



WELCOME TO BOWMAN PRIMARY SCHOOL



Student Name: _____

OFFICE USE ONLY - KINDERGARTEN: AM PM

Registration Checklist – All of the following Documents and Forms are Required

- Student Registration Form
- Child's Original Birth Certificate or Passport
County or State Issued Only – No hospital issued birth records
*Bureau of Vital Statistics (513) 352-3120 or Warren County Health Department (513) 695-1228
- Legal Documents of Custody/Guardianship – If Applicable
- Copies of Special Service Plans (IEP, LEP, 504, Gifted Test Scores, etc.) – If Applicable
- Residency Affidavit I or II - ***This form is to be completed at the registration office***
- Parent's Driver's License or State ID
- Proof of Residency – Below are the only forms we accept.
Rental/Lease Contract, Mortgage Statement, Deed, Tax Bill, City of Lebanon and/or Duke Energy Bill
**The proof must be in the person's name who is registering the student. If the parent/guardian is not on the residency then the person who is must be able to sign Side II of the Affidavit.*
- Emergency Medical Authorization
- Student Health History
- Current Immunization Records
- School Records Request - If applicable
- Student Attendance Accounting Policy
- Network Agreement
- Directory Information
- Language Survey
- Transportation Form
- Physician Report
- Parent Input (Optional)
- Language Screening

If you have any questions about the forms or registration requirements, please feel free to contact our registrar at the Central Office at (513) 934-5762.

Lebanon City Schools Enrollment Application



Student Information

Name: _____
First Middle Last

Called Name: _____ Mothers Maiden Name: _____

City of Birth: _____ Native Language: _____

Date of Birth: ____/____/____ Male Female Grade: _____

Street Address: _____ P.O. Box _____ Apt # _____

City _____ State _____ Zip _____ County _____

REQUIRED INFORMATION: Parent/Guardian Primary Contact # _____

Previous School District: _____
Name of School District

Street	City/State	Zip	Telephone
Has your child ever been enrolled in Lebanon City Schools? ____ Yes ____ No If yes, last grade attended? _____			
Are you a Lebanon School Employee? ____ Yes ____ No If yes, which building? <input type="checkbox"/> BPS <input type="checkbox"/> DES <input type="checkbox"/> BIS <input type="checkbox"/> LJHS <input type="checkbox"/> LHS <input type="checkbox"/> OTHER			

CITIZEN STATUS OF STUDENT	ETHNICITY
<p style="text-align: center;"><i>(check all that apply)</i></p> <p><input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Foreign Exchange Student</p> <p><input type="checkbox"/> Non-U.S. Citizen/Immigrant*</p> <p><input type="checkbox"/> Refugee (i-94) Card ____ Yes ____ No</p> <p>*Immigrant Students are those who:</p> <ul style="list-style-type: none"> • Are between the age of 3 – 21 • Student was born outside the U.S. • Student has not attended one or more schools in any one or more of the states for more than three academic years. <p>If born outside of U.S., give date of entry _____</p> <p>Date First Enrolled in U.S. School _____</p>	<p style="text-align: center;"><i>(check all that apply)</i></p> <p><input type="checkbox"/> W – White, Non-Hispanic</p> <p><input type="checkbox"/> B – Black/African American</p> <p><input type="checkbox"/> A – Asian</p> <p><input type="checkbox"/> I – American Indian/Alaska Native</p> <p><input type="checkbox"/> P – Native Hawaiian/Other Pacific Islander</p> <p>Is the student of Hispanic/Latino heritage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>(Please Note: If ethnicity is not specified by one or more of the options below, the student will be identified by observation and communicated to parent/guardian prior to designation.)</small></p>

Military Status: Please ✓the option that best describes the student’s Military Student Identifier status

- Active Duty** – Student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard).
- National Guard** – Student is a dependent of a member of the National Guard (Army National Guard or Air National Guard).
- Reserve Duty**
- Not Applicable** (Not a Military Student)

SPECIAL SERVICES

Has your child received any of the following services? (Please ✓all that apply)

- Gifted Education
- IEP - Individual Education Plan
- 504 Individualized Accommodation Plan
- Multifactor/Psychological Evaluation
- LEP – Limited English Proficiency Plan

~For LCS Office Use Only~	
Student ID # : _____	Enrollment Date: _____
Parent Code Word: _____	Grade: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM

STATEMENT OF CUSTODY

Student Lives With: (✓one)

- Mother & Father – Married
 Mother & Father – Unmarried
 Mother Only
 Father Only
 Mother & Stepfather
 Father & Stepmother
 Ward of Court
 Legal Guardian

Marital Status & Proof of Custody: (✓one)

- Married. Mother & Father Together – None Needed
 Divorced. Who has legal custody?
 Mother
 Father
 Shared
 If shared, who is residential?
 Mother
 Father

****MUST PROVIDE COPY OF COURT ORDER****

- Never Married.
Father MUST provide court order showing proof of custody to enroll child.
 Separated, not divorced.
Father HAS same right as mother until court determines custody.

