Warrensville Heights City School District

Pupil Services Department
4285 Warrensville Center Road
Warrensville Heights, Ohio 44128

2017-2018

PRE-SCHOOL
Registration Packet

Registration by Appointment Only

Ms. B. Owens, 216.336.6584
- Bridgette.owens@whcsd.org

Ms. Y. Bell, 216.336.6587
- Yvonne. bell@whcsd.org

Fax 216.921.5813

Mrs. C. Rudolph, Director of Pupil Services
- Constance.rudolph@whcsd.org

216.336.6600
Fax 216.921.5813

WARRENSVILLE HEIGHTS
City School District

Checklist for Registration

Office of Registration
4285 Warrensville Center Road, Warrensville Heights, Ohio 44128
(216) 336-6584 or 6587 Phone (216) 921-5813 Fax

Student registration takes place at the Warrensville Heights Middle School, Office of Pupil Services
Registration appointments are available Monday through Friday.

The following items are required for each student you are enrolling:

☐ **Birth Certificate**

- Original
- Certified Copy
- Passport

☐ **Custody Papers (originals with court stamp) current affidavit stamp within one year**

- Guardianship
- Custody Papers
- Divorce Decree/Shared Parenting Agreement (if appropriate)
- Journal Entry
- Grandparent Affidavit(GPOA)
- Caretaker Affidavit(DCFS)

☐ **Medical Information**

- Immunization Records
- Physical Form with immunizations listed

☐ **Parent/Guardian Identification**

- Ohio Driver's License or State ID (must be valid)
- Social Worker ID
- Foster Parent ID

☐ **School Records**

- Withdrawal Slip
- State Testing/ Assessment
- Last Report Card/Grades in Progress
- IEP/ETR/MFE (if applicable)
- Transcripts (high school only)
- 504 Plan - current
- Home Schooling Documentation
- Other:

☐ **Proofs of Residency**

ONE OF THE FOLLOWING **AND** **TWO OF THE FOLLOWING**

- Home Owners' Mortgage Information
- Utility Bills (gas, electric, water/sewer)
- Section 8 Documentation
- Current Insurance Declaration Pages
- Valid Signed Lease
- Municipal Income Tax Return
- Occupancy Permit (from City)

YOU MUST SCHEDULE AN APPOINTMENT TO ENROLL YOUR STUDENT

THE REGISTRATION PACKET MUST BE COMPLETE AND ALL REQUIRED DOCUMENTATION MUST BE PRESENT.

IF YOU ARE MISSING ANY PARTS YOU WILL BE RESCHEDULED

Warrensville Heights City School District
Request for Transfer of Student Records

Date: _____Student Name: _____ **D.O.B**: _____ **Age**: _____

Address:_____ **City:** _____**State:**_____ **Zip:** _____

Sex: ☐Male or ☐Female **Grade: _____**

Requesting Records From: _____, _____
School Name Address

_____, _____, _____**Phone**: _____ **Fax**: _____
City State Zip

You are authorized to release the records listed below for the above-named student to: (if self, give own name and address)

☐ Warrensville Heights High School
4270 Northfield Road
Warrensville Heights, Ohio 44128
Phone: 216.295.7752
Fax: 216.752.8116
Grades: 9-12

☐ Warrensville Heights Middle School
4285 Warrensville Center Road
Warrensville Heights, Ohio 44128
Phone: 216.336.6575
Fax: 216.752.5813
Grades: 6-8

☐ Eastwood Elementary School
4050 Eastwood Lane
Warrensville Heights, Ohio 44122
Phone: 216.295.7742
Fax: 216.921.6463
Grades: 3-5

☐ John Dewey Elementary
23401 Emery Road
Warrensville Heights, Ohio 44128
Phone: 216.755.8743
Fax: 216.921.5905
Grades: PS-2

☐ Pupil Service/Registration
4285 Warrensville Center Road
216.336.6584/6587
Fax: 216.921.5813
bridgette.owens@whcsd.org
yvonne.bell@whcsd.org

