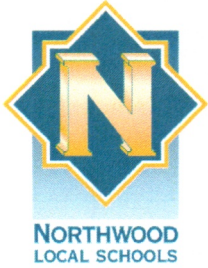


## Kindergarten Parent Important Info

1. Take home and complete all parts of the kindergarten packet
2. Attend the **MANDATORY** Parent Meeting on April 16 @ 5:30 in the Northwood Local Schools Cafeteria (Northwood Residents **ONLY**). Bring the following documents with you if you did not already turn in!!

- |   |
|---|
| <ol style="list-style-type: none"><li>1. Completed Registration Packet</li><li>2. Birth Certificate</li><li>3. Social Security Card</li><li>4. Proof of Residency (All are needed)<ul style="list-style-type: none"><li>-Photo ID</li><li>-Purchase or Lease Agreement</li><li>-Utility Bill (dated within 30 days)</li></ul></li><li>5. Immunization Records</li><li>6. Custody Papers (If Applicable)</li></ol> |
|---|

3. Turn in all paperwork at the meeting
4. Sign up for August Kindergarten Screening at the parent meeting
5. Watch for info in summer mailing



# Northwood Local Schools

Home of the Rangers  
"Excellence in Education"

Board of Education 700 Lemoyne Road Northwood, Ohio 43619 419-691-3888

Welcome to Northwood Schools! In order to enroll your student please complete the enclosed packet and then give me a call at 419-691-3888 ext. 2005 or email [nsmith@northwoodschoools.org](mailto:nsmith@northwoodschoools.org) to schedule a time to turn in the paper work and finalize the enrollment process. When you come in for your appointment to finalize the enrollment you will need to bring the following items:

- Child's birth certificate
- Child's social security card
- Child's most recent grade card (students K-8/9)
- Child's High School transcript (students 9-12)
- Any custody paperwork for the child
- Photo ID for parent/guardian
- 2 proofs of residency (*Residency is defined as the place where the parent(s)/guardian(s) sleep the majority of the time, where mail is received, where meals are eaten and where parent(s)/guardian(s) are registered to vote.*) Acceptable proofs of residency are:
  - Purchase/Lease/Rental agreement
  - Current utility bill (ie. Gas, electric, water, cable, phone)
  - Current pay stub
  - Current bank statement
  - Real Estate tax statement
  - Current document from a government entity (ie. BMV, Jobs and Family Services)

Thank you,

Naomi Smith  
Enrollment/EMIS Coordinator

**NORTHWOOD LOCAL SCHOOLS  
STUDENT REGISTRATION FORM  
SCHOOL YEAR: \_\_\_\_\_**

**STUDENT INFORMATION:**

<hr/> First Name	<hr/> Middle Name	<hr/> Last Name	<hr/> Grade
<hr/> Street Address	<hr/> City	<hr/> Zip Code	<hr/> Gender
<hr/> Social Security Number	<hr/> Date of Birth	<hr/> City of Birth	<hr/> Yes/No US Citizen

**FEDERAL ETHNICITY AND RACE**

Is the student Hispanic or Latino?     Yes     No

What is the student's race?     White, Non-Hispanic     Black or African American     Asian  
 American Indian or Alaskan Native     Native Hawaiian or Other Pacific Islander

Scheduling/Reporting Ethnicity:     White, Non-Hispanic (W)     American Indian or Alaskan Native (I)  
 Asian (A)     Black or African-American (Non-Hispanic) (B)     Hispanic/Latino (H)     Multiracial (M)  
 Native Hawaiian or Pacific Islander (P)

*\*\* According to Federal regulations, if the parent/guardian does not provide their child's racial group, the district must use observer identification*

**PARENT/GUARDIAN INFORMATION**

<hr/> Parent/Guardian #1 Name	<hr/> Parent/Guardian #2 Name
<hr/> Phone Number <hr/> Relationship	<hr/> Phone Number <hr/> Relationship
<hr/> Email (required)	<hr/> Email
Resides with child: <input type="radio"/> Yes <input type="radio"/> No	Resides with child: <input type="radio"/> Yes <input type="radio"/> No
Biological/Adoptive Parent: <input type="radio"/> Yes <input type="radio"/> No	Biological/Adoptive Parent: <input type="radio"/> Yes <input type="radio"/> No

**RESIDENCY QUESTION**

Do you reside within the Northwood Local School District?     Yes     No

Do you own or rent the residence where you currently reside? (You will need to provide two proofs of residency)  
 Own     Rent     Neither, I am currently residing with a relative or friend

\*If you are residing with a relative or friend you will need to provide a notarized copy of the **Residency Affidavit** form. You and the home owner will each need to provide two proofs of residency.

