

# MORGAN LOCAL SCHOOLS

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P.O. BOX 509  
McCONNELSVILLE, OH 43756



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## MORGAN LOCAL SCHOOL DISTRICT KINDERGARTEN REGISTRATION INFORMATION FORM

Date \_\_\_\_\_

To: Parent/Guardian of \_\_\_\_\_

We were happy to register your child in the Morgan Local School District today. During the registration process the following information and documents were discussed or verified by \_\_\_\_\_:

Name of person enrolling child

- \_\_\_ Certified Birth Record (you have 90 days to provide this document)
- \_\_\_ Custody Documents (If applicable)\*
- \_\_\_ Open Enrollment Approval (if applicable)\*
- \_\_\_ Photo ID of Parent or Guardian
- \_\_\_ Immunization Record
- \_\_\_ Proof of Residency
- \_\_\_ IEP/504 (only need verification that student has one if coming from outside district)

\*Starred items are mandatory prior to the registration being complete. You will have 2 weeks (14 days) to provide any of the missing information marked above to the school of attendance. Failure to provide missing information may result in law enforcement and Children's Services being contacted, and a child excluded from further attendance in Morgan Local Schools.

Again, thank you for your cooperation. We look forward to having your child in our school district.

Your student's start date may be determined at the time of registration. Morgan Local School District must give the building at least one day's prior notice to the student's first day of school. This allows for busing arrangements, class placement, text and materials to be ready when the student arrives. (In the event where student absence is an issue, this day of registration shall be counted as a transition day and the student will NOT be counted absent for purposes of perfect attendance.)

***Proud of Our Past, Focused on Our Future***

Student ID # \_\_\_\_\_



**MORGAN LOCAL SCHOOL DISTRICT**  
**KINDERGARTEN REGISTRATION FORM\*\***  
**\*\* Must be 5 years old on or before August 1st**

**CHECK WHICH ATTENDANCE BUILDING YOU LIVE**
☐ EAST   ☐ WEST   ☐ SOUTH
Will you be applying for a transfer to another elementary building?    **YES\*** \_\_\_\_\_ **NO** \_\_\_\_\_

\*If yes, you must apply at the

If you do not live in the Morgan Local School District, which District? \_\_\_\_\_

Central Office by May 30th

**STUDENT INFORMATION**

Legal Last Name		Legal First Name		Legal Middle Name	
Nickname (if applicable)		Gender (M/F)	Birthdate (mm/dd/yyyy)		Age
Birthplace: City		State			

**IS YOUR PRIMARY RACE HISPANIC/LATINO?**    **YES** \_\_\_\_\_ **NO** \_\_\_\_\_**STUDENT ETHNICITY: (Check all that apply)**
☐ Asian   ☐ Native Hawaiian/other Pacific Islander   ☐ American Indian/Alaskan   ☐ Native Black/African   ☐ American White/Caucasian

What language did your student speak when first learning to talk? \_\_\_\_\_ What language does your student speak at home? \_\_\_\_\_

What language do you use most when speaking to your student? \_\_\_\_\_ What language do the adults in your home use? \_\_\_\_\_

**PRIMARY HOUSEHOLD INFORMATION - RESIDENT ADDRESS - WHERE STUDENT RESIDES**

Street		Apt/Lot #		Home Phone	
City	State		Zip		

**MAILING ADDRESS (IF DIFFERENT FROM ABOVE)**

Street		Apt/Lot #		Home Phone	
City	State		Zip		

Is there is a custody order pertaining to this child?    **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Who has custody? \_\_\_\_\_

**\*\*\*We must have a copy of the legal custody papers on file\*\*\***Student's Natural Parents: ☐ Married   ☐ Never Married   ☐ Separated   ☐ Divorced   ☐ Other (specify) \_\_\_\_\_

If a Foster Child: School District of Residence \_\_\_\_\_

**\*\*\*Student must have proper authorization to reside with grandparents or other relative\*\*\*****PREVIOUS SCHOOL INFORMATION**Has your child ever attended Pre School?    **YES** \_\_\_\_\_ **NO** \_\_\_\_\_If Yes, where?    ☐ Headstart   ☐ Play and Learn   ☐ Stay N Play   ☐ East   ☐ South   ☐ West   ☐ Other

If Other, what is the name? \_\_\_\_\_ How Long did child attend Preschool? \_\_\_\_ 0-11 months \_\_\_\_ 12 months or more

Has your child ever attended Kindergarten? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ \*If YES, where did they attend? \_\_\_\_\_**PARENT/GUARDIAN SIGNATURE**

The information that I have supplied on this form is true and accurate as of this date. I understand that falsification of information to achieve enrollment or assignment may be cause for revocation of the student's enrollment or assignment to a school in Morgan Local School District

**Signature** \_\_\_\_\_**Relationship to Student** \_\_\_\_\_**Date** \_\_\_\_\_**Parents have the right to request and inspect the Cumulative Record on file for their child.**

