

# Welcome to Kindergarten!

## Registration for New Kindergarten Students

Welcome to the Richmond Heights Local School District! We are excited to have you join our family of students, parents and educators.

**To expedite the registration process, parents and guardians are asked to follow the three steps for a successful registration.**

1. Pick up a registration packet at our Board Office or download packet from our website.
2. Complete the packet and gather required documentation listed on the next page.
3. Call (216) 692-7395 to schedule a registration appointment.

We look forward to a fantastic start to your child's educational journey!

*"It's a New Day for the Richmond Heights Way"*

[www.richmondheightsschools.org](http://www.richmondheightsschools.org)

# RICHMOND HEIGHTS LOCAL SCHOOLS

447 RICHMOND RD. RICHMOND HTS., OHIO 44143 PHONE: 216-692-0086 FAX: 216-692-8487

*"It's the Dawning of a New Day"*

## Welcome New Families and Partners in Education

We are so excited to welcome you to Spartan Nation and want to ensure that your child has a smooth transition to Richmond Heights Local Schools.

In order to meet that goal we will need ALL documents noted on the enrollment package. Therefore we strongly recommend you come prepared with all information to support a complete enrollment and a smooth transition. Upon a completed enrollment package, your child/children will begin school in 48 hours. This process is to allow the guidance counselor opportunity to schedule accordingly and the review of any documents that indicate exceptionalism and proper placement.

If you are unable to provide ALL documents at the time of enrollment, your child/children cannot begin school at Richmond Heights Local Schools until the registrar's office is in receipt of a complete enrollment package. Please refer to the enrollment package for the required documents.

If you have any questions of clarification, please feel free to contact me at [askew.kelly@richmondheightsschools.org](mailto:askew.kelly@richmondheightsschools.org).

Thank you and Welcome to Spartan Nation,

*Kelly Askew-Tucker*

Kelly Askew-Tucker  
Director of Educational Services  
216-692-0086 ext.571228

# RICHMOND HEIGHTS LOCAL SCHOOLS

447 RICHMOND RD. RICHMOND HTS., OHIO 44143 PHONE 216-692-7395 FAX 216-692-8487

## KINDERGARTEN REGISTRATION

In order for the registration process to move quickly, please use the checklist below and supply the district with the following documents:

1. \_\_\_ Completed **Registration forms** (attached).
2. \_\_\_ A current **Driver's License** or current **State ID** of the adult registering the student.
3. \_\_\_ **Original or certified** copy of child's **Birth Certificate**.
4. \_\_\_ **Child's Social Security Card**.
5. \_\_\_ **If applicable**, a stamped, certified copy of **Court Order establishing custody or guardianship**. (No photo copies)
6. \_\_\_ **Notarized statement of residency** (form included in packet).
7. \_\_\_ **Lease, Mortgage, or Deed**. **The district will not enroll without proof of residence.**
8. \_\_\_ **Child's complete Immunization records** signed by your physician (form attached).

As the parent or legal guardian of the child being registered, you have a continuing responsibility to inform the superintendent of schools of any change of residence or legal custody. Regarding legal custody or guardianship, a court of jurisdiction must award it before a student will be allowed to enroll in the Richmond Heights Local School District.

The Richmond Heights Schools attendance officer will confirm the accuracy of information provided during the registration process by making home visits to all new students.

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I have read the above enrollment procedures, understand them and will abide by them. I will notify the superintendent of schools of any changes that may occur.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# RICHMOND HEIGHTS LOCAL 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 **Richmond Heights Local 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 **Richmond Heights Local School District** address and also, that the residence where meals are taken, and where the resident parent sleeps must be the **Richmond Heights Local School District/Richmond 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 **Richmond Heights Local 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 **Richmond Heights Local School District**, I will **immediately** file another residency and custody affidavit with the Board of Education of the **Richmond Heights Local 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 **Richmond Heights Local 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 **Richmond Heights Local 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, and related costs, and the student will immediately be withdrawn from the **Richmond Heights Local School District**.
- \_\_\_\_\_ I/we understand that the **Richmond Heights Local 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 **Richmond Heights Local School District**, the City Tax Administrator, and the Regional Income Tax Agency (RITA) to release information such as name, social security number, and current and former addresses to confirm or deny my residency for the current or prior years.
- \_\_\_\_\_ **Be sure you have read this statement carefully before you initial. Giving false information under oath is punishable as a criminal offense 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) - MUST BE SIGNED IN FRONT OF A NOTARY IN ORDER TO BE NOTARIZED. DO NOT SIGN IN ADVANCE.**

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

County of Cuyahoga)

