Keystone Elementary Kindergarten Checklist

____Student Registration (both sides)

____Blue Residency Affidavit ***(Keystone Local School District residents only)***

____Yellow Student Information Sheet (completed by parent)

____Birth Certificate

____Immunization Record

____Custody/Residential Parent Papers (if applicable)

____ ____2 Proofs of Residency (see attached paper for acceptable documents).

____**Blue Ohio Health History (completed by parent)*

____**Pink Physical (completed by physician – due by 1st day of school)*

____**Green Dental (completed by dentist – due by 1st day of school)*

____**Administration of Medication (completed by parent and physician **if** you need medications administered at school, including over the counter meds)*

____**Open Enrollment Application (turn this into the BOE between 04/17/23 and 5/31/23)

____ Bus transportation needed ***Parent required to call Bus Garage 440-355-2411***

Schedule a time for mandatory Kindergarten Readiness Assessments:

Mon. 8/28/23 Wed. 8/30/23 Thurs. 8/31/23 Fri. 9/1/23

Time: _____

What happens next?

You will bring your child to the above appointment for kindergarten readiness testing.

On 9/1/23 @ 10:00AM, there will be a brief orientation that parents are asked to attend. Although students do not attend, please feel free to bring your child's supplies at this time.

First day of school for kindergarten is Tuesday September 5, 2023.

**Forms will be given to you at registration*

***This form will be available on the Keystone website.*

Keystone Local School District
Student Registration
Please Print

Date of Registration _____ Student # _____
Date of Entry _____ Year of Graduation _____

Student Name _____
Last First Middle

Address _____
Street Apt. # City State Zip

Primary Phone _____ Parent Cell Phone _____

Birth City and State _____ Birth Date _____

Sex ( ) Male ( ) Female SSN (optional) _____ Grade _____ Building _____

Ethnic Code: ( ) White ( ) Hispanic ( ) Asian ( ) Native American ( ) Black ( ) Multiracial

( ) Father ( ) Stepfather _____

Father's Address _____

Email Address _____

Marital Status: ( ) Married ( ) Divorced ( ) Separated ( ) Widow ( ) Single ( ) Foster ( ) Never Married to Mother

Father's Employer _____ Position _____

Employer's Phone _____ Cell Phone _____

( ) Mother ( ) Stepmother _____

Mother's Address _____

Email Address _____

Marital Status: ( ) Married ( ) Divorced ( ) Separated ( ) Widow ( ) Single ( ) Foster ( ) Never Married to Father

Mother's Employer _____ Position _____

Employer's Phone _____ Cell Phone _____

Brothers Younger _____ Ages _____
Older _____ Ages _____

Sisters Younger _____ Ages _____
Older _____ Ages _____

Name of Legal Custodian _____

If court appointed, copy of Court order appointing guardian ( ) YES ( ) NO

District of Educational Responsibility _____ County _____

Name of previous School _____

Address _____
Street City State Zip

Was the student enrolled in *any* Special Education program (has an IEP and ETR)? ( ) YES ( ) NO

If yes, check the program below:

_____ Hearing Impaired

_____ Visually Impaired

_____ Multi-handicapped

_____ Speech/Language

_____ Autism

_____ Other Health Impairment OHI

_____ Intellectual Disability

_____ Specific Learning Disability

_____ Emotional Disability

_____ Traumatic Brain Injury

Is your child currently enrolled in a gifted/talented program ( ) YES ( ) NO

Is your child currently enrolled in a Title 1 Reading program ( ) YES ( ) NO

Did your child ever attend Keystone Local Schools? ( ) YES ( ) NO

Does your student plan to participate in any student athletics? ( ) YES ( ) NO

****

To be signed by parent, guardian, or person having legal custody of this child.