RESIDENTIAL PARENT (S) /GUARDIAN (S)			
Name		Name	
Relationship to Student		Relationship to Student	
School District of Residence		School District of Residence	
Cell Phone		Cell Phone	
Work Phone		Work Phone	
Email Address		Email Address	
Is Parent/Guardian a member of Armed Forces?		<input type="checkbox"/> NO <input type="checkbox"/> YES If YES, which branch:	
Are there any other people living in your household?		<input type="checkbox"/> NO <input type="checkbox"/> YES If YES, please complete the section below:	
OTHER HOUSEHOLD MEMBERS			
Name	Grade	School	Relationship
Current Housing:    Relative/Friend    Shelter    Hotel/Motel    Car    Campsite    Transitional Unaccompanied    Foster Care    Rent/Own Other			
SECOND HOUSEHOLD MAILING INFORMATION (ONLY if different from primary address)			
NON-HOUSEHOLD PARENT(S)/GUARDIAN(S)			
Name		Custody:    YES    NO	
Address	City	State	Zip
Home Phone		Cell Phone	
Work Phone		Relationship to Student	
Email Address			
SPECIAL EDUCATION NEEDS			
Has your child had a psychological evaluation, multi-factored evaluation, or other evaluation?		YES    NO	
Has your child been enrolled in any special education programs? If yes, please check the programs below:			
<input type="checkbox"/> 504 Plan	<input type="checkbox"/> Emotionally Disturbed	<input type="checkbox"/> Visually Impaired	
<input type="checkbox"/> Autism	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Speech/Language	
<input type="checkbox"/> Blind	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Cognitive Disability	
<input type="checkbox"/> Deaf	<input type="checkbox"/> Multiple Disability	<input type="checkbox"/> Traumatic Brain Injury	
	<input type="checkbox"/> Orthopedically Handicapped	<input type="checkbox"/> Other Health Impaired	
Other Program: Please describe the program: _____			
Does your child have a <b>current IEP</b> (Individual Education Plan)?		YES    NO	
If yes, do you have a copy?			

GIFTED SERVICES	
Has your student been identified in any subject as Gifted?    YES    NO	
What subject area(s)?    Creative Thinking Ability    Mathematics    Reading Science    Social Studies    Superior Cognitive Thinking    Visual/Performing Arts	
For School Personnel Use only!!	
Enrollment approved by:	Date
If Open Enrolled: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date Letter Sent
Documents Verified at Registration: By _____	
Certified Birth Record Custody Documents (If applicable) Immunization Record	Photo ID of Parent/Guardian Proof of Residency IEP/504 (only need verification that one exists if coming from outside district)

# Ohio Department of Health • School and Adolescent Health

## Health History

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth /      /
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**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced	

**Student Health Conditions**

<input type="checkbox"/> <b>YES</b> , my child receives regular medical/health care for the following conditions: <span style="margin-left: 20px;"><input type="checkbox"/> <b>NO</b> medical conditions</span>		
<input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Autism <input type="checkbox"/> Behavior concerns <input type="checkbox"/> Birth/congenital malformations <input type="checkbox"/> Bone/muscle/joint problems <input type="checkbox"/> Blood problems <input type="checkbox"/> Bowel/bladder problems <input type="checkbox"/> Cancer <input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Diabetes <input type="checkbox"/> Depression <input type="checkbox"/> Ear problem/hearing difficulty <input type="checkbox"/> Emotional concerns <input type="checkbox"/> Headaches <input type="checkbox"/> Heart problems <input type="checkbox"/> Hemophilia <input type="checkbox"/> Juvenile arthritis <input type="checkbox"/> Lead poisoning <input type="checkbox"/> Migraines <input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Seizure disorder <input type="checkbox"/> Sickle cell anemia <input type="checkbox"/> Skin conditions <input type="checkbox"/> Speech problems <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Vision problems (glasses, contacts) <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

Please explain any conditions above or any reasons for hospitalizations.

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Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

## Health History continued

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

Medication and dose	Time	Reason

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.

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Form completed by	Relationship to student	Date / /
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## Appendix A: Language Usage Survey

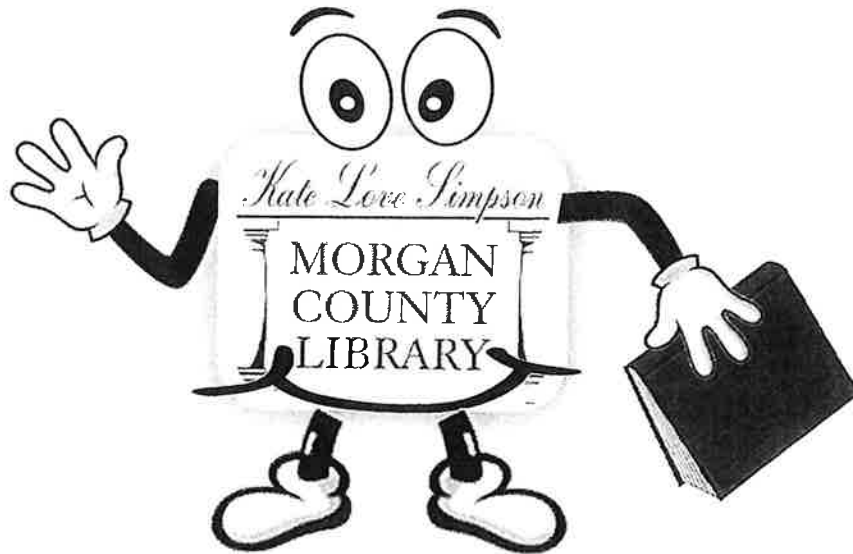
Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____
<b>Communication Preferences</b> Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.	1. In what language(s) would your family prefer to communicate with the school? _____	
<b>Language Background</b> Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____	
<b>Prior Education</b> Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.	5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____/_____/_____ Month       Day       Year	
<b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.		
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____
Parent/Guardian Signature: _____		Today's Date: <i>(mm/dd/yyyy)</i> _____