☐ Special Education Department
4285 Warrensville Center Road
Warrensville Heights, Ohio 44128
216.336.6592/6591
Fax: 216.295.7747
alexis.ramsey@whcsd.org
rhonda.fleming@whcsd.org

☐All School records/check individual items below:

☐Attendance Records ☐ Grades/Progress Report/Transcript

☐ IEP ☐ ETR/MFE ☐ 504 Plan

☒Test Scores/Assessments ☐ Guardianship/Court Documentation

☐ Birth Certificate ☐ Medical/Health/Immunization

☐ Other:_____

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and I understand that I have a right to receive a copy, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

_____ _____ _____
Signature Relationship Date

Warrensville Heights City School District
4500 Warrensville Center Road
Warrensville Heights, Ohio 44128

2017-2018

EMERGENCY MEDICAL AUTHORIZATION FORM

Purpose: *To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents/guardians cannot be reached.*

☐ Check here if any phone numbers have changed.

Grade: _____ **D.O.B. _____**

Student's Name: _____

Address: _____ **Apt. #:** _____
(An address change must be verified by providing immediately a new proof of residency to the Department of Pupil Services Office)

Mother's Name: _____ **Home Phone:** _____
Mother's Address: _____
Place of Employment: _____ **Work Phone:** _____
Cellular Phone: _____ **E-mail Address:** _____

Father's Name: _____ **Home Phone:** _____
Father's Address: _____
Place of Employment: _____ **Work Phone:** _____
Cellular Phone: _____ **E-mail Address:** _____

Please provide names and phone numbers of two (2) other emergency contacts if you cannot be reached.

Name: _____ **Phone:** _____ **Relationship:** _____
Name: _____ **Phone:** _____ **Relationship:** _____

PART I OR PART II MUST BE COMPLETED

Medical
Part I to Grant Consent
I hereby consent for the following medical care providers and local hospital to be called:

Doctor's Name: _____ **Phone #:** _____
Dentist's Name: _____ **Phone #:** _____
Preferred Hospital: _____ **Phone #:** _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary to above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any reasonably accessible hospital. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Signature: _____ Date: _____
(Parent/Guardian)

Facts concerning the child's medical history, including allergies, medications being taken and any physical impairment to which a physician should be alerted are as follows:

_____

_____

Attach major medical concerns

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 emergency treatment, I wish the school authorities to take the following action:

_____

_____

_____

Date: _____ Signature of Parent/Guardian: _____

If you have other students in the district, please list their names, ages, grades, and the school they attend below:

Name: _____Age_____ Grade: _____ School: _____

Name: _____Age_____ Grade: _____ School: _____

Name: _____Age_____ Grade: _____ School: _____

Name: _____Age_____ Grade: _____ School: _____

Does the other parent have shared legal parental rights to student(s) records, to visit, or take the student out of school? Yes: _____ No: _____

If yes, court papers are presented, please note that the district assumes that both parents if listed have equal parental rights to student(s) and his/her record(s)

If no, Warrenville Heights City School District can only enforce with legal documentation.

Do you grant the district permission to contact you by text messaging _____yes_____ no?

Who is your current cell carrier provider_____?

Signature: _____ Date: _____
(Parent/Guardian)

☐ New

☐ Re-entry

Warrensville Heights City School District

STUDENT REGISTRATION FORM

Student Name	Last Name	First Name	Middle Name / Entry Grade
Email Address		**Birth Date**	Month / Day / Year
Student Home Address	Number Street	City	Zip Code Up ☐ Down ☐ Apt. #
Parent/Guardian	Name	Phone Number	

Previous school attended • Kindergarten include preschool if attended • Include homeschooling	Name of School	District	City	State

Is this student Hispanic/Latino? ☐ No, not Hispanic/Latino ☐ Yes, Hispanic/Latino	**Race** (choose one or more)	☐ White ☐ Black or African American ☐ Asian ☐ Hispanic/Latino ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other: Pacific Islander How Identified: _____

Gender	☐ Male ☐ Female	**Citizenship**	☐ Dual National ☐ Non-Resident Alien ☐ Resident Alien ☐ U.S. Citizen ☐ Other: please name:
Birthplace	City State Country	**Native / Primary Language**	☐ English ☐ Other: please name:

Student Lives With (check all that apply)	☐Mother ☐Father ☐Step-Parent ☐Other (explain):	☐Guardian ☐Spouse ☐Self ☐Foster Parent
Legal Custody (check all that apply)	☐Mother ☐Father ☐Grandparent County: District Bearing Cost(for Foster Children and/or Court Placed Children):	☐Guardian ☐CCDCFS ☐Other: (explain):_____ ☐Foster Parent ☐ Probate Court ☐ Juvenile Court Court Journal Entry: (___/___/___) Restrictions:

Is the child in gifted or Advanced Placement?	Yes ☐	No ☐	If yes, describe services:
Does the child have a 504 plan?	Yes ☐	No ☐	If yes, describe services:
Has the child ever had an IEP?	Yes ☐	No ☐	If yes, list year of most recent evaluation:
If yes, do you have a current copy the IEP?	Yes ☐	No ☐	If yes, indicate program:
Is/has the child ever been suspended?	Yes ☐	No ☐	If yes, from what district?
Is/has the child ever been expelled?	Yes ☐	No ☐	If yes, from what district? End Date:

☐ I do not consent to the release of email, home address, and home phone number for outreach purposes

PARENT(S) / GUARDIAN(S) INFORMATION

Mother ☐Single ☐Married ☐Divorced ☐Separated ☐Remarried ☐Deceased

Dual Mailing: ☐Residential ☐Non-Residential ☐Yes ☐No

Last Name First Name

Address: Number Street City Zip Code

Workplace Email

Home Phone Work Phone Cellular Phone

Father ☐Single ☐Married ☐Divorced ☐Separated ☐Remarried ☐Deceased

Dual Mailing: ☐Residential ☐Non-Residential ☐Yes ☐No

Last Name First Name

Address: Number Street City Zip Code

Workplace Email

Home Phone Work Phone Cellular Phone

☐ **Legal Guardian** ☐**Step Parent** ☐**Foster Parent** ☐**Other:**

Last Name First Name

Address: Number Street City Zip Code

Workplace Email

Home Phone Work Phone Cellular Phone

Social Worker (*If Applicable)*: Probation Officer Name: Phone:

☐ **Legal Guardian** ☐**Step Parent** ☐**Foster Parent** ☐**Other:**

Last Name First Name

Address: Number Street City Zip Code

Workplace Email

Home Phone Work Phone Cellular Phone

Social Worker (*If Applicable)*:

EMERGENCY CONTACT INFORMATION

Name / Relationship	Name / Relationship
Telephone	Telephone
Address	Address
Email	Email

PLEASE LIST ALL OTHER CHILDREN UNDER THE AGE OF 22 WHO LIVE AT THE HOME ADDRESS

Name	Grade	Date of Birth	Gender	Relationship To Student

I hereby certify, under penalty of perjury, that all of the information that I have given is correct in all respects to the best of my knowledge.

Date: _____ Parent/Legal Guardian/Emancipated Minor/18 year old: _____

Warrensville Heights City School District

Date: _____

Home Language Survey

Federal guidelines require that this form be completed for all enrolled students.

School: _____ Grade: _____ Gender: ☐ Male ☐ Female

Student Name: _____ Birthdate: _____ Country of Birth: _____

Home Address: _____
(Street) (City) (ZIP)

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please answer the following questions:

1. What language did your child speak when first learning to talk? _____
2. What language does your child speak most often at home? _____
3. What language do you use most frequently when communicating with your child? _____
4. List the language(s), other than English, spoken by your child _____
5. List the language(s), other than English, spoken in the home. _____

PARENT/GUARDIAN SIGNATURE**:** _____

If your answer was any language other than English to questions 1-5, please answer the following questions.