JS

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\_\_\_\_

Notary Public



# RICHMOND HEIGHTS LOCAL SCHOOL DISTRICT

## STUDENT REGISTRATION FORM



<b>Student Name</b>	Last Name	First Name	Middle Name	Entry Grade
<b>Social Security #</b> <small>(optional)</small>	- -	<b>Birth Date</b>	Month / Day /	Year
<b>Student Home Address</b>	Number	Street	City	Zip Code Up <input type="checkbox"/> Down <input type="checkbox"/> Apt. #
<b>Parent/Guardian</b>	Name		Phone Number	
<b>Previous school attended</b> <small>Include homeschooling</small>	Name of School		School District	City State

<b>Is this student Hispanic/Latino?</b> <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino	<b>Race</b> <small>(choose one or more)</small> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <b>How Identified:</b>
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<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Citizenship</b> <input type="checkbox"/> Dual National <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Resident Alien <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Other please name:
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<b>Birthplace</b> City State Country	<b>Native / Primary Language</b> <input type="checkbox"/> English <input type="checkbox"/> Other please name:
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<b>Student Lives With</b> (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Self
<b>Legal Custody</b> (check all that apply) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent Court Journal Entry: ( / / ) County: _____	<input type="checkbox"/> Guardian <input type="checkbox"/> CCDCFS <input type="checkbox"/> Other (explain): <input type="checkbox"/> Probate Court <input type="checkbox"/> Juvenile Court Restrictions: _____
District Bearing Cost(for Foster Children only):	

Is the child in gifted or Advanced Placement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe services:
Does the child have a 504 plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, describe services:
Has the child ever had an IEP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, list year of most recent evaluation:
If yes, do you have a copy of the IEP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, indicate program:
Is the child suspended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, from what district?
Is the child expelled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	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

<b>Daycare/Preschool/Kindergarten Questionnaire</b>	
Has your child been in a previous school setting: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please name school(s): _____ Address _____	
City _____ State _____ Phone Number _____	
Permission to Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian Signature: _____ Date: _____	

**PARENT(S) / GUARDIAN INFORMATION**

**STUDENT NAME:**

<b>Mother</b>		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		Dual Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Name		First Name	
Address		Number	Street		City	Zip Code	
Workplace				Email			
Home Phone			Work Phone		Cellular Phone		

<b>Father</b>		<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Remarried	<input type="checkbox"/> Deceased
<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential		Dual Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Name		First Name	
Address		Number	Street		City	Zip Code	
Workplace				Email			
Home Phone			Work Phone		Cellular Phone		

<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other:		
Last Name		First Name			
Address		Number	Street	City	Zip Code
Workplace				Email	
Home Phone			Work Phone		Cellular Phone
Social Worker (If Applicable):					

<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Step Parent	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> 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/Independent Student: \_\_\_\_\_

Date:	Information Verified By: _____	Signature
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# **RICHMOND HEIGHTS LOCAL SCHOOLS**

## **REQUEST FOR TRANSFER OF STUDENT RECORDS**

RECORDS OF: \_\_\_\_\_  
*Student* *Grade* *Date of Birth*

\_\_\_\_\_  
*Former Address* *City, State, Zip, Country*

RELEASED FROM: \_\_\_\_\_  
*School/Agency*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip*

Phone \_\_\_\_\_ Fax \_\_\_\_\_

RELEASE TO: **Richmond Heights Board of Education**  
**Registrar**  
**447 Richmond Road**  
**Richmond Heights, OH 44143**  
**Phone: 216/692-7395**  
**Fax: 216/692-8487**  
**Email: [bendes.kathy@richmondheightsschools.org](mailto:bendes.kathy@richmondheightsschools.org)**  
**1<sup>st</sup> Day of Admission** \_\_\_\_\_

Please include any or all listed below:

- \_\_\_\_ Transcripts/Academic Grades
- \_\_\_\_ Grades to Date of Withdrawal
- \_\_\_\_ Standardized Test Scores
- \_\_\_\_ Individual Career Plan
- \_\_\_\_ Health and Immunization Records
- \_\_\_\_ IEP/ETR
- \_\_\_\_ 504 Plan
- \_\_\_\_ Other, please specify \_\_\_\_\_

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 the 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*



# Richmond Heights Local Schools

## Emergency Medical Authorization

**To enable parents and guardians to provide necessary information and to authorize the provision of emergency treatment for a student who becomes ill or is injured while under school authority.**

**Student Name** \_\_\_\_\_  
Last First Middle Birth Date

**Home Address** \_\_\_\_\_ **Apt.** \_\_\_\_\_

**Primary Phone** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Parent(s) or Guardian with whom student lives:**

\_\_\_\_\_/\_\_\_\_\_  
Name / Relation to student Name / Relation to student

**Cell Phone** (\_\_\_\_) \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_

**Daytime** (\_\_\_\_) \_\_\_\_\_ **Daytime** (\_\_\_\_) \_\_\_\_\_

**Non-Residential Parent (If Applicable)**

\_\_\_\_\_  
Name / Relationship to Student Primary Phone

\_\_\_\_\_  
Address Apt. City State Zip Code

**Is there a court order which limits / prohibits non-custodial parent contact?**     Yes     No  
 If yes is marked, parent must contact the office and provide legal documentation.

