if this is your situation, you must provide the school with a copy of the court order within 30 days)
- C. Parents are divorced or legally separated; child resides with parent that DOES NOT have legal custody.
(if this is your situation, you will be asked to pay prevailing tuition rates of the district or obtain legal custody within 60 days)
- D. Child lives with a Guardian who has been granted legal custody by court order.
(if this is your situation, you must provide the school with a copy of the court order)
- E. Child lives with a Guardian who HAS NOT been granted legal custody by court order.
(if this is our situation, you will be asked to pay prevailing tuition rates of the district or obtain legal custody within 60 days)
- F. Child lives with Foster Parents.
(if this is your situation, you must have a representative of the custodial agency with you and all necessary court orders, proof of district responsibility for educational costs and previous school records at the time of enrollment. YOUR CHILD WILL NOT BE ENROLLED WITHOUT MEETING ALL THESE REQUIREMENTS)
- G. Child is 18 years of age or older and lives apart from his/her parent or guardian.
- H. Tuition Student. (you must obtain a tuition agreement with current rates and payment schedule from the Board Office)

School History:
 School previously attended: _____
 School Address: _____
 City/State/Zip: _____
 Has student ever attended any school in this district: yes no
 Name of School District last attended: _____
 Year last attended that District: / / /

Family Information: names of school age brothers/sisters now living at home

First Name	Last Name	Date of Birth
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Emergency Information: in case of emergency, contact other than parent

Name: _____ Phone: _____
 Relationship: _____
 Do you give consent for the administration of emergency treatment if the above named contact cannot be reached: yes no
 Name of preferred Doctor: _____
 Doctors Phone: _____
 Name of preferred Dentist: _____
 Dentist Phone: _____
 Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted: _____

Parent Signature: _____

JEFFERSON TOWNSHIP LOCAL SCHOOL DISTRICT
EMERGENCY MEDICAL AUTHORIZATION

Student Name _____

Address _____

Telephone _____

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.

Residential Parent or Guardian

Mother's Name _____

Daytime Phone _____

Father's Name _____

Daytime Phone _____

Other's Name _____

Daytime Phone _____

Name of Relative or Childcare Provider

Address _____

Relationship _____

Phone _____

PART I OR II MUST BE COMPLETED

PART I -- TO GRANT CONSENT

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

Doctor _____

Phone _____

Dentist _____

Phone _____

Medical Specialist _____

Phone _____

Local Hospital _____

Emergency Room Phone _____

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 doctor, 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 any hospital reasonably accessible.

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.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date _____

Parent/Guardian Signature _____

Address _____

PART II -- REFUSAL TO GRANT 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 actions:

Parent/Guardian Signature _____

Address _____

Jefferson Township Local School District - 048686
2625 S Union Rd
Dayton OH 45417
Phone # 937 835-5682 Fax # 937 835-5955
ATTN: RECORDS DEPARTMENT

AUTHORIZATION TO RELEASE SCHOOL RECORD DATA

Student records may be sent to another educational agency or institution, on request, in which the student seeks or intends to enroll without requiring a parent or student signature. (Final Rule on Educational Records, Federal Register, June 17, 1976.)

The following student has enrolled in Jefferson Township Local School district:

Student's Name: _____ Social Security # _____

Grade Level: _____ Date of Birth: _____

Please send the following information:

- | | | |
|--|---|---|
| <input type="checkbox"/> Transcript of Grades K through present | <input type="checkbox"/> Psychological Tests | <input type="checkbox"/> Current IEP |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Psychiatric/psychological conditions | <input type="checkbox"/> MFE (or 504) Team Report |
| <input type="checkbox"/> Grades/Credits | <input type="checkbox"/> Drug/medication related conditions | <input type="checkbox"/> Speech/Language Audiometric |
| <input type="checkbox"/> Standardized test results/OPT (including dates and scaled scores) | <input type="checkbox"/> OT/PT | <input type="checkbox"/> Neurological |
| <input type="checkbox"/> Health Records | <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Any other materials for proper placement |

Signature of Administrator _____

I hereby grant permission for

Name of School (last attended)

Address of School City State Zip
And any other schools attended from K through present to release school

Records of _____ to Jefferson Township Local Schools.
Student Name

Parent/Guardian Signature Date

**** For your information: Any Outstanding Debts owed to the "Departing" School may interfere with the "Release of Information" Process.**

To be completed by School sending records:

Is this student currently serving an expulsion at your school? If yes, please list dates, sign below and return this form with the records. Thank You.

Signature Title

Jefferson Township Local Schools
School Health Services

2625 South Union Road Dayton, Ohio 45417
Phone 937-835-5682 Fax 937-835-5955

MEDICAL INFORMATION

For educational purposes, special medical problems, physical impairments or other facts concerning your child's medical history may be shared with teachers and staff involved in the academic settings.