6. What is the Parent/Guardian's native language? Mother_____ Father _____ Guardian_____
7. Does your child: ☐ speak English ☐ read English ☐ write English (Check all that apply.)
8. Which adults in the home **speak** English? Mother ☐ Father ☐ Guardian ☐
9. Which adults in the home **read** English? ☐ Mother ☐ Father ☐ Guardian
10. Do you need an interpreter? ☐ Yes ☐ No if yes, do you have one available? ☐ Yes ☐ No
11. Interpreter's Name (If available): _____ Phone #:_____
12. When did your child first attend school in the United States? Date:_____
13. List the schools your child attended in the United States

School Name	*City/State*	*Grade*	*Dates Enrolled*

14. List the schools your child attended in another country

School Name	*City/Country*	*Grade*	*Dates Enrolled*

District Response

*Refer to ELL Tutor_____ for assessment date on _____
*OTELLA issued on_____.
*Test in native language_____ yes_____ no Score_____

Notarized

Warrensville Heights City School District

RESIDENCY AND CUSTODY AFFIDAVIT

For the purpose of establishing school residence and custody (To be completed by parent or legal guardian)

SIGN ONLY AFTER CAREFULLY READING AND SIGNING IN THE PRESENCE OF A NOTARY.

THE UNDERSIGNED, FIRST BEING DULY SWORN ACCORDING TO LAW, STATE THAT:

I, _____, certify that I am the custodial parent/legal guardian of _____
(Parent's or Legal Guardian's Full Name) (Student's Name)

and that I have established residency at _____
(Street Number, Name, Apt. #) (City) (State) (Zip Code)

Date of Occupancy: _____ Lease End Date (if applicable): _____

I _____, certify that I am a resident of the above residence located within **Warrensville Heights City School District**. The registrar has explained to me that legal residency is determined by certain conditions, among them are that mail delivery, voting residence, and payroll city tax deductions are based on the **Warrensville Heights City School District** address and also, that the residence where meals are taken, and where the resident parent sleeps must be the Warrensville Heights residence. (Photo identification, such as an Ohio Driver's License with your most recent address, is required for identification)

List the names of **ALL** people, both adults and children, who reside at the above address. Also, please indicate their school (if applicable) and "status" (i.e., homeowner, lessee, renter, parent, guardian, student, preschooler, grandparent, etc.) Attach a separate piece of paper, if needed.

Last Name	First Name	School (If Applicable)	Last Name	First Name	School (If Applicable)

Please read each statement and then place your initials to the left of the statement.

_____ I/we certify **that the information provided in this document and registration packet is true** and no information has been withheld, concealed, or misrepresented for the purpose of circumventing the school attendance laws of the State of Ohio in order to enroll named students in the **Warrensville Heights City School District.**

_____ I/we understand that I/we are responsible for informing school officials of any change(s) in the residence of any parent, legal guardian, or other responsible adult. If I change my present address to another address that is within the **Warrensville Heights City School District**, I will **immediately** file another residency and custody affidavit with the Board of Education of the **Warrensville Heights City School District**. I further understand that if the above noted address ceases to be my legal residence and my new residence is outside the boundaries of the **Warrensville Heights City School District**, I will withdraw my child (ren) from the district and will enroll my child (ren) in the new district of residence.

_____ I/we are also responsible for informing school officials of any changes to the legal custody or guardianship of the child (ren).

_____ I/we have provided the **Warrensville Heights City School District** with an official copy of any and all current court orders from the Domestic Relations, Juvenile, Probate or any other court which has exercised jurisdiction over the custody or residency of the children being enrolled as per Ohio Revised Code 3313.672.

_____ I/we acknowledge the student who is being registered **has not been expelled** or excluded from any other school pursuant to O.R.C. Sections 3301.121 and 3313.662.

_____ I/we understand that if the student attends school while not being eligible to do so tuition free, **the student and all responsible parties will be liable for tuition** at a rate set by the Ohio Department of Education according to the Ohio Revised Code 3317.08 (the tuition rate for $10,799.97 for the year) plus interest at a rate of 1.5% per month, administrative costs, court costs, and any attorney fees incurred in the collection of those sums and the **student will immediately be withdrawn from** the **Warrensville Heights City School District**

_____ I/we understand that the **Warrensville Heights City School District may use whatever legal means it has at its disposal to verify my residency**. I/we hereby waive my rights to confidentiality of information relative to my/our residence and give permission to the **Warrensville Heights City School District**, the City tax Administrator, and the Regional Income Tax Agency (RITA) to release selected information such as name, social security number, and current and former addresses to confirm or deny my residency for the current or prior years.