Siblings in Lebanon City School District	
Name	Grade

~RESIDENTIAL PARENT INFORMATION – WITH WHOM THE STUDENT LIVES~

<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Foster
Name:	Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:
Address:	Address:

~ADDITIONAL PARENT/GUARDIAN INFORMATION~

<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Guardian <input type="checkbox"/> Foster	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Guardian <input type="checkbox"/> Foster
Name:	Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:
Address:	Address:

PLEASE NOTE: At times the District will communicate important information via an automated ALL CALL or TEXT. List two numbers below at which you would like to receive an ALL CALL and/or TEXT Notification. Cancellation/delays will be announced via TEXT, on the school website and local news media. Message and data rates may apply.

ALL CALL		TEXT	
Name	Phone #	Name	Cell Phone #
	()		()
	()		()

EMERGENCY CONTACT NUMBERS (MINIMUM 2 CONTACTS – Only provide those contacts who are different than listed above)

NAME	RELATIONSHIP	DAYTIME PHONE	PHONE #
1.		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	()
2.		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	()

PURPOSE: To enable parent/guardian to authorize emergency treatment for students who become ill or injured while under school authority. By listing additional emergency contacts, you are giving permission for that contact to pick up your student from school in the event of illness or injury should a parent/guardian be unavailable.

Parent/Guardian Signature: _____ Date: _____
*Falsification under Ohio Revised Code section 2921-13 is a misdemeanor of the first degree punishable by a maximum of six (6) months imprisonment or a fine of \$1,000 or both. Requested information is mandated under Senate ORC Bill 140 Education Management Information System (Sections 3301-0714).



EMERGENCY MEDICAL AUTHORIZATION (REQUIRED PER HB 639)

Student Name _____ Date of Birth _____
 Teacher _____ AM __ PM __ Telephone _____
 Address _____ Grade _____

PURPOSE: To enable parent/guardian to authorize emergency treatment for students who become ill or injured while under school authority. By listing additional emergency contacts, you are giving permission for that contact to pick up your student from school in the event of illness or injury should a parent/guardian be unavailable. *I understand medical information provided on this form will be shared with school personnel who interact with my student to ensure his/her safety at school unless I note otherwise.*

EMERGENCY CONTACT NUMBERS (MINIMUM 2 CONTACTS)

	Name	Home #	Cell #	Work #	Relationship to Student
1.					
2.					
3.					
4.					

IMPORTANT MEDICAL INFORMATION

PLEASE LIST ANY pertinent medical history or information about existing conditions that may affect your student at school including allergies, medications, current medical conditions, and any physical impairments to which the school should be alerted:

PLEASE SIGN EITHER PART 1 TO GRANT CONSENT OR PART II TO REFUSE CONSENT BELOW:

PART I - TO GRANT CONSENT

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

Doctor: Phone:	Dentist: Phone:	Preferred Local Hospital: Phone:
--------------------------	---------------------------	--

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 unavailable, by another licensed physician or dentist; and (2) the transfer of the student 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.

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

PART II - REFUSAL TO GRANT CONSENT

I do not give my consent for emergency medical treatment of my student. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

PARENT/GUARDIAN SIGNATURE: _____ DATE _____



Student Health History



INFORMATION PROVIDED ON THIS FORM WILL BE SHARED WITH SCHOOL PERSONNEL WHO INTERACT WITH YOUR CHILD TO ENSURE HIS/HER SAFETY AT SCHOOL UNLESS YOU NOTE OTHERWISE.

Last Name _____ First _____ Middle _____

Date of Birth ____/____/____ Circle One: Male or Female Grade _____

Health Conditions – Please check any that apply:

- Abnormal Spinal Curve (Scoliosis, etc.)
- Activity Restrictions (describe below)
- ADD / ADHD
- Allergies (list below)
- Anemia
- Arthritis
- Asthma, Inhaler Needed? _____
- Birth or Congenital Malformation
- Bleeding / Blood Disorders
- Cancer
- Chicken Pox – Date of Disease _____
- Cystic Fibrosis
- Diabetes
- Chronic Diarrhea or Constipation
- Eczema
- Emotional Concerns
- Heart Disease
- Hepatitis, Type _____
- Kidney Disease
- Lactose / Dairy Intolerant
- Measles/Mumps/Rubella
- Meningitis / Encephalitis
- Rheumatic Fever
- Seizures, Type _____
- Sickle Cell Disease
- Skin Rashes (frequent)
- Tics / Nervous Twitches
- Urinary Tract Infections
- Other (list below)

Allergies (please list and describe allergies or reactions)

Medication Allergies:
Foods / Plants / Animals / Other:
Recommended Treatment for Severe Reaction:

Medications

What medications are given daily?
List any emergency meds your child requires (i.e. inhaler, epi-pen)

Injuries and Illness (please list any severe injuries or illness)

Injury / Illness	Age of Child	Hospitalized?

