



VALLEY VIEW LOCAL SCHOOL DISTRICT

59 Peffley Street, Germantown, OH 45327 937.855.6581

Our Schools. Our Students. Our Future.

Dear Kindergarten Families:

Welcome to the Spartan family – we can't wait to see all that your child will achieve! On behalf of the entire Valley View Local School District, I am thrilled to welcome you and your little learners to our school community! This is an exciting time as your child(ren) begins their educational journey with us, and we are honored to have them join our Spartan family.

At Valley View Local Schools, we believe that early childhood education is the foundation for lifelong learning. We are committed to creating a nurturing, supportive environment where our youngest students can grow, explore, and develop the skills that will serve them throughout their academic careers.

Our district is dedicated to achieving several key strategic goals that will directly impact your child's educational experience:

1. **Student Learning and Academic Excellence:** We are focused on providing high-quality, engaging learning experiences that challenge and inspire our students to reach their full potential.
2. **Spartan Development:** Through fostering adaptable and empathetic learners, we strive beyond academic skills to help children develop social-emotional competencies that will help them become kind, resilient, and collaborative individuals.
3. **Building Family and Community Partnerships:** We understand that education is a collaborative effort. We are committed to creating strong connections between our schools, families, and the broader community to support your child's growth and development.
4. **Attention to Operations and Finance:** We will maximize learning in improved facilities. Our district has invested in creating modern, safe, and stimulating learning environments that support innovative teaching and engaging student experiences.

We look forward to working with you and supporting your child's kindergarten experience.

Very Sincerely,

Andrea Cook, Superintendent



Kindergarten Registration

Valley View Elementary School

2026-27 Kindergarten Registration Process

★ **Step One: REGISTER ONLINE**

Registration will be available online at <https://valleyview-oh.finalforms.com/> beginning March 2nd.

- Click on the Parent Login (if you have an existing Final Forms account)
You will be able to +Add Student after you log into your account

-OR-

- Click on the Parent *New Account (if you are setting up your account for the 1st time)
You will set up your account and then begin the online registration

*****MAKE SURE THAT YOU ARE REGISTERING FOR THE 2026-2027 SCHOOL YEAR*****

★ **Step Two: Bring in all required documentation March 2nd-31st 8:00 AM-4:00 PM**

Location: 6027 Farmersville Pike, Germantown, Ohio 45327 –
Valley View Administration Building (Old High School)

Please bring the “REQUIRED DOCUMENTS” listed below:

All required documentation must be brought into the Primary Office in order to complete the registration process.

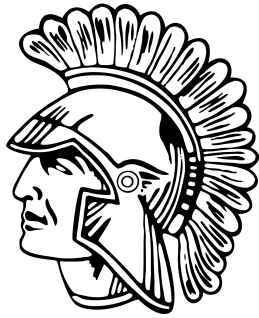
Required Documentation

- Student’s birth certificate
- (2) different proof of residencies such as AES, water, CenterPoint Energy, property tax statement, mortgage/rental agreement
- Immunization record
- Custody papers (If applicable)
- Parent/Guardian’s driver’s license
- Please also complete the attached written registration packet

★ **Step Three: Sign up for the Kindergarten Screening**

- Sign-up in person when you bring in the registration packet,

We strongly encourage families to complete the registration of their kindergarten student as soon as possible to assist in the proper placement of all students. Students will not be registered until all of the above requirements have been met. Please contact Annie Sizemore if you have any questions 937-855-6581.



Incoming Kindergarten Parent Information Night

Please join some of the
Valley View Kindergarten Teachers
on

Tuesday, April 7th at 5:30pm

Location:

Valley View K-12 School - Cafeteria

Park in the back, enter in the "Event Entrance" -
and you will walk into the big open area, which is the cafeteria!

Who Should Attend?

Any parents who have a child that will be registering for
kindergarten for the 2026-2027 school year.



Topics Covered:

- Kindergarten Readiness
- Kindergarten Screening
Information
- Other Important
Information for Parents

VALLEY VIEW PRIMARY SCHOOL
Kindergarten Questionnaire

Family Background

Child's Full Name _____

Name/Nickname to be written and used in school _____

Birthday Month Day Year Sex M F

Address _____
Street City Zip

Primary Phone Number _____

Email Address _____

Mother/Guardian's Name _____

Address (if different from child's) _____

Occupation _____

Father/Guardian's Name _____

Address (if different from child's) _____

Occupation _____

With whom does the child reside _____

List all adults in the primary household

List all siblings in the household
(include age/grade for upcoming school year)

Does child have a secondary address (If yes, please state below and include frequency)

List all adults and children at that address

General Information

Has your child attended PreSchool

Yes

No

If yes, name of PreSchool _____

City of PreSchool _____

Describe your child's preschool background (frequency, hours per day, number of years, etc.)

Is your child

right-handed

left-handed

Can they print their first name?

Yes

No

Do you celebrate birthdays and holidays

Yes

No

Does your child have any health concerns the teacher should be aware of (such as asthma, vision/glasses, serious illness in the past, etc.)?

Does your child have any food allergies?

Is there anything you would like your child's teacher to know about your child?


Welcome to
Kindergarten

BEHAVIOR/TEMPERAMENT

Child's Name (please print): _____

Please indicate whether your child exhibits any of the following behaviors:

	YES	NO
Gets overly "wound up" in play		
Has trouble "shifting gears" or changing from one thing to another		
Has a short attention span		
Seems unhappy or negative about things		
Withholds affection		
Hides feelings		
Has trouble sitting through an entire meal		
Has fears		
Seems impulsive		
Overacts when faced with a problem		
Seems uncomfortable meeting new people		
Requires a lot of parental attention		
Cannot calm down		
Fights frequently with playmates		
Prefers to play alone		

Other concerns

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 / /
----------------	--	---------------------------

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

Form completed by

Relationship to student

Date / /

VALLEY VIEW LOCAL SCHOOLS 2026-2027

July						
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	

August						
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					

September						
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			

October						
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

November						
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					

December						
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		

Student Schedule

Pre-School 9:00 a.m. – 11:45 a.m.
12:45 p.m. – 3:30 p.m.

K-5 9:15 a.m. – 3:43 p.m.

Middle School 7:35 a.m. – 2:32 p.m.

High School 7:35 a.m. – 2:32 p.m.

August
Thurs. 13- Teacher Workdays
Mon. 17 Teacher Workdays
Tues. 18 First Day for Students

September
Mon. 7 Labor Day

October
Wed. 14 End of 1st Quarter (41 days)
Thurs. 15 PD
Fri. 16 Fall Break

November
Mon. 23 Conference Exchange Day
Tues. 24 Conference Exchange Day
Wed. 25 Thanksgiving
Thurs. 26 Thanksgiving
Fri. 27 Thanksgiving

December
Fri. 18 End of 2nd Quarter (40)
End of 1st Semester (81)
Fri. 25 Christmas Day
Mon. 21- Winter Break
Fri. 1 Winter Break

January
Mon. 18 Martin Luther King Day

February
Fri. 12 PD
Mon. 15 Presidents' Day

March
Fri. 12 End of 3rd Quarter (47)
Mon. 15 PD
Mon. 29- Spring Break
Fri. 2 Spring Break

April

May
Wed. 26 Last Day for Students
End of 4th Quarter (47)
End of 2nd Semester (94)
Thurs. 27 Teacher Workday
Mon. 31 Memorial Day

June

January						
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						

February						
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						

March						
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			

April						
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	

May						
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					

June						
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			

Ending of Grading Period

Teacher Days

Professional Development
(No Students)

No school for students