Under the Ohio Revised Code 2921.13 and 2921.21, a misdemeanor of the first degree with a maximum fine of $1,000 and/or a jail term of six months. In cooperation with the City Prosecutors**, each violation may be thoroughly and vigorously prosecuted.**

Signature(s)

Parent/Legal Guardian/Custodian/ Student 18 years of age or older: _____

County of Cuyahoga)
) SS: State of Ohio)

Before me, a Notary Public of the State of Ohio, came the above-named who said that he/she/they did understand the statements set forth above and did adopt said statements and the information, herein as his/her/their own, as true to the best of his/her knowledge of the consequences and penalties of falsification, and did affix his/her signature in my presence,
This _____day of _____, 20____ _____

Notarized

Certification of Dual Residency

I, _____ Certify that I am the owner of the home located at:

_____ and that the family consisting of:

(First and last names of family members)

Parent/Guardian: _____

Student: _____	Grade: _____	Age: _____
Student: _____	Grade: _____	Age: _____
Student: _____	Grade: _____	Age: _____
Student: _____	Grade: _____	Age: _____
Student: _____	Grade: _____	Age: _____

Have established permanent residence at this address with me and may contribute to the household expenses and are not maintaining a separate residence elsewhere.

1. I will furnish proof that I live at the above address. (In the form of a Signed Lease, Purchase Agreement, Mortgage Statement and or Deed).

2. I understand that it will be my responsibility to notify the Warrensville City Schools Office of Registration at (216) 336-6585 when the above-named family no longer resides in my home. If family moves out of District and still attends Warrensville Heights City School District. I will be liable for tuition of each above listed family member.

3. I understand that if any of the above statements are false, I am liable for any penalties including, but not limited to, the collection of any money owed for tuition, which the law provides under the pertinent criminal code. (Please be advised responsible parties will be liable for tuition at a rate set by the Ohio Department of Education according to the Ohio Revised Code 3317.08 (for the current tuition rate for Warrensville is $10,799.97) plus interest at a rate of 1.5% per month, administrative costs, court costs, and any attorney fees incurred in the collection of those sums.

4. I understand that the attendance office may visit my home to ensure that the family named above, resides at the above address.

I UNDERSTAND MAKING A FALSE SWORN OR AFFIRMED STATEMENT BEFORE A NOTARY IS A CRIMINAL MISDEMEANOR OF THE FIRST DEGREE PUNISHABLE BY A FINE OF NOT MORE THAN $1,000 OR IMPRISONMENT OF NOT MORE THAN 6 MONTHS, OR BOTH. (SECTIONS 2921.3d, AND 2929.21 OF THE OHIO REVISED CODE)

Signature: _____
(Signature must be notarized)

Sworn to and subscribed before me, a Notary Public, this _____ day of _____, 20____.

_____
NOTARY PUBLIC

Cc: Warrensville Heights Housing Department
North Randall Housing Department
Highland Hills Housing Department

Student Health History

(To be completed by Parent)

Student's Name_____ Sex_____ Grade_____ Date of Birth_____

Does student have any medical condition that the staff should be alerted to? __yes ___ no
If yes, please describe _____
_____

List daily medication(s) and/or treatment(s): _____
_____

Will child require medication/treatments during school? __yes ____no If yes, a consent form is required!

