

Lincoln Pre-Kindergarten Enrollment Packet

The items listed below ***MUST*** be in each child's file ***prior*** to the first day of school. Failure to provide required documentation may result in your child being placed on a waitlist until all documents have been received by the office.

Forms that need completed and returned by 6/1/18

Student Registration Form

Student Information Form

Emergency Medical Form

Pre-K Tuition Registration Form

(please include a copy of your 1040 tax form or copy of your most recent pay stub)

ODJFS Family Information Sheet

Completed Medical Assessment

Photo Release

Child release

Counseling (**Dino School**)

Military Student Data Form

Records Release

Emergency Weather Release

Field Trip/Swimming

Student Documents that must be returned to us by 6/1/18

Custody Papers

Copy of Birth Certificate, Baptismal Certificate, Passport, Certified Record of Birth (**must provide one**)

Proof of residency (piece of mail w/ current address)

Immunization Record

Copy of IEP (if applicable)



Department of Education

Office of Early Learning and School Readiness
Preschool Registration Form

Revised 3/14/2017

This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section I - Student & Family Information

Child's Name, Date of Birth, Family/Guardian Name, Home Address, City, State, Zip, Cell Phone, Home Phone, Work Phone, Call Order options.

Alternate Family Information:

Family/Guardian Name, Family Street Address, City, State, Zip, Employer Name, Employer Street Address, City, State, Zip, Call Order options.

Section II - Authorization for Emergencies

List 2 Emergency Contacts for use ONLY if the parents cannot be contacted:

Name, Street Address, City, State, Zip for two emergency contacts.

Please select 1, 2 or 3 to set call order of phone number used to reach emergency contact:

Home, Cell, Work phone numbers and Call Order selection boxes for two contacts.

List Medical Contacts, In Case Of Emergency:

Physician, Dentist, Street Address, City, State, Zip, Phone for two medical contacts.

Section III - Child's Health Information

Child's Chronic Medical/Health Needs

Large empty box for entering child's chronic medical/health needs.

Please complete both pages of form

TIFFIN CITY SCHOOLS STUDENT REGISTRATION FORM

STUDENT INFORMATION (Please Print)

For office use:
EMIS ID# _____
School year 20____ - 20____

- Columbian High School (9-12)
- Tiffin Middle School (6-8)
- Krout 2-3 Elementary School
- Noble 4-5 Elementary School
- Washington K-1 Elementary School
- Lincoln Pre-K

Student's Legal Last Name: (as it appears on birth certificate) _____ Middle Name: _____
 Legal First Name: (as it appears on birth certificate) _____
 City: _____ Zip Code: _____

Street address: _____
 Check one: Male Female
 Entering Grade: _____ Home Phone Number: _____

Date of Birth (mm/dd/yyyy): _____ Birthplace: (City/State/Country) _____
 Native language is: _____

Is the student a US Citizen? Yes _____ No _____
 Mother's Maiden Name: _____ Ethnicity: Is the student of Hispanic/Latin heritage? Yes _____ No _____

Please select each ethnicity that applies:
 W White – People who have origins in any of the original people of Europe, North Africa, or the Middle East
 B Black or African American – Persons having origins in any of the black racial groups in Africa
 A Asian – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 I American Indian or Alaskan Native – Persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment
 P Native Hawaiian or Other Pacific Islander – Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

WHO DOES THE STUDENT LIVE WITH?			
Check all that apply:	Print First/Last Name	Cell Phone Number	E-mail Address
<input type="checkbox"/> Father			
<input type="checkbox"/> Mother			
<input type="checkbox"/> Stepfather			
<input type="checkbox"/> Stepmother			
<input type="checkbox"/> Legal guardian			
<input type="checkbox"/> Foster Parent			
<input type="checkbox"/> Grandparent			

Who has legal custody of this child?	PREVIOUS SCHOOL INFORMATION	For Office Use Only:
<input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother (only) <input type="checkbox"/> Father (only) <input type="checkbox"/> Legal guardian <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Shared parenting/joint custody <input type="checkbox"/> Government agency (Children's Services, Dept. of Job & Family Services, etc.) <input type="checkbox"/> Other (specify) _____	Last school attended _____ District _____ School address _____ School phone number _____ Fax: _____ Check any that apply: <input type="checkbox"/> _____ has active Individual Education Plan (IEP) <input type="checkbox"/> Specify disability _____ receives gifted/talented services. <input type="checkbox"/> _____ has been suspended/expelled from another school. Have you ever been enrolled in Tiffin City Schools? Yes _____ No _____	Homeroom _____ Locker/Combination _____ Birth Certificate _____ Immunizations _____ Custody Papers _____ Transcripts _____ Proof of Residency _____

FAMILY INFORMATION

Please list all brothers or sisters in family

First/Last Name (please print)	Date of Birth (mm/dd/yyyy)	Relationship (brother or sister)	School

Non-Custodial Parent Information

Check one:	Name	Address	City/State/Zip Code	Phone Number	E-mail Address
<input type="checkbox"/> Father					
<input type="checkbox"/> Mother					

To the best of my knowledge, all of the information provided on this registration form is true. I certify the student's name is his/her legal name, I have legal custody, and I reside within the Tiffin City School District boundaries. I understand the Tiffin City School District may use legal means to verify my residence in the District.