I certify that I am the parent or the person having legal custody or guardianship of the above named student. I further state that my permanent address is:

_____

I understand that if I am the parent or person having legal custody or guardianship of the above named student and if my address is not as stated above, the student shall be subject to immediate suspension from school, credits will be withheld, and a claim for tuition due:

_____

Signature Date

***Do you currently lack fixed, regular, and adequate night time residency?*

( ) Yes ( ) No

***If sharing the housing of other persons, is it due to loss of housing, economic hardship or similar reason?*

( ) Yes ( ) No

_____

Signature (for above residency status) *Date*

What you will need to register your student (s) at Keystone Local School District:

- **Birth Certificate
- **Immunization Records
- **Custody papers if applicable
- **2 Forms of Proof of Residency
- Social Security number
- Copy of student's High School Transcript
- Copy of most recent report card
- IEP/ETR/504 if applicable (special needs students)

** Means we must have a copy of these items in order for the student to begin classes.

KEYSTONE LOCAL SCHOOLS

LEGAL RESIDENCY VERIFICATION FORM

1. _____ is living with me
Student's Name

at _____, _____.
Street City

2. The child named above is in my legal custody, and, if necessary, I can and will produce legal documents to verify this custody. I understand that if I cannot produce such verification of custody or the birth certificate and immunization records required of all new enrollees, the student cannot be admitted to school.

3. I have copies of the records of the above-named student for his/her school of most recent attendance. OR I have made arrangements with the school he/she most recently attended to forward his/her records to Keystone Schools. OR I will make arrangements with the school immediately. I understand that according to Ohio state statutes, if these records do not arrive within a reasonable period of time; the school must notify proper authorities that the student may be a "missing child."

4. The residence cited above is our permanent address and is within the boundaries of the Keystone Local School District. I understand that it is my obligation to notify the school immediately when there is a change in this residence.

5. Non-Resident Tuition Notification – In Ohio a student of school age is permitted to attend the public school in which his/her custodial parent resides free of charge. By completing and signing this Legal Residency Verification Form, you are verifying that the information provided is a true and accurate statement of the custodial parent's residence. You are required to notify the school immediately should this information change. Should it be determined the information provided as to parent resident is not accurate, the Keystone Local School District will actively pursue the collection of tuition fees at the current tuition rate as set by the Ohio Department of Education and the student will no longer be permitted to attend the Keystone Local School District.

6. My signature below denotes understanding of and agreement with all of the statements above.

_____ _____
Parent/Guardian Signature Date

Cleveland and EdChoice Scholarship Programs Acceptable Forms of Address Proof

Proof of residency is required of all first-year and renewal applicants and must be submitted to the school with the application. Parents/Guardians must document residency by providing the school with a current (less than 3 months old) utility bill. The utility bill MUST SHOW MATCHING SERVICE AND MAILING ADDRESS in the name of the Parent/Guardian. Post office boxes and Cell Phone Bills have no Service Address and therefore are not accepted.

Acceptable Utilities (Must show matching Mailing and Service Address): Electric, Gas, Water, Sewer, Cable/Internet.
Other Acceptable Documents: Monthly mortgage statement and Lease/rental agreement (signed) and one (1) other official document (like a pay stub, bank statement, insurance statement, car payment statement, etc) with parent's name and address. Additional information can be found on the scholarship webpage.

If the student's parent/guardian has no utilities in his/her name, then the parent/guardian must provide the following:

1. A signed and notarized statement from the person (i.e., third party) with whom the parent/guardian and the student live or from whom they rent that confirms that they reside at the address. This letter must be from the third party, not the parent/guardian.
2. A copy of a current utility bill in the name of that third party, AND
3. A copy of a piece of current business type mail in the name of the parent/guardian.
    a. Business mail would be things such as pay stubs, car notes, car insurance, monthly bank statements, and official document from a government agency. It must be a business with which the parent/guardian is currently doing regular business.
    b. NO credit card solicitations or service set-up work orders. NOTHING HAND WRITTEN.
4. Following is an example of how this alternative works: Ms. Smith's daughter has an EdChoice scholarship. She and her daughter reside with her uncle, Mr. Brown. Mr. Brown will need to write or type a statement and have it notarized, which should include him signing the statement in front of a notary. He will also need to provide a copy of a current utility bill in his name, since he owns or rents the property. Ms. Smith must provide a copy of last month's bank statement. Compiled together, this alternative will suffice as proof of residence for the student regarding the current school year. She must do this annually. If she should move and obtain utilities in her name, then this alternative method is no longer her option and she must comply with the required utility bill requirement instead.
5. Another example of how this alternative works is the following: Mr. Johnson's son has an EdChoice scholarship. Mr. Johnson and his son live in an apartment. All of the utilities are included in the price of the rent, so Mr. Johnson does not receive any utility bills in his name. Mr. Johnson will need to obtain a notarized letter from the rental office confirming that he and his son live in the apartment. Mr. Johnson will also need to provide another form of address proof, such as a current pay stub or bank statement.