Has student had any of the following? (Give year if possible)

Chicken Pox_____	Asthma _____	German Measles_____
Scarlet Fever_____	Hives_____	Regular Measles_____
Diabetes Mumps_____	Eczema_____	Bee Sting Allergy _____
Hay Fever_____	Nosebleeds _____	Rheumatic Fever_____
Hepatitis _____	Headaches_____	Stomach Disorder_____

Frequent Colds, Sore Throats_____

Seizures (Explain) _____

Other (Explain) _____

Hospitalizations, injuries or serious illness (Explain and give year or age)
_____

Ear infections? _____ Which ear? _____ Any hearing difficulty? _____

Vision difficulty? _____ Wears glasses? _____ Date of last exam: _____

Any speech difficulty? _____

Does student have allergies to animals, insects, food or plants that we should be aware of?
_____

Are there any other physical, developmental or emotional conditions that the school needs to be aware of? If so, please explain.
_____

Signature of Parent/Guardian_____ Date_____

Warrensville Heights City School District
4500 Warrensville Center Road
Warrensville Heights Ohio 44128

Dear Parent(s)/Guardian(s),

If you wish for your child to be included in any school activity photographs or videos, we ask that you sign the release form that follows. These images would be used for educational or publicity purposes for Warrensville Schools.

Photograph/Video Release Form

1 hereby give the Warrensville City School District the right to use any photographs and/or video footage of my child, his/her student work, and/or his/her full name in school-related publications, projects, web sites or videos, as well as, media sources, electronic news items and the community cable television educational access channel, I agree that the photographs and/or video footage shall become the exclusive property of the Warrensville City School District, and I waive all rights thereto. I waive all rights to approve copy or voice over commentary that may be used in conjunction with the photographs and/or video footage and the uses to which they may be applied.

I release the Warrensville City School District, its employees, directors, officers, administrators, and successors from any liabilities, claims, and causes of action, known or unknown, contingent or fixed, that may result from the use of photographs and/or video footage of my child, his/her student work, and/or his/her full name. I agree not to file any lawsuit or institute other legal action to assert a claim arising from any such use of photographs and/or video footage of my child, his/her student work, and/or his/her full name.

I agree to provide reasonable notice, in writing, to the Warrensville District of my intent to revoke this Release,

Student Name (Please Print)

_____

Grade Level: _____

Parent /Guardian Signature: Date:

_____ _____

AUTHORIZED INTERNET USE AGREEMENT FORM

To access e-mail and/or the Internet at school, student under the age of 18 must obtain parental permission and must sign and return this form. Students 18 and over may sign their own forms.

Use of the Internet is a privilege, not a right. The District's Internet connection is provided for educational purposes only. Inappropriate use will result in a cancellation of this privilege.

The District has implemented technology protection measures that block/filter Internet access to visual displays that are obscene, child pornography or harmful to minors. The District also employs monitoring devices/software that maintain a running log of Internet activity recording, which sites a particular user, visits. As such, the District monitors online activities of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication and/or services on the Internet which the District has not authorized for educational purposes, and which students and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Students accessing the Internet through the school's computers assume personal responsibility and liability, both civil and criminal, for inappropriate uses of the Internet.

The District reserves the right to monitor, review and inspect any directories, files and/or messages residing on or sent using the school's computers/network. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

Please complete the following information:

Student User's Full Name (please print): _____

School: _____

Parent/Guardian's Name: _____

Parent/Guardian

As the parent/guardian of this student, I have read the attached guidelines, and have discussed them with my child. I understand that student access to the Inter net is designed for educational purposes and that the District has taken available precautions to limit and/or control student access to material on the Internet that is obscene, objectionable inappropriate and/or harmful to minors. However, I recognize that it is impossible for the District to restrict access to all objectionable materials that may be found on the Internet. I will not hold the District (or any of its employees, administrators of officers) responsible for materials my child may acquire of come in contact with while on the Internet. Additionally, I accept responsibility for communicating with my child guidance concerning his/her acceptable use for the Internet – setting and conveying standards for my daughter/son to follow when selecting, sharing and exploring information and resources on the Internet. I give permission for my child to use and access the Internet, and for the District to issue an Internet/E-mail account to my child. I further confirm my child's intention to abide by the terms and conditions of these guidelines. Finally, I understand that my child and I may be liable for violations.

Parent/Guardian's Signature: _____ Date: _____

Student

I have read and agree to abide by the attached guidelines. I understand that any violation of the terms and conditions set forth in these guidelines is inappropriate and may constitute a criminal offense. As a user of the District's computer network and the Internet, I agree to communicate over the Internet and the network in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student's Signature: _____ Date: _____

Teachers and building principals are responsible for determining what is unauthorized or inappropriate use. The principal may deny, revoke or suspend access to the District's computers, network and/or the Internet to individuals who violate these guidelines, and take such other disciplinary action as is appropriate pursuant to the Student Code of Conduct.

