Jefferson Township Local School District
Kindergarten Enrollment Checklist

___Copy of the original, certified birth certificate (not a hospital or baptismal certificate)

___Updated Immunization Records

___Proof of residency (mortgage statement, lease/rental agreement, DP&L/Vectren bill)

___Custody Documentation (if applicable)

___Copy of driver’s license

___Student Registration Worksheet

___Emergency Medical Authorization

___Authorization to Release School Record Data

___School Health Information Form

___Blairwood Student Information Sheet

___Photo Release Form

___Transportation Form (if applicable)

___Residency Affidavit Form (if applicable)

___Academic Screening

For School Office Use Only

Registration completed by ____________________________

Kindergarten Screening Completed on ______ by ________

Kindergarten Screening Results __________________________

Other Information ________________________________

Fall Assignment ________________________________
# JEFFERSON TOWNSHIP LOCAL SCHOOL DISTRICT

## EMERGENCY MEDICAL AUTHORIZATION

**Student Name**

**Address**

**Telephone**

**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 or guardians cannot be reached.

### Residential Parent or Guardian

<table>
<thead>
<tr>
<th>Mother's Name</th>
<th>Daytime Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father's Name</td>
<td>Daytime Phone</td>
</tr>
<tr>
<td>Other's Name</td>
<td>Daytime Phone</td>
</tr>
</tbody>
</table>

### Name of Relative or Childcare Provider

| Address | Relationship | Phone |

## PART I OR II MUST BE COMPLETED

### PART I — TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

<table>
<thead>
<tr>
<th>Doctor</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist</td>
<td>Phone</td>
</tr>
<tr>
<td>Medical Specialist</td>
<td>Phone</td>
</tr>
<tr>
<td>Local Hospital</td>
<td>Emergency Room Phone</td>
</tr>
</tbody>
</table>

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 by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to 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.*

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Parent/Guardian Signature</th>
</tr>
</thead>
</table>

### PART II — REFUSAL TO GRANT 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 actions:

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
</table>
AUTHORIZATION TO RELEASE SCHOOL RECORD DATA

Student records may be sent to another educational agency or institution, on request, in which the student seeks or intends to enroll without requiring a parent or student signature. (Final Rule on Educational Records, Federal Register, June 17, 1976.)

The following student has enrolled in Jefferson Township Local School District:

Student’s Name: ___________________________ Social Security #: ___________________________

Grade Level: ___________________________ Date of Birth: ___________________________

Please send the following information:

___ Transcript of Grades K through present

___ Psychological Tests

___ Attendance Records

___ Psychiatric/psychological conditions

___ Grades/Credits

___ Drug/medication related conditions

___ Standardized test results/OPT

___ OT/PT

(including dates and scaled scores)

___ Speech/Language

___ Immunization Records

___ Neurological

Audiometric

___ Any other materials for proper placement

Signature of Administrator ___________________________

I hereby grant permission for ___________________________

Name of School (last attended)

______________________________

Address of School

City State Zip

And any other schools attended from K through present to release school

Records of ___________________________ to Jefferson Township Local Schools.

Student Name

Parent/Guardian Signature ___________________________ Date ___________________________

** For your information: Any Outstanding Debts owed to the “Departing” School may interfere with the “Release of Information” Process.

I hereby grant permission for ___________________________

Address of School

City State Zip

And any other schools attended from K through present to release school

Records of ___________________________ to Jefferson Township Local Schools.

Student Name

Parent/Guardian Signature ___________________________ Date ___________________________

** For your information: Any Outstanding Debts owed to the “Departing” School may interfere with the “Release of Information” Process.

To be completed by School sending records:

Is this student currently serving an expulsion at your school? If yes, please list dates, sign below and return this form with the records. Thank You.

Signature ___________________________ Title ___________________________
Jefferson Township Local Schools  
School Health Services  
2625 South Union Road Dayton, Ohio 45417  
Phone 937-835-5682 Fax 937-835-5955  
MEDICAL INFORMATION

For educational purposes, special medical problems, physical impairments or other facts concerning your child's medical history may be shared with teachers and staff involved in the academic settings.