**PLEASE NOTE:** Illegal enrollment is punishable by a fine and collection of back tuition as determined by the Board of Education.

**NORTHWOOD LOCAL SCHOOLS  
STUDENT REGISTRATION FORM  
SCHOOL YEAR: \_\_\_\_\_**

**CUSTODY INFORMATION**

- Student resides with:**    Biological/Adoptive Parents                       Mother Only                       Father Only  
 Mother and Stepfather/Significant Other                       Father and Stepmother/Significant Other  
 Grandparents                       Relative                       Foster Family (court placed)  
 18 years old and self-supporting (must provide proof of job and hours working)                       Other: \_\_\_\_\_

**Are there any legal restrictions against either biological parent involving contact with this child?**  
 No    Yes (please explain, a copy of the court document must be presented to the school)

\_\_\_\_\_

**Have biological/adoptive parents ever been married?**    Yes    No (If no, please go to the next section)  
**If yes, are biological/adoptive parents still married?**    Yes    No (If no, you will need to provide a court document stating that you are the residential parent for schooling.)

**NEVER MARRIED PARENT SECTION**

I, \_\_\_\_\_, as the Custodial Parent of the above named child, have never been married to the child's other parent. (\* If a court document exists, it must be presented to the school.)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**HOME LANGUAGE SURVEY (Required Information)**

What language did your child speak when they first learned to talk?    English                       Other: \_\_\_\_\_

What is the native language spoken by the adults at home?    English                       Other: \_\_\_\_\_

What language does your child use most frequently at home?    English                       Other: \_\_\_\_\_

**SPECIAL/GIFTED EDUCATION**

Does the student have an active IEP?    Yes    No                      Student receives Gifted services?    Yes    No

Does the student have an active 504 Plan?    Yes    No

Student is or has been expelled or suspended from another school?    Yes    No (If yes, please provide copies of paperwork)

Has the student previously attended Northwood Schools?    Yes    No (If yes, grade level at withdrawal \_\_\_\_\_)

To the best of my knowledge, all of the above information is correct and may be filed with my child's school records. I understand that illegal enrollment is punishable by a fine and collection of back tuition as determined by the Board of Education.

\_\_\_\_\_  
Signature of Person Enrolling Student

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

Student's Name: \_\_\_\_\_

### PHYSICIAN'S REPORT

#### IMMUNIZATIONS

	Date	Date	Date	Date
DTaP/DT				
Tdap/TD				
POLIO				
MMR				
HEP B				
VARICELLA				
MCV4				
Other				

#### Physical Assessment

Check one:

\_\_\_\_\_ Entirely within normal limits

\_\_\_\_\_ Abnormalities as follows:

\_\_\_ Asthma

\_\_\_ ADD/ADHD

\_\_\_ Behavior concerns

\_\_\_ Bone/muscle/joint problems

\_\_\_ Bowel/bladder problems

\_\_\_ Cystic fibrosis

\_\_\_ Diabetes

\_\_\_ Developmental delays

\_\_\_ Ear problem/hearing difficulty

\_\_\_ Hemophilia

\_\_\_ Seizure disorder

\_\_\_ Sickle cell anemia

\_\_\_ Skin conditions

\_\_\_ Speech problems

\_\_\_ Other \_\_\_\_\_

Is there any reason why the student cannot carry out a full program of school work?:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Current medications:

Any special diet or treatment?

Phone No. of Health Care Provider

Signature of Health Care Provider

Date

#### DENTIST'S REPORT

The following services have been performed: (please check)

\_\_\_ Radiographs

\_\_\_ Oral prophylaxis

\_\_\_ Fluoride

\_\_\_ Restorations

The following statements are applicable: (please check)

\_\_\_ All necessary services have been performed.

\_\_\_ No restorative services are required at this time.

\_\_\_ Future treatment is indicated.

\_\_\_ Future appointments have been arranged.

