

News Release

The West Holmes Class of 2032 kindergarten registration (entering school, August, 2019) will begin on February 11. Parents having children who will be five years of age on or before August 1, 2019 are asked to call and register their child at the elementary school the child will attend, by April 19, 2019. It is important that you call by this date.

When parents call, you will be asked some basic information about your child, and you will schedule a time for kindergarten screening. A registration packet will be mailed out to you in April to be completed and brought to kindergarten screening later in April or May. **It is also very important that you bring a copy of your child's birth certificate and proof of residency with you to kindergarten screening so that we have all the necessary paperwork on file that we need. We look forward to seeing you and your child in the spring.**

Kindergarten screening dates are:

April 30 – Killbuck

May 2 - Nashville

May 7 – Clark (am only)

May 9 – Millersburg (am only)

May 10 – Millersburg

Clark Elementary	330-674-7936
Killbuck Elementary	330-276-2891
Millersburg Elementary	330-674-5681
Nashville Elementary	330-378-2111

What is screening?

Kindergarten screening is a brief assessment that usually lasts about a half hour. It provides a baseline of where a child is at and measures generally accepted guidelines for kindergarten readiness. It is not a measure of intelligence, but rather an indication of a child's needs at a specific time. Children are assessed in five different areas:

Motor skills: This will include catching, jumping, hopping, cutting with scissors and building with blocks.

Language skills: This includes identifying objects, rhyming words, and answering questions such as, what is your name.

Concept skills: This area includes pointing to body parts, counting, placing blocks in named positions and sorting shapes.

Hearing and Vision: Our school nurse conducts these screenings to discover any potential concerns. Vision and hearing will be checked again at the beginning of kindergarten.

Social and Self Help Development: This is a survey the parents will complete that asks about personal habits such as dressing, eating, grooming as well as sharing, following rules and self-control.

Why is screening conducted?

It is a state requirement that all children are screened prior to their entrance of school. It helps to identify children who may need additional support services. It gives students a chance to meet their teachers and other staff members. Also, it gives the students a chance to explore the school building.

What documents should I bring to screening with me?

Please have the following enclosed forms completed when you arrive for screening.

- Registration Form (both sides)
- Health Record – this form **MUST** be turned in no later than 10 days after the first day of school
- Student Transportation Request

Along with above forms please bring these documents.

- Certificate of Live Birth for child (obtained from the Health Department)
- Your photo ID
- Proof of Immunization
- Proof of residence (a bill you have received in the mail with your name and physical address)

What can I expect when I arrive at the building?

When you enter the building you can expect to see signs and staff giving directions to parents on where to go. Once you arrive in the room, your child will be taken to another room located near by and rotated through the five different assessment stations listed previously. While the parents are waiting for their child to return, the building principal will introduce staff and discuss school procedures and policies. Parents will be asked to complete a survey regarding their child. This is a good time for parents to ask questions they may want answered. You can also expect to hear a brief presentation from the Holmes County Public Library, as well as a chance to sign up for a library card. Once your child returns from screening you are free to go.

Who will be working with my child at screening?

As a child rotates through the screening stations, they can expect to see professional personnel from the district, such as speech therapists, the schools nurse, as well as the kindergarten teachers themselves.

Who will see the results?

After screening is complete the information from each assessment will be compiled. This information will be shared with the building principal, kindergarten teachers, and any other school personnel who may be involved in the child's education. This information helps the teacher prepare for his or her classroom needs to help make each child's year a successful one.

Parents will also see the results. They can expect to see them arrive in the mail a few weeks after the screening has been conducted. After receiving the results a parent may feel free to contact the building principal to discuss the results.

How can I prepare my child for screening?

The best way to make sure that your child is prepared is to make sure:

- Your child gets a good night's sleep the night before.
- Pick a screening time that best meets your child's needs.
- Dress your child comfortably; wear tennis shoes, no flip-flops please.
- Feed your child a well-balanced meal before coming.

