

2026/2027 KINDERGARTEN REGISTRATION

NORTHERN LOCAL SCHOOLS

***Registrations must be done by custodial parent or guardian.**
***Students need not attend registration.**
***Students must be 5 on or before August 18, 2026 to be eligible to attend kindergarten in the fall.**
***Registration packets are available at each elementary and the district office. They are also available on line at www.nlsd.k12.oh.us.If you have questions, please call the district office @ 740/743-1303.**

WHERE:	**Sheridan Middle School Library**		
WHEN:	**Wednesday**	**March 4**	**12:00 pm – 7:00 pm**
	Thursday	**March 5**	**8:00 am-3:00 pm**

BRING THE FOLLOWING DOCUMENTS FOR THE CHILD:

Birth certificate (certified copy)
Immunization (shot) record
Social Security
Proof of Residence (utility bill with location of service, property tax duplicate, purchase agreement or notarized statement from property owner along with their utility bill attached)
Special Education records (I.E.P. & E.T.R. if applicable)
Custody papers (if applicable)



Northern Local School District

Registration Form

Student Information

LEGAL Last Name: **LEGAL First Name:**

LEGAL Middle Name: **Nickname:**

Gender: Male ☐ Female ☐ **Date of Birth:** / / **Social Security Number:** — —

City and State of Birth: **Grade Level:** **Special Education:** Yes ☐ No ☐

Previous School DISTRICT

Enrollment Information

District of Residence: _____

Reason for Attending Northern Local

Resident: ☐ Foster: ☐ Senior: ☐
Open Enroll: ☐ Court Placed: ☐ (Not Foster)
Other: _____

Race / Ethnicity (Please Check All That Apply)

Hispanic or Latino: Yes ☐ No ☐

White: ☐ Alaska Native: ☐
African American: ☐ Native Hawaiian: ☐
American Indian: ☐ Pacific Islander: ☐
Asian: ☐ Other ☐

Household Information

Property Address: **Town:**

ZIP Code: **County:**

Are there multiple students / families living at this address? Yes ☐ No ☐

If Yes, list them here:

Mailing Address (if different from property address)

Address:

City: **State:** **ZIP Code:**

Parents / Guardians Information (For This Address)

Last Name: **First Name:**

Last Name: **First Name:**

Primary Phone (Home Phone) : (___) ___ - ____ **Other Phone** (if applicable) : (___) ___ - ____

E-Mail Address: **Relationship to Student:**

Receive Mailings for Student: Yes ☐ No ☐ **Parent Portal Access for Student:** Yes ☐ No ☐

Additional Parent / Guardian Contact Information (For a Secondary Address)

Last Name: **First Name:** **Relationship to Student:**

Phone : (___) ___ - ____ **E-Mail Address:**

Receive Mailings for Student: Yes ☐ No ☐ **Parent Portal Access for Student:** Yes ☐ No ☐

Mailing Address (if different from household address)

Address: **City:** **State:** **ZIP Code:**

Office Use Only

Building: G S T M H E **Student Number:** **Start Date:** / /

Northern Local School District

Enrollment Documentation Checklist

Documentation Needed When Enrolling at Northern Local Schools

Documentation:

Please use the checklist to the right to ensure that all necessary documentation is available at the time of enrollment.

IF THE CONDITIONS OF RESIDENCY OR CUSTODY CANNOT BE MET ENROLLMENT IS NOT POSSIBLE

Check Each Item Provided

- **Birth Certificate:** *Original or Certified Copy* ☐
- **Social Security Number:** ☐
- **Proof of Residency:** *See Residency Criteria Below* ☐
- **Health Records:** ☐
- **Court Ordered Custody Papers:** *(If Applicable)* ☐
- **Individualized Education Program (IEP) and MFE** *(If Applicable)* : ☐

Student and Parent Information

Student Last Name: **Student First Name:**

Custodial Parent Last Name: **Custodial Parent First Name:**

Custody Criteria

*** Criteria for Establishing custody if a divorce or separation has ever been involved:**

1.) Present the most recent court ordered journal entry that establishes custody.
2.) Provide the name and address of the non-custodial parent

Non-Custodial Parent Last Name: **Non-Custodial Parent First Name:**

Address: **City:** **State:** **ZIP Code:**

Residency Criteria

*** Criteria for Establishing Residency**

1.) Where the parent sleeps the majority of the time.
2.) Where Mail is Received.
3.) Where parents are registered to vote.

NOTE: **Proof of residency at a rental property:**

1.) A signed lease agreement.
2.) A notarized statement from the landlord.
3.) A Utility Bill Documenting Provided Fixed Service (Ex: Gas Bill, Electric Bill)

Acknowledgement

I hereby acknowledge and affirm that I have legal court custody of the above student and that I reside at the address listed.

Parent's Signature: **Date:**

EMERGENCY MEDICAL AUTHORIZATION

Northern Local School District

5341 F1
1/30/2013

_____ Sheridan HS _____ Sheridan MS _____ Glenford _____ Somerset _____ Thornville

Students Name (on line above) | Date of Birth | Grade | Box No. (for mailing purposes)

(Street Address) | (City) | (State) | (Zip)

Non-Residential Parent: _____

(Street Address) | (City) | (State) | (Zip)

PURPOSE: To enable parent and guardian to authorize the provision of emergency treatment for children who become ill or injured, when the guardian cannot be reached. **This is a state requirement**

CONTACT INFO: MUST BE COMPLETED AND UPDATED WITH CHANGES (and for Student Pick-Up)

Mother's Name Step__ Foster___ | Home Phone | Cell Phone | Workplace Phone

Mother's Email Address: _____

Father's Name Step__ Foster___ | Home Phone | Cell Phone | Workplace Phone

Father's Email Address: _____

Please complete at least 2 more contacts if parent cannot be reached:

Name Relationship _____ Phone | Name Relationship _____ Phone

Name Relationship _____ Phone | Name Relationship _____ Phone

PART I-CONSENT FOR TREATMENT

After being unsuccessful in reaching a number above, **I hereby give my consent** for:
(1)administration of any treatment deemed necessary by _____ (Preferred Physician) _____ (Phone)

or by _____ (Preferred Dentist) _____ (Phone) or by _____ (Counseling Center/Counselor) _____ (Phone)

or in event the designated preferred practitioner is not available, by another licensed physician or dentist and _____ (Preferred Hospital) or any hospital reasonably accessible. This authorization does not cover surgery unless the medical opinion of two(2) other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery. This authorization also allows for transport per EMS services.

Note: ***This Info needed for emergency personnel, please provide each school year.***

List Medication	***List Allergies***	***Physical Impairments***	***Other***
1.	1.	1.	1.
2.	2.	2.	2.

X

Parent or Guardian Signature (on line above) | **Date (on line above)**

PART II-REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring illness or injury requiring treatment, I wish the school authorities to take no action or to:

1. _____

Parent or Guardian Signature | Date