Comments:

Date: \_\_\_\_\_

Phone \_\_\_\_\_

Signature of Dentist \_\_\_\_\_

# Ohio Immunization Summary for School Attendance, 2024-2025



Vaccine/Grade	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th
<b>DTaP</b> Diphtheria, Tetanus, Pertussis	4 or more doses												
<b>Hep B</b> Hepatitis B	3 or more doses												
<b>MMR</b> Measles, Mumps, Rubella	2 doses												
<b>Polio</b>	3 or more doses												
<b>Varicella</b> (Chickenpox)	2 doses												
<b>Tdap</b> Tetanus, Diphtheria, Pertussis									1 dose				
<b>MCV4</b> Meningococcal ACWY								1st dose					2nd dose

## Important Notes:

- Vaccine should be administered according to the most recent version of the [Recommended Child and Adolescent Immunization Schedule](#) for ages 18 years or younger or the [Catch-up immunization schedule for persons aged four months-18 years who start late or who are more than one month behind](#), as published by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices.
- Vaccine doses administered less than or equal to four days before the minimum interval or age are valid (grace period). Doses administered greater than or equal to five days earlier than the minimum interval or age are not valid doses and should be repeated when age appropriate.
- If MMR and varicella are **not** given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information, please refer to the [Ohio Revised Code 3313.67](#) and [3313.671](#) and the [Ohio Department of Health \(ODH\) Director’s Journal Entry](#) regarding school immunization requirements, recommended vaccines, and exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at 800-282-0546 or 614-466-4643 with questions.**



## Ohio School Immunization Requirement Details

<p><b>DTaP</b> <b>Diphtheria,</b> <b>Tetanus,</b> <b>Pertussis</b></p>	<p><b>Grades K-12</b> Four or more doses of DTaP or DT vaccine, or any combination. If all four doses were given before the fourth birthday, a fifth dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the fourth birthday, a fifth dose is not required.</p> <p><i>Recommended DTaP or DT minimum intervals for kindergarten students are four weeks between the first and second doses, and the second and third doses; and six months between the third and fourth doses and the fourth and fifth doses. If a fifth dose is administered prior to the fourth birthday, a sixth dose is recommended but not required.</i></p>
<p><b>Hep B</b> <b>Hepatitis B</b></p>	<p><b>Grades K-12</b> Three doses of hepatitis B vaccine. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least eight weeks after the second dose. The last dose in the series (third or fourth dose) must not be administered before age 24 weeks.</p>
<p><b>MMR</b> <b>Measles,</b> <b>Mumps,</b> <b>Rubella</b></p>	<p><b>Grades K-12</b> Two doses of MMR vaccine. The first dose must be administered on or after the first birthday. The second dose must be administered at least 28 days after the first dose.</p>
<p><b>Polio</b></p>	<p><b>Grades K-12</b> Three or more doses of IPV vaccine. The FINAL dose must be administered on or after the fourth birthday with at least six months between the final and previous dose, regardless of the number of previous doses.</p> <p><i>If any combination of IPV and OPV was received, four doses of either vaccine are required. Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. Doses of OPV administered before April 1, 2016, should be counted (unless specifically noted as administered during a campaign). Doses of OPV administered on or after April 1, 2016, should <b>not</b> be counted.</i></p>
<p><b>Varicella</b> <b>(Chickenpox)</b></p>	<p><b>Grades K-12</b> Two doses of varicella vaccine must be administered prior to entry. The first dose must be administered on or after the first birthday. The second dose should be administered at least three months after the first dose; however, if the second dose is administered at least 28 days after the first dose, it is considered valid.</p>
<p><b>Tdap</b> <b>Tetanus,</b> <b>Diphtheria,</b> <b>Pertussis</b></p>	<p><b>Grades 7-12</b> One dose of Tdap vaccine must be administered on or after the tenth birthday. Tdap can be given regardless of the interval since the last tetanus or diphtheria-toxoid containing vaccine.</p> <p><i>Children aged seven years or older with an incomplete history of DTaP should be given Tdap as the first dose in the catch-up series. If the series began at age seven to nine years, the fourth dose must be a Tdap given at age 11-12 years. If the third dose of Tdap is given at age 10 years, no additional dose is needed at age 11-12 years.</i></p>
<p><b>Meningococcal</b> <b>Meningococcal</b> <b>ACWY</b></p>	<p><b>Grades 7-11</b> One dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered on or after the 10<sup>th</sup> birthday.</p> <p><b>Grade 12</b> Two doses of meningococcal (serogroup A, C, W, and Y) vaccine. Second dose on or after age 16 years. If the first dose was given on or after the 16th birthday, only one dose is required</p>