Unacceptable proof of address includes tax forms, junk mail, driver's licenses, and cell phone bills. Old and outdated (more than 3 months) address proof is also unacceptable.

Parents/guardians must remember to keep the school informed of any address changes that occur and to submit the required documentation to ensure continued program eligibility.

Student Information Sheet

Student's Full Name: _____

Student's Birthday_____

Does your child prefer a nickname (circle one)? Yes No nickname: _____

Mother's Name: _____

Mother's Phone Number: _____Email: _____

Father's Name: _____

Father's Phone Number: _____Email: _____

Child's Address: _____

City: _____

Please list any siblings and their name, age, grade, and teacher (if attending KLSD):

1. _____ _____ _____ _____
   Name Age Grade Teacher
2. _____ _____ _____ _____
   Name Age Grade Teacher
3. _____ _____ _____ _____
   Name Age Grade Teacher
4. _____ _____ _____ _____
   Name Age Grade Teacher

How will your child get home on the **FIRST** day of school? _____

How will your child regularly get home from school? _____

Are there any holidays you DO NOT celebrate at home? _____

What Preschool did your child attend? _____

Any questions for the Kindergarten teacher/ or anything you want me to know about your child?

_____

_____

_____

_____

_____

→

Please take a moment and complete the following checklist so we can get to know your Kindergartner!

Skills	Most of the time	Some of the time	Not noticed yet
Attends during large groups			
Listens when others speak			
Uses sentences to communicate needs			
Is understood by listeners			
Follows 2 step directions			
Cooperates with peers			
Shares classroom materials			
Takes turns in activities			
Shows self-confidence			
Makes good use of their time			
Completes tasks in an appropriate amount of time			
Follows through with my decisions			
Accepts responsibility			
Transitions to new activities			
Handles change in routine			
Adequate fine motor skills			
Adequate gross motor skills			
Independent in restroom			

My Community Support and Early Assistance

(please check anything that applies to your child)

Groups/ organizations involvement

- o Library programs (i.e. story time)
- o Play groups
- o Swim or other types of lessons
- o Sports
- o Other _____
- o None
- o **Help Me Grow Program**

Early Childhood Intervention (3-6 years old)

- o IFSP
- o Speech Therapy
- o Occupational Therapy
- o Physical Therapy
- o Other _____
  Service Provider_____

- o **Health Concerns** including allergies: _____

Ohio Department of Health • School and Adolescent Health

Health History

Student's name	Sex	Date of birth
	☐ Male ☐ Female	/ /

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? ☐ Yes ☐ No

Was infant born full term? ☐ Yes ☐ No Did the infant have any sickness or problems? ☐ Yes ☐ 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?

