

# Lincoln Pre-Kindergarten Re-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.

Student Registration Form

Student Information Form (front and back, sign)

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)

Completed Medical Assessment

Records Release

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



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, 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 child's chronic medical/health needs.

Please complete both pages of form

# TIFFIN CITY SCHOOLS

## STUDENT REGISTRATION FORM

### STUDENT INFORMATION (Please Print)

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

For office use:

EMIS ID# \_\_\_\_\_

School year 20\_\_\_\_-20\_\_\_\_\_

Student's Legal Last Name: (as it appears on birth certificate)

Legal First Name: (as it appears on birth certificate)

Middle Name:

Street address:

City:

Zip Code:

Check one:  Male  Female

Entering Grade:

Date of Birth (mm/dd/yyyy):

Home Phone Number:

Is the student a US Citizen? Yes \_\_\_ No \_\_\_

Native language is:

Birthplace: (City/State/Country)

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	Employer	Work Phone Number
<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"/> Specify disability _____ has active Individual Education Plan (IEP) <input type="checkbox"/> _____ receives gifted/tailed 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.

**Triffin 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 doctor, 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 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 \_\_\_\_\_

**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 \_\_\_\_\_



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 entering limitations or health 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.

Phone: (419) 447-2515

Tiffin City Schools

Fax: (419) 448-5202

244 South Monroe St.

Tiffin, Ohio 44883

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):

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

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

- o Changing school districts
o College entrance
o Employment
o Information to be sent to non-custodial parent (name)
(address)
o 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

Address City, State, Zip

o 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.



**Lincoln Preschool  
2018-2019 Supply List**

- 3 boxes of Crayola Crayons (24 count)**
- 1 box of Crayola Colored Pencils**
- 1 Crayola Watercolor Set**
- 1 Elmer's glue bottle**
- 8 large Elmer's glue sticks**
- 1 pack of Ticonderoga #2 pencils**
- 3 boxes of Kleenex**
- 3 pack of Clorox Wipes**
- 2 packs of baby wipes**
- 1 box of gallon Ziploc Bags (only boys)**
- 1 box of sandwich Ziploc Bags (only girls)**
- 1 pack of large paper plates (only boys)**
- 1 pack of small paper plates (only girls)**
- 1 1" binder with clear plastic cover**
- 1 bottle of Hand Sanitizer**
- 1 Bingo Dabber (available at Dollar Tree)**