Warrensville Heights City School District
Preschool Roster Permission Form

According to *Ohio Revised Code 3301.53 and 3301.56* we must prepare a roster of each group of children enrolled in the WHCSD preschool program and make this available to parents upon request.

This roster is available to parents, and will include your child's name and telephone number. It will not be furnished to anyone other than a parent.

Please indicate by your signature your preference about being included on this roster and return it to school tomorrow.

ROSTER PERMISSION FORM

☐ **YES:** I would like to have my child's name and telephone number included in the class roster.

☐ **NO:** I would not like to have my child's name and telephone number included in this class roster.

Child's Name: _____

Parent's Signature: _____

Date: _____

Teacher: _____

Department of Early Childhood
Early Childhood Preschool Program

Pre-School Entrance Physician's Form

(To be completed by Doctor)

Student's Name_____ Sex___ Date of Birth_____ Age_____

Exam Date: _____ Height: _____ Weight: _____ BP: _____ Pulse: _____

Hearing test: _____ R: _____ L: _____

Referred to ear specialist? Yes: _____ No: _____

Vision: R: 20/_____ L: 20/_____ Lead_____ Referred to eye specialist? Yes_____ No_____

Does student have a medical condition that the school staff should be alerted to?

_____

Is this student on any medications? If yes, indicate name, dosage, and purpose:

_____

If student requires medications or treatments during school hours, a special consent form is required.

Does student have allergies to the following: (medication, animals, insects, food, and plants)?

_____

What is the students' reaction to the allergies? (rash, vomiting, difficulty breathing).

_____

Is this child able to participate fully in the following?

a. Classroom and academic activity Yes_____ _ No_____
b. Physical education activities (& swimming) Yes_____ No_____
c. Regular diet Yes_____ No_____

Limitations_____

Based upon this student's medical history and physical condition at the time of this examination, he/she is free of communicable disease and is in suitable condition for enrollment in school. Yes_____ No_____

Examined	WNL	Comments/Concerns	Examined	WNL	Comments/Concerns
Eyes			Ears		
Nose			Throat		
Mouth			Teeth		
Posture			Orthopedic		
Skin			Neurological		
Neck			Lungs		
Heart			Hernia		
Abdomen			Urinalysis		
Genitalia			General Condition		

Printed Name of Physician: _____Phone: _____

_____

Physician's Signature Date:

Physician's Address_____

Please return to the Registrar, Warrensville Heights City Schools 4285 Warrensville Center Road Warrensville Heights, Ohio 44128

Please attach current immunization record.

CHILD'S BACKGROUND INFORMATION

Family Information

Child's Name_____ Date of Birth: _____

Name of Mother or Guardian: _____

Name of Father or Guardian: _____

Do both parents live with the child? Yes _____ No _____

List other children in family (names and ages)

Name	Age:	Grade:
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other members of the household (names and relationship).

Name:	Age:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religious Preference or Holidays student does not celebrate:

_____

Is child adopted? _____ At what age? _____ Is child aware of adoption?_____

Is child a foster child? _____ How long has child been with your family? _____

Language other than English regularly spoken at home_____

School History

Has your child attended preschool before? Yes_____ No _____

If yes, for how long? _____

Has your child had any other group experiences? Yes _____ No _____

If yes, please describe_____

What does your child like to do at home? _____

_____

General Information

What games or toys does your child prefer?

What television shows does he/she like?