Please Print
Student name ___________________________ Grade ____________
Date of Birth ____________ Home Phone ____________
Cell Phone __________________

<table>
<thead>
<tr>
<th>Medical problems/Allergies/Special Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asthma:</strong> Medication</td>
</tr>
<tr>
<td>Any meds needed at school:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bee/Insect Stings: What kind of reaction?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any meds at school:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Diabetes:</strong> Yes or No: Will need to meet with nurse to set up nursing care plan</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Seizures:</strong> Yes or No: Will need to meet with nurse to set up nursing care plan</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Nut Allergy:</strong> What kind</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will need to meet with nurse to set up nursing care plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Food Allergies:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Will need to meet with nurse to set up nursing care plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Hearing Aid:</strong> Yes or No: Please plan to keep batteries in the clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any special needs for the classroom:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Glasses:</strong> Yes or No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Heart Condition:</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Orthopedic Problems:</th>
</tr>
</thead>
</table>

Additional Information concerning you child:

Signature of parent/guardian ______________ Date ____________

SCHOOL PERSONNEL WILL NOT administer any medication (over counter or prescription) unless the School Medication Request form is completely filled out with the signature of both the physician/dentist and parent. Any medication must be stored in the clinic. The parent is responsible for providing the medications.
Student Information Sheet
Blairwood Elementary School

Student Information

Student's Name ___________________________ Grade ______
Street Address ___________________________ City/Zip Code ______

Student Lives with: Both Parents  Mother  Father  Guardian  (circle one)

Please also list any siblings that attend Blairwood:

Student's Name ___________________________ Grade _____ Lives with student Y or N (circle one)
Student's Name ___________________________ Grade _____ Lives with student Y or N (circle one)
Student's Name ___________________________ Grade _____ Lives with student Y or N (circle one)
Student's Name ___________________________ Grade _____ Lives with student Y or N (circle one)

Parent/Guardian Information

Mother's Name ___________________________ Home Phone ______
Work Phone ___________________________ Cell Phone ______
Father's Name ___________________________ Home Phone ______
Work Phone ___________________________ Cell Phone ______
Guardian's Name _________________________ Home Phone ______
Work Phone ___________________________ Cell Phone ______

Please list phone number to use for "One-Call Now" (number used to notify of school closings, etc.) ______

Email: ____________________________________

Emergency Contact/Early Dismissal/Pick-up Information

Please keep this list updated, as verbal authorization for pick-ups will only be given at the School Administrator's discretion.

Name ___________________________ Relationship _______ Phone ______
Name ___________________________ Relationship _______ Phone ______
Name ___________________________ Relationship _______ Phone ______

With my signature below, I authorize the following contacts to pick-up my child(ren) with proper identification. This authorization shall remain in effect until this form is amended.

Parent/Guardian Signature ____________________________________________

Signature of Parent/Guardian __________________________________________

For Office Use Only:
Teacher: _______  /Room # _______
Bus #: _______
JEFFERSON TOWNSHIP LOCAL SCHOOLS

PHOTO RELEASE FORM

I authorize the Jefferson Township Local District to use the name of my child and photographs in which my child appears for the purpose of promoting the Jefferson Township Local School District through publications released by the Board of Education. Such publications include, but are not limited to, alumni publications, academic publications, athletic publications, and electronic versions of the same publications.