WEST HOLMES LOCAL SCHOOL DISTRICT Student Registration Form

STUDENT ENROLLING INTO _____ SCHOOL AND GRADE _____

PARENT/GUARDIAN RESIDES IN _____ SCHOOL DISTRICT

REQUIRED DOCUMENTS TO REGISTER YOUR STUDENT:	
BIRTH CERTIFICATE	CUSTODY DOCUMENT (if applicable)
IMMUNIZATION RECORDS	OPEN ENROLLMENT FORM (if applicable)
PROOF OF RESIDENCY	MOST RECENT ETR AND IEP (if applicable)

STUDENT NAME _____
First Middle Last Called Name

Parent/Guardian Name _____

Mailing Address (P. O. Box or House No. & St or Rd) _____

Physical Address of Residence (if mailing address is P. O. Box) _____

County: _____
City State Zip Code

Home Telephone No. (_____) Mobile Telephone No. (_____) _____

Student's Gender: M F Student's Social Security No. _____ / _____ / _____ (Optional)

Date of Birth _____ / _____ / _____ Place of Birth _____
Month Day Year City State County

Birth Certificate Mother's Maiden (Last) Name _____

Is this student of Hispanic/Latino Heritage? Yes No

Racial group(s) Checkmark all that apply:

Asian Black or African American American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander White
(Includes North, South, Central)

(Based on USDOE requirements, if a response is not provided by a parent/guardian, the district is to use observer identification of the student's racial/ethnic group. This designation is required to be communicated to parent/guardian prior to designation) Observer Identification _____

Primary Language Spoken in Home: English _____ Other, please list - _____

Name of last school attended _____

Address of last school attended _____
City State Zip Code

Telephone Number of last school attended _____

Student has a current ETR/IEP from the previous school? Yes No

Is student serving or in the process of an expulsion hearing from previous school? Yes No

Has this student ever attended school in the West Holmes School District? Yes No

If yes, what building did student attend? _____ Year withdrawn _____

Student lives with:

<input type="checkbox"/> Both birth parents	<input type="checkbox"/> Father
<input type="checkbox"/> Mother	<input type="checkbox"/> Step-mother
<input type="checkbox"/> Step-father	<input type="checkbox"/> Grandparents*
<input type="checkbox"/> Foster	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Self (18 yr. old)	

Continue on back, please

WEST HOLMES SCHOOL HEALTH RECORD

*****This document and your child's Certificate of Live Birth are required to be on file at the school, no later than two weeks after the start of the current school year. This is an Ohio Dept. of Health regulation.**

Child's Name: _____ D.O.B: _____

Address: _____ Phone: _____

Father: _____ Mother: _____

Medical History:

Allergies: _____

Hearing Problems: _____ Vision Problems: _____

Speech Problems: _____ Hospitalizations: _____

Serious Illness: _____ Serious Accidents: _____

Immunization Record:

DTaP/DTP/Td 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ (*If 4th dose was given at least (6) months after the 3rd dose, and on or after the 4th birthday; the 5th dose is not required)

Polio 1. _____ 2. _____ 3. _____ 4. _____ (3 or more doses of IPV. The final dose must be given on or after the 4th birthday, regardless of the number of previous doses. If a combination of OPV and IPV was received, 4 doses of either vaccine are required).

MMR 1. _____ 2. _____

Hepatitis B 1. _____ 2. _____ 3. _____

Varicella 1. _____ 2. _____

HIB 1. _____ 2. _____ 3. _____ 4. _____

Physical Examination: General Appearance: _____

HT: _____ WT: _____ B/P _____ P _____ R _____ T _____

Vision: Right _____ Left _____ Hearing: Right _____ Left _____

Eyes: _____ Ears: _____ Nose: _____

Throat: _____ Chest and Lungs: _____

Heart: _____ Abdomen: _____

Genitalia: _____ Hernia: _____

Neurological: _____ Extremities: _____

Posture: _____ Special Tests: _____

Recommendations for Physical Education: _____ Full Program _____ Restricted _____ None

Date

Physicians Signature