**Transportation**

Check all that applies: Bus to school \_\_\_\_\_ Bus from school \_\_\_\_\_ Car rider \_\_\_\_\_ Walk \_\_\_\_\_

\* If your child does not go home after school, please list where the child goes, on what days, and phone number:

\_\_\_\_\_  
Name / Agency Phone Number M T W T H F  
  Circle Days

**Note: Requests to change normal transportation MUST be made in writing.**

**List the person(s) who will care for your child in the event that reasonable attempts to contact parent(s) have been unsuccessful. List contacts in the order in which you prefer them to be called.**

1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name / Relationship to Student Primary Phone
2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name / Relationship to Student Primary Phone
3. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name / Relationship to Student Primary Phone

**Please include name of an older sibling who is authorized to pick up student in the event of a disaster.**

\_\_\_\_\_ **Grade** \_\_\_\_\_



**Information Concerning Student's Health – Please print**

Medical History: \_\_\_\_\_  
\_\_\_\_\_

Allergies (insect, food, medications, etc.): \_\_\_\_\_  
\_\_\_\_\_

Physical impairments that limit mobility: \_\_\_\_\_  
\_\_\_\_\_

Medications taken (including dosage and times given): \_\_\_\_\_  
\_\_\_\_\_

**\*\*Please note: If your child would need to take any medication during a 24-hour period of "sheltering in place", please contact the school nurse to discuss this matter confidentially.**

Describe any **critical medical information** the bus driver should be aware of when transporting this student:

\_\_\_\_\_  
\_\_\_\_\_

**To Grant Consent**

**I grant consent**, in the event that reasonable attempts to contact me have been unsuccessful, (1) for the administration of any treatment deemed necessary by the named doctors:

Dr. \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Preferred Physician

Dr. \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Preferred Dentist

or in the event the designated preferred practitioner is not available, by another licensed physician or dentist.

(2) the transfer of the child to (preferred hospital) \_\_\_\_\_, or any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

**Refusal to Grant Consent**

**I refuse to grant consent** for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish the school authorities to take the following action:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

**I understand that I am responsible for keeping ALL information current and correct.**

**Appendix A: Language Usage Survey**

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____	
<b>Communication Preferences</b> Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.		1. In what language(s) would your family prefer to communicate with the school? _____	
<b>Language Background</b> Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.		2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____	
<b>Prior Education</b> Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.		5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month / Day / Year	
<b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.		_____ _____ _____	
Parent/Guardian First Name: _____		Parent/Guardian Last Name: _____	
Parent/Guardian Signature: _____		Today's Date: <i>(mm/dd/yyyy)</i> _____	

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>



\*\*\*COMPLETED BY SCHOOL EMPLOYEE\*\*\*

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the [Language Usage Survey Annotations](#) on page 2 for item-specific guidance.

<p><b>Student's native language</b> See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	<p>_____</p>
<p><b>Student's home language</b> See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	<p>_____</p>
<p><b>Potential English learner</b> See Language Usage Survey Questions 2-4.</p>	<p><input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.</p>
<p><b>Immigrant student status</b> See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<p><input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.</p>

4. **Validate.** Complete the information below.

Signature of validating school employee	Date (mm/dd/yyyy)
Printed name of validating school employee	Name of school or school district