PLEASE PRINT PARENT/GUARDIAN NAME	SIGNATURE OF PARENT/GUARDIAN
	DATE

The confidentiality of this information will be preserved in accordance with FERPA and Tiffin City Schools Board of Education policy.

Section 3323.64 of Ohio Revised Code requires a child to attend classes in the school district where the parent with court-determined custody resides. Proof of custody must be furnished or attached to this registration form. **Immediately notify the school office when a change in custody occurs.**

Tiffin City Schools
EMERGENCY MEDICAL AUTHORIZATION FORM
 (Ohio Revised Code 3313.712)

Student's Name _____
 (Please print) Last First Middle Initial

Student's Address _____
 Currently living with Father Mother
 Other _____

Phone # _____ Grade _____

Student's Date of Birth _____

Parent/Guardian e-mail _____

School Year _____

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. This information will be shared as necessary with teachers, bus drivers, administrative staff, health personnel including student nurses, and other school personnel.

EMERGENCY CONTACTS: Please list names in the order they should be contacted if parents cannot be reached.

	Name	Address	Home Phone	Cell Phone	Work Phone
Parent					
Parent					
Legal guardian if not parent					
Emergency Contact #1					
Emergency Contact #2					
Emergency Contact #3					
Emergency Contact #4					

It is extremely important that you provide ANY pertinent medical history or information about existing conditions that may affect your child at school:

Medical information:

Medications:

Allergies:

PART 1 OR 2 MUST BE COMPLETED:

PART 1: TO GRANT CONSENT

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

Doctor _____ Phone _____

Dentist _____ Phone _____

Local Hospital/Emergency Room _____

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 doctors, or, in the event the designated 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 options 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 _____

PART 2: 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:

Signature of Parent/Guardian _____ Date _____

Lincoln Pre-Kindergarten
Tiffin City Schools
Pre-K Tuition Registration

Child's Name _____ Parent/Guardian _____

Address _____ City/State/Zip _____

Current District In Which You Reside _____

Number In Household _____ Yearly Family Income _____

****Please provide a copy of your 1040 tax form or most recent pay-stub****

****Family income statistics are required to determine student fee rates. Proof of income is required to qualify for free or reduced rates for the 2018-2019 school year.**

For households with more than 8 persons, add \$4,320 for each additional person.

# In Household	100%	125%	150%	175%	200%
1	\$12,140	\$15,175	\$18,210	\$21,245	\$24,280
2	\$16,460	\$20,575	\$24,690	\$28,805	\$32,920
3	\$20,780	\$25,975	\$31,170	\$36,365	\$41,560
4	\$25,100	\$31,375	\$37,650	\$43,925	\$50,200
5	\$29,420	\$36,775	\$44,130	\$51,485	\$58,840
6	\$33,740	\$42,175	\$50,610	\$59,045	\$67,480
7	\$38,060	\$47,575	\$57,090	\$66,605	\$76,120
8	\$42,380	\$52,977	\$63,570	\$74,165	\$84,760
Annual Cost	None	\$250	\$500	\$750	\$1,000

Parent/Guardian Signature _____ Date _____

Ohio Department of Job and Family Services
FAMILY INFORMATION
FOR STEP UP TO QUALITY PROGRAMS (SUTQ)

Child's Name <i>(Last)</i>	<i>(First)</i>	Nickname <i>(If any)</i>
<i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i>		
Who is in the child's immediate family?		
Who lives at home with your child?		
What is the primary language spoken in your child's home?		
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?		
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details?		
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)		
Do you have any pets at home? If so, what are they and what are their names?		
Has your child had a previous care arrangement? <input type="checkbox"/> Yes or <input type="checkbox"/> No Additional Details? (Center based, in home, with family, with parents, etc.)		
My child drinks <input type="checkbox"/> milk, <input type="checkbox"/> formula, <input type="checkbox"/> juice or <input type="checkbox"/> water. <i>(Check all that apply)</i> How much and how often?		
Does your child have any favorite foods?		
Does your child dislike any foods?		
Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)		

Please check all of the words that best describe your child's personality and behavior

- active adventurous affectionate anxious bossy bright busy calm cautious cheerful
 content creative curious easily-angered emotional energetic excitable friendly gives-in-easily
 happy hesitant insecure jealous likes structure/routines loud loving mellow outgoing
 prefers adult attention quiet sensitive serious shares-well social spontaneous stubborn tentative
 other:

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

My child sits in a high chair, booster, child size chair or adult size chair. (Check the one that applies.)