☐ About the same ☐ Delayed ☐ Advanced

Student Health Conditions

☐ **YES,** my child receives regular medical/health care for the following conditions: ☐ **NO** medical conditions

☐ Allergies	☐ Diabetes	☐ Seizure disorder
☐ Asthma	☐ Depression	☐ Sickle cell anemia
☐ ADD/ADHD	☐ Ear problem/hearing difficulty	☐ Skin conditions
☐ Autism	☐ Emotional concerns	☐ Speech problems
☐ Behavior concerns	☐ Headaches	☐ Traumatic brain injury
☐ Birth/congenital malformations	☐ Heart problems	☐ Vision problems (glasses, contacts)
☐ Bone/muscle/joint problems	☐ Hemophilia	☐ Other_____
☐ Blood problems	☐ Juvenile arthritis	☐ Other_____
☐ Bowel/bladder problems	☐ Lead poisoning	☐ Other_____
☐ Cancer	☐ Migraines	☐ Other_____
☐ Cystic fibrosis	☐ Neuromuscular disorder	☐ 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
☐ Bee/Insect		
☐ Food		
☐ Medication		
☐ 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
		/ /

This form is due by the first day of school and is completed by parent. Thank you!

Ohio Department of Health • School and Adolescent Health

Immunization Report

Student's name	Sex	Date of birth
	☐ Male ☐ Female	/ /

Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671).
A copy of the child's immunization record may be attached or dates may be entered below.
Please note the month, day, and year for each immunization should be on record.

Vaccine	Record complete dates (month, day, year) of vaccine doses given						
Diphtheria, Tetanus, Pertussis (DTP)							
DTaP, Tdap							
DT, Td							
Polio							
Hepatitis B (HBV)							
Measles, Mumps, Rubella (MMR)							
Varicella (Chickenpox)							
Hepatitis A							
Meningococcal (MCV4, MPSV4)							
Pneumococcal (PCV)							
Measles (Rubeola) only							
Rubella only							
Mumps only							
Haemophilus influenza Type b (Hib)							
Influenza							
Other							

This information was provided by ☐ Health Care Provider ☐ Parent/Guardian ☐ Other _____

Signature	Print name	Date
		/ /

HEA 4241 8/06

Ohio Department of Health • School and Adolescent Health

Physical Examination

Student's name	Sex ☐ Male ☐ Female	Date of birth / /
Height	Weight	BMI percentile	BP

Screening Tests

Vision

Date performed / /

Distance Acuity	☐ R	☐ L
Muscle Balance	☐ Pass	☐ Fail
Stereopsis	☐ Pass	☐ Fail
Color	☐ Pass	☐ Fail
Child wears glasses?	☐ Yes	☐ No
Tested with glasses?	☐ Yes	☐ No
Referral made?	☐ Yes	☐ No

Hearing

Date performed / /

Pure Tone		
Right ear	☐ Pass	☐ Fail
Left ear	☐ Pass	☐ Fail
Child wears hearing aid?	☐ Yes	☐ No
Child under the care of a hearing specialist	☐ Yes	☐ No
Referral made?	☐ Yes	☐ No

Postural

Date performed / /

☐ No abnormality noted
☐ Screening not done
☐ Referral made
Comments

Speech/Language

Speech assessment completed	☐ Yes	☐ No
Child has no discernible speech problem	☐ Yes	☐ No
Speech evaluation recommended	☐ Yes	☐ No
Child has possible problem with		

Lead Poisoning

☐ Date _____ Type ☐ C ☐ V Results _____ µg/dL
☐ Date _____ Type ☐ C ☐ V Results _____ µg/dL

Tuberculin Test

Date _____ Type _____ Results _____

Health History (Serious or chronic illnesses/injuries/surgeries)

Physical Examination Date of most recent 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
Competition athletics	☐ Yes	☐ No	Contact and collision sports	☐ 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?

HealthCare Provider's signature	Print name	Phone ( )
Address		Date / /
City	State	ZIP

HEA 4242 8/06

This form is due by the first day of school and must be completed and signed by a doctor. Thank you!

Ohio Department of Health • School and Adolescent Health

Oral Assessment

Student's name	Date of birth
	/ /

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

- ☐ Examination
- ☐ Fluoride application
- ☐ Oral prophylaxis (cleaning)
- ☐ Prescription for fluoride supplement
- ☐ Orthodontic assessment
- ☐ Radiographs
- ☐ Dental sealant
- ☐ Treatment (restoration, pulp therapy)
- ☐ Other_____

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

- ☐ Toothbrushing
- ☐ Flossing
- ☐ Dietary counseling
- ☐ Use of fluoride mouthrinse
- ☐ Other_____

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

- ☐ All necessary preventive services have been performed. (Fluoride treatment, prophylaxis)
- ☐ No restorative services are required at this time.
- ☐ Further treatment is indicated.(See comments)
- ☐ Further appointments have been arranged. (Orthodontic, restorative)
- ☐ Routine recall visits recommended.