Please Print

Student name _____ Grade _____

Date of Birth _____ Home Phone _____

Cell Phone _____

Medicals problems/Allergies/Special Needs

Asthma: Medication _____

Any meds needed at school: _____

Bee/Insect Stings: What kind of reaction?

Any meds at school: _____

Diabetes: Yes or No: Will need to meet with nurse to set up nursing care plan

Seizures: Yes or No: Will need to meet with nurse to set up nursing care plan

Nut Allergy: What kind _____

Will need to meet with nurse to set up nursing care plan

Food Allergies: _____

Will need to meet with nurse to set up nursing care plan

Hearing Aid: Yes or No: Please plan to keep batteries in the clinic

Any special needs for the classroom: _____

Glasses: Yes or No

Heart Condition: _____

Orthopedic Problems: _____

Additional Information concerning you child: _____

Signature of parent/guardian _____ Date _____

SCHOOL PERSONNEL WILL **NOT** administer any medication (over counter or prescription) unless the School Medication Request form is completely filled out with the signature of both the physician/dentist and parent. Any medication must be stored in the clinic. The parent is responsible for providing the medications.

Student Information Sheet

Blairwood Elementary School

Student Information

Student's Name _____ Grade _____

Street Address _____ City/Zip Code _____

Student Lives with: Both Parents Mother Father Guardian (circle one)

Please also list any siblings that attend Blairwood:

Student's Name _____ Grade _____ Lives with student Y or N (circle one)

Student's Name _____ Grade _____ Lives with student Y or N (circle one)

Student's Name _____ Grade _____ Lives with student Y or N (circle one)

Student's Name _____ Grade _____ Lives with student Y or N (circle one)

Student's Name _____ Grade _____ Lives with student Y or N (circle one)

Parent/Guardian Information

Mother's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Father's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Guardian's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Please list phone number to use for "One-Call Now" (number used to notify of school closings, etc.) _____

Email: _____

Emergency Contact/Early Dismissal/Pick-up Information

Please keep this list updated, as verbal authorization for pick-ups will only be given at the School Administrator's discretion.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

With my signature below, I authorize the following contacts to pick-up my child(ren) with proper identification. This authorization shall remain in effect until this form is amended.

Parent/Guardian Signature _____

Signature of Parent/Guardian _____

For Office Use Only:

Teacher: _____/Room # _____

Bus #: _____

JEFFERSON TOWNSHIP LOCAL SCHOOLS

PHOTO RELEASE FORM

I authorize the Jefferson Township Local District to use the name of my child and photographs in which my child appears for the purpose of promoting the Jefferson Township Local School District through publications released by the Board of Education. Such publications include, but are not limited to, alumni publications, academic publications, athletic publications, and electronic versions of the same publications.

I hereby waive any right to inspect or approve the finished photographs or printed electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

Name of child: _____

Address: _____

Telephone: _____

Name of parent/guardian: _____

Signature: _____ Date: _____

____ I authorize the use of my child's photo as described above

____ I do not authorize the use of my child's photo as described above



Transportation Request Form School _____ Date: _____

Circle One: New Student Residential Address Change Daycare Changes Withdraw

Student Name: _____ Date of Birth: _____ Grade _____

Student Name: _____ Date of Birth: _____ Grade _____

Student Name: _____ Date of Birth: _____ Grade _____

Student Name: _____ Date of Birth: _____ Grade _____

Student Name: _____ Date of Birth: _____ Grade _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Number: _____ Cell Phone Number: _____

Emergency Contact Name: _____

Emergency Phone Numbers: _____

Daycare Name and Address: _____

Daycare Contact Name: _____ Daycare Phone Number: _____

Daycare Busing AM: _____ Daycare Busing PM: _____

Parent Signature

Date

School Official Signature

Date

Office Use Only: Received On: _____ Completed On: _____

Approved: _____ Not Approved: _____ Reason: _____

Bus Stop: _____ Am Time: _____ Pm Time: _____ Bus #: _____

Jefferson Township Local School District

INSTRUCTIONS FOR COMPLETING THE RESIDENCE AFFIDAVIT FORM

1. The Residence Affidavit must be completed by the parent/guardian of the student(s) and, if the parent/guardian resides in a home or apartment owned or rented by someone else, by the homeowner/renter with whom the parent/guardian and student(s) reside. Both the parent/guardian and the homeowner/renter, if applicable, must sign the Residence Affidavit in the presence of a notary public prior to the student(s) starting school.
2. If the parent/guardian and student(s) are moving into an apartment that is registered in someone else's name, a statement from the apartment manager is also required. This statement must acknowledge that additional occupants are residing in the apartment, and the statement must be typed/written on the apartment complex/manager's stationery with contact information included.
3. The completed Residence Affidavit must be returned to the Board of Education office. The Jefferson Township Local School District attendance officer will be notified and may contact you for further verification of residence status.