I hereby waive any right to inspect or approve the finished photographs or printed electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

Name of child: __________________________________________________________

Address: ______________________________________________________________

_______________________________________________________________________

Telephone: _____________________________________________________________

Name of parent/guardian: ________________________________________________

Signature: ___________________________ Date: ________________________________

_____ I authorize the use of my child's photo as described above

_____ I do not authorize the use of my child's photo as described above

March 2010
<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date of Birth:</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
<td>Date of Birth:</td>
<td>Grade</td>
</tr>
<tr>
<td>Student Name:</td>
<td>Date of Birth:</td>
<td>Grade</td>
</tr>
<tr>
<td>Student Name:</td>
<td>Date of Birth:</td>
<td>Grade</td>
</tr>
<tr>
<td>Student Name:</td>
<td>Date of Birth:</td>
<td>Grade</td>
</tr>
</tbody>
</table>

Parent/Guardian Name:__________________________
Address:_____________________________________
City:_________________ State:_________ Zip Code:_________
Home Number:_____________ Cell Phone Number:_____________

Emergency Contact Name:_______________________
Emergency Phone Numbers:______________________

Daycare Name and Address:_____________________
Daycare Contact Name:_________________________ Daycare Phone Number:_____________________
Daycare Busing AM:_________ Daycare Busing PM:_________

Parent Signature ____________________________ Date ________________________
School Official Signature ____________________ Date ________________________

Office Use Only: Received On:_________ Completed On:_________
Approved:_________ Not Approved:_________ Reason:_________________________
Bus Stop:_________________ Am Time:_________ Pm Time:_________ Bus #:_________
Jefferson Township Local School District

INSTRUCTIONS FOR COMPLETING THE RESIDENCE AFFIDAVIT FORM

1. The Residence Affidavit must be completed by the parent/guardian of the student(s) and, if the parent/guardian resides in a home or apartment owned or rented by someone else, by the homeowner/renter with whom the parent/guardian and student(s) reside. Both the parent/guardian and the homeowner/renter, if applicable, must sign the Residence Affidavit in the presence of a notary public prior to the student(s) starting school.

2. If the parent/guardian and student(s) are moving into an apartment that is registered in someone else’s name, a statement from the apartment manager is also required. This statement must acknowledge that additional occupants are residing in the apartment, and the statement must be typed/written on the apartment complex/manager’s stationary with contact information included.

3. The completed Residence Affidavit must be returned to the Board of Education office. The Jefferson Township Local School District attendance officer will be notified and may contact you for further verification of residence status.

Revised May 2010
Board Approved June 14, 2010
The information provided herein is subject to periodic review and verification through method and documents of the District's choosing.

I certify that I have read this Residence Affidavit and that the information contained herein is true and accurate to the best of my knowledge. I further confirm that I understand that falsification of the Residence Affidavit may subject me to certain sanctions imposed by law, as stated in bold above.

Parent/Guardian Signature

STATE OF OHIO )
COUNTY OF MONTGOMERY ) ss:

Sworn to before me and subscribed in my presence by [name] this ______ day of______, 20__.  

Notary Public

Homeowner/Renter Affidavit

I, [homeowner/renter name], attest and affirm that [parent/guardian name] and the student(s) listed above reside with me at [homeowner/renter's address]. I understand that “reside” means to actively live at the above address, and I attest and affirm that the majority of the family’s daily activities of living occur at that address. I further affirm that I will immediately notify school officials if the parent/guardian and student(s) establish their own residence, change address, or change living arrangements.

Pursuant to Section 2921.13 of the Ohio Revised Code, falsification of a notarized statement may result in up to six months imprisonment, a fine of up to $1,000.00 or both.

Any parent/guardian found living outside the Jefferson Local School District and receiving tuition-free education may be criminally charged with petty theft under Ohio Revised Code Section 2913.02, a misdemeanor of the first degree. If the value of the services stolen is five hundred dollars or more, the theft offense becomes a felony.
Jefferson Township Local School District Board of Education takes its responsibility to its resident students very seriously. If it is determined that a parent/guardian, having signed below, is found to have falsified this affidavit, the Board of Education will pursue sanctions as set forth above, and tuition charges will be assessed.

The information provided herein is subject to periodic review and verification through method and documents of the District's choosing.

I certify that [I have read this Residence Affidavit and that the information contained herein is true and accurate to the best of my knowledge. I further confirm that I understand that falsification of the Residence Affidavit may subject me to certain sanctions imposed by law, as stated in bold above.