Comments

Dentist's signature	Print name	Phone ( )
Address		Date / /
City	State	ZIP

This form is due by the first day of school and must be completed and signed by a dentist. Thank you!

Kindergarten Student Questionnaire

Please complete and return to school on the next school day.

Child's Name:

_____

Parent's Name(s):

_____

Does your child enjoy reading with you? (Please circle one) yes no

Does your child enjoy looking at books independently? (Please circle one) yes no

How often do you read with your child? _____

When in school, did either parent struggle with learning to read?

_____

When in school, did either parent struggle with phonics or comprehension?

_____

Does your child enjoy writing or drawing pictures?

_____

Does your child read or write his/her first name? (Please circle one) yes no

Comment: _____

Did your child attend Preschool? (Please circle one) yes no

If your child attended Preschool, where did he/she attend? _____

Additional Comments/Questions/Concerns:

_____

_____

_____

_____

GET READY FOR KINDERGARTEN

14 Simple Everyday Tips to Prepare Your Child

1. **Point out letters** on the TV, cereal boxes, street signs, etc.
2. **Point out common shapes.**
   Examples: The clock is a circle, the window is a square.
3. **Have your child sort anything and everything** by shape, size, color, etc.
4. **Play catch with your child** and practice counting by 1 each time the ball is caught.
5. **Read books to your child.** Have your child find the letters in his or her name on the pages.
6. **Ask your child questions about a story.**
   What happened first? • What happened next? • How did it end?
7. **Count each step as you walk** up a flight of stairs with your child.
8. **Play games** and practice taking turns.
9. **Watch videos with your child** on the YouTube channel **HaveFunTeaching** found at ***youtube.com/user/havefunteaching***
10. **Have your child use directional words** to describe things.
    Examples:
    *The cup is **on top of** the table.*
    *The swings are **next to** the slide.*
    *The boy is **under** the tree.*
11. **Have your child identify shapes, letters, & numbers** at the store.
    For example, ask your child this:
    "Can you find 2 items shaped like a rectangle 1 item that starts with a B, and 3 apples?"
12. **Encourage your child to draw and color.** Give your child paper, activity and coloring books, crayons, pencils, markers, etc. and let his or her imagination run wild.
13. **Make up an alphabet song** with your child
    Examples: A is for Apple, B is for Ball, C is for Cat, and so on.
14. **Visit your local library.** Borrow a children's book and let your child tell the story based on what he or she sees in the pictures (ignore the actual story). **Ask questions and be engaged.**
    Some engaging questions to ask your child:
    What do you think their names are?
    What are they doing?
    Why would they do that?

Encourage • Educate • Engage

WHAT YOUR CHILD NEEDS TO KNOW WHEN

Entering Kindergarten

academic

- ☐ Count to 20
- ☐ Recognize numbers 1 through 10
- ☐ Group things by color, shape, size, etc.
- ☐ Know what number comes right before and after a given number
- ☐ Identify basic shapes
  Examples: circle, oval, triangle, square, diamond, and rectangle
- ☐ Understand directional words
  Examples: below, above, in front of, behind, on top of, next to, and between
- ☐ Clearly write first name
- ☐ Identify most UPPERCASE and lowercase letters
- ☐ Recognize letter sounds
- ☐ Recognize rhyming sounds
  Examples: cat and hat, bug and rug, kit and sit

social

- ☐ Answer a question in a complete sentence
- ☐ Listen and maintain eye contact while someone is speaking
- ☐ Pass things to someone
- ☐ Sit on the floor quietly with legs crossed