What are his/her strengths?_____
_____
_____

Please circle the words below that describe your child:

friendly	moody	clumsy	aggressive
impulsive	fearful	quiet	good-natured
stubborn	attentive	sleepy	even-tempered
dependent	happy	shy	sympathetic

How do you discipline your child? _____
_____
_____

How does your child react to discipline? _____
_____
_____

Does your child enjoy books? Yes _____ No _____

Who reads to your child? _____

How often? _____

Does your child nap? Yes___ No___ When? _____ How long? _____

What time does your child go to bed at night? _____ Wake up? _____

Does your child play well alone? Yes ____ No____ In groups? Yes ____ No ____
Are there neighborhood playmates? Yes ____ No____ What ages? _____

Has your child learned to?
Say nursery rhymes Yes _____ No_____ Sing songs? Yes ____ No ____
Dress self independently? Yes _____ No_____

Does your child have any special fears? (animals, thunder, dark, etc.) Yes ____ No ____
If yes, what are they? _____

Has your child experienced any difficult situations? (Hospitalization, moving, divorce, etc.)
Yes _____ No _____
If yes, please explain:
_____
_____

Health Information
Was your child born premature? Yes _____ No_____ If yes, how many weeks? _____
Birth weight _____ Was there anything unusual about the mother's pregnancy? Yes__ No __

If yes what are they? _____

Did your child require any special medical care or hospitalization at birth or during the first month after birth? Yes___ No: ____ If yes, explain._____

Does your child have any health problems of which we should be aware? Yes_____ No _____
If yes, please explain_____

Is your child on any medication? Yes ___No ___ If yes, what kind? _____
Dosage: _____

Has your child had any serious accidents or operations? Yes ____No _____
If yes, please describe_____
Date: _____

Does your child have any allergies? Yes_____ No_____
If yes, please describe _____
Please describe reaction._____

Are there any food or drinks that your child should not have? Yes _____ No_____
If yes, results_____

Does your child have frequent colds? Yes ____ No ____ Sore throats? Yes _____ No _____
Stomach aches? Yes _____ No____ Fevers? Yes _____ No _____

Hearing:
Has your child ever had any kind of ear/hearing examination or treatment? Yes _____No _____
If yes, when? _____ By whom? _____
Results: _____

Does your child:

Seem to have difficult hearing?	Yes ___ No___
Turn the TV louder than other family members?	Yes ___ No___
Seem to favor one ear over the other?	Yes ___ No___
Jump or appear startled if there is a loud noise?	Yes ___ No___
Seem to hear if you talk in a whisper?	Yes ___ No___
Make you talk loudly or repeat frequently?	Yes ___ No___
Have a history of ear inflection?	Yes ___ No___

If yes, how often? _____

Speech and Language:
At what age did your child begin to speak? _____

Does your child:

Seem to understand you? Yes ____ No___ Talk a lot?	Yes ____	No ____
Seem to speak as well as other children the same age?	Yes ____	No ____
Speak so other adults can understand?	Yes ____	No ____
Speak so other children can understand?	Yes ____	No ____
Follow a two-step verbal instruction? (Ex: "get a toy and put it on a shelf')	Yes ____	No ____
Use gestures to communicate (ex: point, pull you)	Yes ____	No ____

Do you think your child has difficulty?

Forming sounds for words?	Yes ____	No ____
Putting words together?	Yes ____	No ____
With the way his/her voice sounds?	Yes ____	No ____
With repeating sounds or words too often?	Yes ____	No ____

Does your child:

Seem to have difficulty seeing small lines or pictures?	Yes ____	No ____
Seem to have difficulty seeing things far away?	Yes ____	No ____
Seem to sit too close to the TV?	Yes ____	No ____
Squint?	Yes ____	No ____
Wear glasses?	Yes ____	No ____
Have eyes that turn in? Yes ____ No ____ Have eyes that turn out?	Yes ____	No ____

General Behavior:
Does your child:

Have frequent temper tantrums?	Yes ____	No ____

Describe what might occur that would result in a temper tantrum.
_____

Seem to be highly active?	Yes ____	No ____
Seem to be unusually quiet?	Yes ____	No ____
Seem to be a happy child?	Yes ____	No ____
Have an extremely short attention span?	Yes ____	No ____

How long can your child sit and attend to something of interest? _____

Is there anything else you would like us to know about your child that would help us understand him/her better?

What do you hope will be included in your child's school program?

Do you have any abilities/talents that you might offer to help enrich our program? (I.e. playing a musical instrument, drawing, etc.)