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>







Dear Families,

We at your local Kate Love Simpson Library realize and value the importance of literacy in the lives of all children. We would like to give your child the opportunity to get his or her first library card, an updated card, or a free replacement card. This card will allow them to borrow books, CDs, DVDs, as well as other materials found in the library. Cardholders can also check out books from our Bookmobile with their cards during monthly school visits, download free music, access our collection of digital audio/eBooks, and utilize the Internet at our facilities. (PARENTAL PERMISSION REQUIRED).

If you would like to have your child participate in our services, please fill out the attached application **front and back**. Please return the application with your child's Kindergarten Registration. We need your signature for each privilege listed (DVD checkouts/Internet use). Your child's card will be mailed to your home after applications have been processed. If you have any questions about any of our library card policies please contact us.

Main Library

(740)-962-2533

358 E. Main Street

McConnelsville Oh 43756

Chesterhill Branch

(740)-554-7104

7502 Marion Street

Chesterhill Oh 43728

It is a pleasure serving you and your child and we hope to see your whole family at the library soon.

Sincerely,

Cassie Palmer



## Application for Youth Library Card

(Valid at both Kate Love Simpson Library locations)

**Please Print Clearly**

**Date** \_\_\_\_\_

**Name of Youth** \_\_\_\_\_  
Last First Middle Initial

**Mailing Address** \_\_\_\_\_  
City State

Zip Code \_\_\_\_\_ Preferred Phone Number ( ) \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Would you prefer to receive library notices by:**

☐ Mail ☐ Phone ☐ Email ☐ Text Message ☐ Email & Text Message

**Complete Birth Date** \_\_\_\_\_ month/day/year

I accept full responsibility for the care of all materials borrowed with this library card. I agree to obey all rules of the library, to pay for damaged and/or lost item fees charged to my library card and to give prompt notice of loss of the card or of any change to my address or phone number to KLS.

☆ **Print Parent/Guardian Name** \_\_\_\_\_

☺ **Parent/Guardian Signature** \_\_\_\_\_

☺ **Parents, please fill out the back of this page for movie and Internet options & policies.** ☺



• **PARENTAL PERMISSION REGARDING MOVIES, videos, audio books, CDs and DVDs**



☐ My minor child, named on the reverse side, **has my permission to borrow only movies, videos, DVD's, audio books, or CD's shelved in the Children's Department.** These materials have G and PG ratings.

☐ My minor child, named on the reverse side, **has my permission to borrow any movie, video, DVD, CD, or audio book in the entire library.** I recognize that many of these videos are not G or PG. I acknowledge that it is the responsibility of the parent, not the library, to monitor the suitability of all materials for my child.

Date \_\_\_\_\_

Parent/Guardian (print) \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_

• **PARENTAL PERMISSION for the INTERNET and USE OF COMPUTERS**

As parent/legal guardian, I accept full responsibility for supervising my child's use of the library's Internet/OPLIN workstations. I have received a copy of *Guidelines for Use of OPLIN* and \_\_\_\_\_ [child's name] has my permission to access the Internet/OPLIN with or without my presence.



I understand that it is impossible to guarantee that my child will not access inappropriate, controversial, and/or unlawful sites.

Neither the library nor its staff assumes any responsibility for any material accessed and will not be held liable for such material. It is solely the responsibility of the child and his/her parent to assume that responsibility.

I understand that my child may use a computer at KLS for only 2 hours per day. Specific school or work related assignments may extend the use of a computer if [a] computers are available [b] no games or personal internet activities occur during the initial computer use or the extended time. If my child prints from the computer, I agree to pay ten cents per page for standard prints and twenty-five cents per page for color printing. **Only children with their own valid library card will be permitted to use a library computer.**

If children or adults do not follow these guidelines, they will be asked to leave the library and will have their computer privileges revoked for one week. A second occurrence will result in a 4-week suspension of privileges. **Parents or guardians will be required to meet with library personnel before the child returns to the library.** If a third violation of these computer policies occur, patrons may permanently lose computer privileges.

Parent/Guardian (print) \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_