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

What time(s), and for how long, does your child usually nap?

Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain.	
What might you and/or your child be anxious about as he/she starts in this program?	
What are you and/or your child excited about as he/she starts in this program?	
What are your expectations of this program?	
What other information would be helpful for the staff caring for your child to know?	
Parent/Guardian's Signature	Date



Department of Education

Office of Early Learning and School Readiness
Child Medical Statement

Revised 7/11/2016

This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section I - Child Medical Information

Child's Name

Date of Birth Height Weight

Table with 2 columns: Immunizations and Exempt from Immunization. Rows include Complete for Age, In Process, Religious Conviction, Health, and Other.

Limitations or health conditions, including allergies, medications, and dietary restrictions.

Large empty rectangular box for notes or conditions.

Section II - Child Medical Statement Verification

Physician/Clinic/Hospital Name Provider Address

Provider Phone Number Provider City Provider State Provider Zip

Check box of examining medical professional:

- Physician
Physician's Assistant
Advanced Practice Nurse

This child has been examined and is in suitable condition to participate in group care.

Signature of Medical Professional Date of Exam

Programs funded through the Ohio Department of Education must have written policies and procedures to ensure that children have received comprehensive health screenings and/or that families are informed of the importance of health screenings and the resources to obtain them.

**TIFFIN CITY SCHOOLS
DIRECTORY INFORMATION & PHOTO RELEASE FORM**

Student's Name _____ Date of Birth _____
Building _____ Grade _____

The Family Educational Rights and Privacy Act (FERPA) gives parents or students over age 18 certain rights with respect to educational records, including the right to refuse to allow Tiffin City Schools permission to release any or all of the types of information listed below about the student as directory information.

The types of information listed below have been designated as directory information by FERPA and Tiffin City Schools Board of Education Policy and may be disclosed throughout the school year without prior notification:

- Student's name
- Address
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Dates of attendance
- Awards received
- Honors
- Date of graduation
- Date of birth

If a parent or eligible student refuses to allow Tiffin City Schools permission to release any or all of the types of information about the student as directory information, the parent or eligible student must notify Tiffin City Schools in writing by the first day of school by returning this form to the building principal. Failure to return this form will be considered implied permission to use/release directory information as identified.

RETURN ENTIRE FORM

Check one box below.

- Tiffin City Schools **HAS PERMISSION** to use/release directory information of my student, including photos and other information as identified above in school district communications including, but not limited to school newsletters, the district website, district media broadcasts, and external media stories about the district.

- Tiffin City Schools **DOES NOT HAVE PERMISSION** to use/release directory information of my student, including photos and other information as identified above in school district communications including, but not limited to school newsletters, the district website, district media broadcasts, and external media stories about the district.

Parent/Guardian Name (or student if 18 years of age) **PRINTED** _____

Parent/Guardian (or student if 18 years of age) **SIGNATURE** _____

Date _____

Student's name _____ Grade _____

Revised: 04.21.15/ars

Student Name: _____

Child Release Form- Regularly Authorized Adults
Lincoln Pre-Kindergarten
Tiffin City Schools

I, _____ (parent/guardian),
authorize the release of my child, _____, to the
following adults during the school year.

Name and Relationship	Home Phone	Cell Phone

I, _____ (parent/guardian), do not
authorize the release of my child, _____, to the
following adults during the school year.

Name and Relationship	Home Phone	Cell Phone

Signature of Parent/Guardian

Date

- Please immediately notify teacher if there are any changes of persons authorized to pick up your child or changes in phone numbers.
- In the event that the child is to be taken from the school by those not on the list, the parent/guardian must send a form/letter authorizing the release of the child.
- The parent shall also notify the person who picks up the child that picture identification will be requested. The teacher or paraprofessional shall check the photo identification.
- Under no circumstances will a child be released without prior authorization.

Tiffin City Schools
School Counseling Program

Dear Parents,

School counseling services are available to students at Tiffin City Schools who are referred by school staff and administrators. School counseling typically addresses issues with grief, anger management, anxiety, peer stress, study skills, divorce, conflict resolution, social skills, depression, self-esteem, etc.