Revised May 2010
Board Approved June 14, 2010

The information provided herein is subject to periodic review and verification through method and documents of the District's choosing.

I certify that I have read this Residence Affidavit and that the information contained herein is true and accurate to the best of my knowledge. I further confirm that I understand that falsification of the Residence Affidavit may subject me to certain sanctions imposed by law, as stated in bold above.

Parent/Guardian Signature

STATE OF OHIO)
)
COUNTY OF MONTGOMERY) ss:

Sworn to before me and subscribed in my presence by _____ [name] this
_____ day of _____, 20 ____.

Notary Public

Homeowner/Renter Affidavit

I, _____ [homeowner/renter name], attest and affirm that
_____ [parent/guardian name] and the student(s) listed above reside with
me at _____ [homeowner/renter's address]. I understand that
"reside" means to actively live at the above address, and I attest and affirm that the majority of
the family's daily activities of living occur at that address. I further affirm that I will
immediately notify school officials if the parent/guardian and student(s) establish their own
residence, change address, or change living arrangements.

**PURSUANT TO SECTION 2921.13 OF THE OHIO REVISED CODE,
FALSIFICATION OF A NOTARIZED STATEMENT MAY RESULT IN UP TO SIX
MONTHS IMPRISONMENT, A FINE OF UP TO \$1,000.00 OR BOTH.**

**ANY PARENT/GUARDIAN FOUND LIVING OUTSIDE THE JEFFERSON
LOCAL SCHOOL DISTRICT AND RECEIVING TUITION-FREE EDUCATION MAY
BE CRIMINALLY CHARGED WITH PETTY THEFT UNDER OHIO REVISED CODE
SECTION 2913.02, A MISDEMEANOR OF THE FIRST DEGREE. IF THE VALUE OF
THE SERVICES STOLEN IS FIVE HUNDRED DOLLARS OR MORE, THE THEFT
OFFENSE BECOMES A FELONY.**

Jefferson Township Local School District Board of Education takes its responsibility to its resident students very seriously. If it is determined that a parent/guardian, having signed below, is found to have falsified this affidavit, the Board of Education will pursue sanctions as set forth above, and tuition charges will be assessed.

The information provided herein is subject to periodic review and verification through method and documents of the District's choosing.

I certify that I have read this Residence Affidavit and that the information contained herein is true and accurate to the best of my knowledge. I further confirm that I understand that falsification of the Residence Affidavit may subject me to certain sanctions imposed by law, as stated in bold above.

Affiant Signature

STATE OF OHIO

)

COUNTY OF MONTGOMERY

)

ss:

Sworn to before me and subscribed in my presence by _____ [name] this
____ day of _____, 20 ____.

Notary Public

Jefferson Township Local Schools

The following immunizations are required for all students entering Blairwood Elementary:

- DPT (Diphtheria-Pertussis-Tetanus) 4+ doses (last does after age 4)
- OPV (Oral Polio vaccine) 3+ doses (last dose after age 4)
- MMR (Measles-Mumps-Rubella) 2 doses
- Hepatitis B Vaccine Series 3 doses
- Varicella Vaccine 2 doses

Please make appointments with your child's physician/clinic early in the summer to beat the school year rush. You may forward any immunization paperwork to Blairwood Elementary [@mwoods@jeffersontwp.k12.oh.us](mailto:mwoods@jeffersontwp.k12.oh.us).

Thank for your cooperation. If you have any questions please contact me at (937)263-3504, ask for the clinic.

Sincerely,

Ms. Angela, Clinic Nurse

Blairwood Elementary

UNIFORM DRESS CODE

SHIRT/BLOUSE/TURTLENECK	
POLO	
Style	Long or short; w/collar, no emblem; nothing sheer
Color	White, Light Blue, Navy Blue, Gold
PANTS	
Style	Uniform pant: No jeans, bellbottoms, cargo, zippered, sweats, baggies, stretch, capris, spandex, hip-huggers, form fitting
Color	Navy
SWEATER/VEST (optional)	
Style	No emblem; solid color
Color	Navy
BELT	
Style	N/A
SHORTS	
Style	Uniform shorts; mid-thigh length or longer
SKIRT/SKORT	
Style	N/A (no more than 2" above knee)
Color	Navy
JUMPER (optional)	
Style	N/A (no more than 2" above knee)
Color	Navy
SHOES	
Style	Any: except no sandals, open toes, open back, sling back, spikes or cleats
Color	Any
SOCKS/HOSE/TIGHTS	
Style	Solid/No Patterns
Color	White, blue, beige/khaki, brown
TIES (optional)	
Style	N/A
Color	Any appropriate
BOOK BAGS	
	Clear (preferred)