______________________________
Affiant Signature

STATE OF OHIO       }  ss:
COUNTY OF MONTGOMERY   }

Sworn to before me and subscribed in my presence by ___________[name] this _____ day of ______, 20__.

______________________________
Notary Public
Jefferson Township Local Schools

The following immunizations are required for all students entering Blairwood Elementary:

- DPT (Diptheria-Pertussis-Tetanus) 4+ doses (last does after age 4)
- OPV (Oral Polio vaccine) 3+ doses (last dose after age 4)
- MMR (Measles-Mumps-Rubella) 2 doses
- Hepatitis B Vaccine Series 3 doses
- Varicella Vaccine 2 doses

Please make appointments with your child’s physician/clinic early in the summer to beat the school year rush. You may forward any immunization paperwork to Blairwood Elementary @mwoods@jeffersonw.jp.k12.oh.us.

Thank for your cooperation. If you have any questions please contact me at (937)263-3504, ask for the clinic.

Sincerely,

Ms. Angela, Clinic Nurse

Blairwood Elementary
## Uniform Dress Code

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shirt/Bouse/Turtleneck Polo</strong></td>
<td>Long or short; w/collar, no emblem; nothing sheer</td>
</tr>
<tr>
<td>Style</td>
<td></td>
</tr>
<tr>
<td>Color</td>
<td>White, Light Blue, Navy Blue, Gold</td>
</tr>
<tr>
<td><strong>Pants</strong></td>
<td>Uniform pant: No jeans, bellbottoms, cargo, zippered, sweats, baggies, stretch, capris, spandex, hip-huggers, form fitting</td>
</tr>
<tr>
<td>Style</td>
<td></td>
</tr>
<tr>
<td>Color</td>
<td>Navy</td>
</tr>
<tr>
<td><strong>Sweater/Vest (optional)</strong></td>
<td>No emblem; solid color</td>
</tr>
<tr>
<td>Style</td>
<td></td>
</tr>
<tr>
<td>Color</td>
<td>Navy</td>
</tr>
<tr>
<td><strong>Belt</strong></td>
<td>N/A</td>
</tr>
<tr>
<td>Style</td>
<td></td>
</tr>
<tr>
<td><strong>Shorts</strong></td>
<td>Uniform shorts; mid-thigh length or longer</td>
</tr>
<tr>
<td>Style</td>
<td></td>
</tr>
<tr>
<td><strong>Skirt/Skort</strong></td>
<td>N/A (no more than 2&quot; above knee)</td>
</tr>
<tr>
<td>Style</td>
<td></td>
</tr>
<tr>
<td>Color</td>
<td>Navy</td>
</tr>
<tr>
<td><strong>Jumper (optional)</strong></td>
<td>N/A (no more than 2&quot; above knee)</td>
</tr>
<tr>
<td>Style</td>
<td></td>
</tr>
<tr>
<td>Color</td>
<td>Navy</td>
</tr>
<tr>
<td><strong>Shoes</strong></td>
<td>Any: except no sandals, open toes, open back, sling back, spikes or cleats</td>
</tr>
<tr>
<td>Style</td>
<td></td>
</tr>
<tr>
<td>Color</td>
<td>Any</td>
</tr>
<tr>
<td><strong>Socks/Hose/Tights</strong></td>
<td>Solid/No Patterns</td>
</tr>
<tr>
<td>Style</td>
<td></td>
</tr>
<tr>
<td>Color</td>
<td>White, blue, beige/khaki, brown</td>
</tr>
<tr>
<td><strong>Ties (optional)</strong></td>
<td>N/A</td>
</tr>
<tr>
<td>Style</td>
<td></td>
</tr>
<tr>
<td>Color</td>
<td>Any appropriate</td>
</tr>
<tr>
<td><strong>Book Bags</strong></td>
<td>Clear (preferred)</td>
</tr>
</tbody>
</table>