Counseling services are voluntary and parents will be contacted if their student is referred. Please complete the information below and on the back side of this sheet.

Please mark one of the following:

Yes, my child may speak with the counselor if needed throughout the school year.

No, I do not want my child to speak with the counselor.

Phone number you can be reached at during school hours if your child is referred for counseling services: _____

Please include any information that you feel would be helpful for me to know about your child:

Child's Name _____

Grade _____

Parent/Guardian Signature _____

Date _____

MILITARY STUDENT DATA

Student Name: _____ Grade: _____

School Building attending: _____

ESSA (Every Student Succeeds Act) requires all school districts to collect military information of student(s).

Districts are required to identify students whose parent(s) or legal guardian(s) have been an active member of the Armed Forces or National Guard at any point during the current school year.

Check the option that best describes your child(ren) Military Student Identifier status at any point during the school year. If your child is reported with an (A) or (B) value, and the parent/legal guardian becomes discharged at any point during the school year, the student(s) will continue to be reported with the established value for the entire school year.

_____ (*) Not Applicable - (Not a Military Student)

_____ (A) Active Duty - Student is a dependent of a member of the
Active Duty Forces.
(Army, Navy, Air Force, Marine Corps, or Coast Guard)

_____ (B) National Guard - Student is a dependent of a member in the National
Guard or Air National Guard

Phone: (419) 447-2515

Tiffin City Schools
244 South Monroe St.
Tiffin, Ohio 44883

Fax: (419) 448-5202

Parent/Guardian/Student Consent for Records Release

Date of request: _____ Date record sent or picked up: _____

Student's full name: _____ Name when enrolled: _____

Date of birth: _____ Phone number: _____

Address, City, State, Zip: _____

Current grade (if applicable): _____ Current school (if applicable): _____

**We are requesting the following information/records for the above student:
(check applicable items):**

- Most recent Multi-Factored Evaluation (MFE), including any medical information relevant to the education of this student.
- Most recent Individualized Education Plan (IEP) and EMIS form, including any medical information relevant to the education of this student.
- Test Scores/Proficiency Scores
- Health/Immunization Records
- High School Transcript/Grades/Credits Earned; Year of Graduation _____
OR last grade completed/last year attended TCS _____
- Judgment entry/Custody documents
- Records related to excessive tardiness/absenteeism (HB410)
- The following records only: (please specify) _____

Reason for Request- Please list name and address where information is to be sent.

- Changing school districts _____
- College entrance _____
- Employment _____
- Information to be sent to non-custodial parent (name) _____
(address) _____
- Other (please specify) _____

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize you to release educational information regarding the student named above in the manner indicated.

Signature of Parent/Guardian/Student	Relationship to Student	Date
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Address	City, State, Zip
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Proper I.D. or Notarized 09/18/2017

Form must be notarized if not picked up in Columbian High School Office. Mail back to Columbian High School, 300 S. Monroe St., Tiffin, OH 44883. Please call Columbian at 419-447-6331 if you have questions. Thank you.

Tiffin City Schools
SEVERE WEATHER/EMERGENCY
EARLY SCHOOL DISMISSAL

Student Name:	Grade:
School:	Homeroom:

In the event of early dismissal of school due to any reason (heavy snow/ice, etc...), I am requesting that the directions for the above named student be followed. Please check one of the following:

Non-Bus Students

	My student is to go home immediately in the event of early dismissal.	
	My student is to remain at school until a parent or designated adult picks him/her up. The designated adult is:	
_____	() _____	_____
Name	Phone	Address
_____	() _____	_____
Name	Phone	Address
_____	() _____	_____
Name	Phone	Address

Bus Students

	My student is to be transported by bus and will be delivered to his/her typical designated stop.	
	My student is to remain at school until a parent or designated adult picks him/her up. The designated adult is:	
_____	() _____	_____
Name	Phone	Address
_____	() _____	_____
Name	Phone	Address
_____	() _____	_____
Name	Phone	Address

Signature:	Date:
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Department of Education Office of Early Learning and School Readiness
Field Trip/Swimming Permission Form

Revised 7/11/2016

This form meets Ohio Administrative Code. Programs may use this form or build their own.

Section A - Trip Details

Destination _____ Date of Trip _____

Departure Time _____ Return Time _____

Mode of Transportation

Walking School Bus Public Transit Parent Drivers

Field Trip or Swim Trip

Field Trip Swim Trip

Section B - Trip Consent

I give permission for _____ to attend the above field trip/swimming/water activity.
Child's Name
(please print or type)

Authorized Parent/Guardian Signature _____ Date _____

If participating in or near water two feet or more in depth, please complete:

- Child is a swimmer
 Child is not a swimmer