## Immunization Summary for School Attendance - Ohio

VACCINES	<i>FALL 2019</i> <b>IMMUNIZATIONS FOR SCHOOL ATTENDANCE</b>
<b>DTaP/DT Tdap/Td</b> Diphtheria, Tetanus, Pertussis	<u><b>Kindergarten</b></u> Four (4) or more doses of DTaP or DT, or any combination. If all four doses were given before the 4 <sup>th</sup> birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4 <sup>th</sup> birthday, a fifth (5) dose is not required. * <u><b>1-12</b></u> Four (4) or more doses of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up. <u><b>Grades 7-12</b></u> One (1) dose of Tdap vaccine must be administered prior to entry. **
<b>POLIO</b>	<u><b>K-9</b></u> Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4 <sup>th</sup> birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required. *** <u><b>Grades 10-12</b></u> Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.
<b>MMR</b> Measles, Mumps, Rubella	<u><b>K-12</b></u> Two (2) doses of MMR. Dose one (1) must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose one (1).
<b>HEP B</b> Hepatitis B	<u><b>K-12</b></u> Three (3) doses of Hepatitis B. 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 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.
<b>Varicella</b> (Chickenpox)	<u><b>K-9</b></u> Two (2) doses of varicella vaccine must be administered prior to entry. Dose one (1) must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after the first dose, it is considered valid. <u><b>Grades 10-12</b></u> One (1) dose of varicella vaccine must be administered on or after the first birthday.
<b>MCV4</b> Meningococcal	<u><b>Grades 7-10</b></u> One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. <u><b>Grade 12</b></u> Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. ****

### NOTES:

- Vaccine should be administered according to the most recent version of the *Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download at <https://www.cdc.gov/vaccines/schedules/index.html>.
- Vaccine doses administered  $\leq 4$  days before the minimum interval or age are valid (grace period). Doses administered  $\geq 5$  days earlier than the minimum interval or age are not valid doses and should be repeated as 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 for School Attendance and the ODH Director's Journal Entry (available at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/Immunization/Required-Vaccines-Child-Care-School/>).

These documents list required and recommended immunizations and indicate exemptions to immunizations.

- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

\* Recommended DTaP or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4<sup>th</sup> birthday, a sixth dose is recommended but not required.

\*\* Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. Tdap can be given regardless of the interval since the last Tetanus or diphtheria-toxoid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.

\*\*\* The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose.

\*\*\*\* Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1<sup>st</sup>) dose of MCV4 was administered on or after the 16<sup>th</sup> birthday, a second (2<sup>nd</sup>) dose is not required. If a pupil is in 12<sup>th</sup> grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.

# Ohio Department of Health • School and Adolescent Health

## Physical Examination

Student's name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
Height	Weight	BMI percentile	BP

### Screening Tests

Vision	Hearing	Postural
Date performed / /	Date performed / /	Date performed / /
Distance Acuity <input type="checkbox"/> R <input type="checkbox"/> L Muscle Balance <input type="checkbox"/> Pass <input type="checkbox"/> Fail Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail Child wears glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Tested with glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pure Tone Right ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail Left ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail Child wears hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Child under the care of a hearing specialist <input type="checkbox"/> Yes <input type="checkbox"/> No Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No abnormality noted <input type="checkbox"/> Screening not done <input type="checkbox"/> Referral made Comments _____ _____ _____

### Speech/Language

### Lead Poisoning

Speech assessment completed <input type="checkbox"/> Yes <input type="checkbox"/> No Child has no discernible speech problem <input type="checkbox"/> Yes <input type="checkbox"/> No Speech evaluation recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Child has possible problem with _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Date _____</td> <td>Type <input type="checkbox"/> C <input type="checkbox"/> V</td> <td>Results _____ <math>\mu\text{g}/\text{dL}</math></td> </tr> <tr> <td><input type="checkbox"/> Date _____</td> <td>Type <input type="checkbox"/> C <input type="checkbox"/> V</td> <td>Results _____ <math>\mu\text{g}/\text{dL}</math></td> </tr> <tr> <td colspan="3"><b>Tuberculin Test</b></td> </tr> <tr> <td>Date _____</td> <td>Type _____</td> <td>Results _____</td> </tr> </table>	<input type="checkbox"/> Date _____	Type <input type="checkbox"/> C <input type="checkbox"/> V	Results _____ $\mu\text{g}/\text{dL}$	<input type="checkbox"/> Date _____	Type <input type="checkbox"/> C <input type="checkbox"/> V	Results _____ $\mu\text{g}/\text{dL}$	<b>Tuberculin Test</b>			Date _____	Type _____	Results _____
<input type="checkbox"/> Date _____	Type <input type="checkbox"/> C <input type="checkbox"/> V	Results _____ $\mu\text{g}/\text{dL}$											
<input type="checkbox"/> Date _____	Type <input type="checkbox"/> C <input type="checkbox"/> V	Results _____ $\mu\text{g}/\text{dL}$											
<b>Tuberculin Test</b>													
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical education classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Competition athletics	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact and collision sports	<input type="checkbox"/> Yes <input type="checkbox"/> 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



## Ohio Department of Health School and Adolescent Health Immunization Report

Student's Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
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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 (DTap,DT, Tdap, Td)	
Polio	
Hepatitis B (HBV)	
Measles, Mumps, Rubella (MMR)	
Varicella (Chicken pox)	
Hepatitis A	
Meningococcal (MCV4)	
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 / /
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