Vision and Hearing

Frequent ear infections _____ Which ear _____ Does your child have a reduction in hearing _____

Explain _____

P.E. Tubes _____ In place now _____ Hearing Aides _____

Vision Problem _____ Type _____ Wears Glasses _____ Amblyopia or Lazy Eye _____

Which Eye _____ Last Exam _____ Color Blind _____ Do you suspect a vision or hearing problem _____

Parent Signature _____ Date _____



Lebanon City Schools

District IRN # 044214

Student Records Request

STUDENT INFORMATION

Name _____
Last First Middle

Date of Birth _____ Grade _____

PREVIOUS SCHOOL INFORMATION

School Building Name _____ County _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ IEP _____ 504 _____ LEP _____

Was your child expelled from this school? YES NO WAP/WEP? _____ Yes _____ No

PARENTAL RELEASE

I am the parent/legal guardian of the above named student. You are authorized to release the records listed below to:

Bowman Primary School (BPS)
Grades Pre-K – 2nd
Pre-K: (513) 934-5489 K: (513) 934-5461
Grades 1 & 2: (513) 934-5800
FAX: (513) 934-2466
K: trumbly.amber@lebanonschools.org
1st: sotzing.susan@lebanonschools.org
2nd: sarka.katrina@lebanonschools.org

Donovan Elementary School (DES)
Grades 3rd & 4th
Phone: (513) 934-5400
FAX: (513) 934-2467
3rd: feldmann.kristi@lebanonschools.org
4th: atkinson.debbie@lebanonschools.org

Berry Intermediate School (BIS)
Grades 5th & 6th
Phone: (513) 934-5700
FAX: (513) 228-0084
5th: smith.cheryl@lebanonschools.org
6th: tipton.patricia@lebanonschools.org

Lebanon Junior High School (LJHS)
Grades 7th & 8th
Phone: (513) 934-5300
FAX: (513) 228-1043
bugher.patricia@lebanonschools.org

Lebanon High School (LHS)
Grades 9th – 12th
Phone: (513) 934-5100
FAX: (513) 228-1946
chapman.krista@lebanonschools.org

Please include the following records:

- Attendance Record
- Subjects Taken
- Transcript of Grades and Credits Received
- State Testing Results
- Student SSID Number _____
- Birth Certificate
- Emergency Health Care Plans and Immunization Records
- Vision and Hearing Records
- Psychological Records (if applicable)
- Special Education and/or Confidential Records (IEP, 504, WEP, ETR)

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act. Vol. 41, No. 11B, Page 24673)

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date: _____



Student Attendance Accounting Policy

The Ohio revised Code 3313.205 states that Boards of Education of each school district must adopt a policy of notification of parent, custodial parent, guardian, legal guardian, or other person having care or charge of a student who is absent from school.

See Lebanon City Schools policy below:

- **Parent or Legal Guardian must call student's school to report an absence within (2) hours from the start of school on the day of absence.**
- **If school does not receive a call from parent/guardian on the day of absence they will be contacted by school personnel to determine why the child is not in school.**
- **Written documentation is required upon students return to school.**
- **Please refer to your child's student handbook for our complete attendance policy.**

To comply with the Ohio Revised Code 3313.205, "parents" must provide the school with the following information:

1. Student Name: _____

2. Name of Parent, Custodial Parent, Guardian or Legal Guardian or person having charge or care of the student: _____

Daytime Phone #: (_____) _____ - _____

Signature _____

Relationship _____



Student Network and Internet Acceptable Use and Safety Agreement

To access the Internet at school, students under the age of eighteen (18) must obtain parent permission and must sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of the Internet is a privilege, not a right. The District's Internet connection is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege.

The Board has implemented technology protection measures to block/filter Internet access in an effort to restrict access to material that is obscene, objectionable, inappropriate, and/or harmful to minors.

Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication, and/or services in the Internet which the Board of Education has not authorized for educational purposes and/or which they and/or their parent/guardians may find inappropriate, offensive, objectionable, or controversial.

The Board has the right to monitor, review, and inspect and directories, files, and/or messages residing on or sent using the school district's computers/networks. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

To ensure proper use of the district and/or voice-video-data network resources, the following rules and regulations apply to all students:

- A. The use of the network is a privilege which may be revoked by the district at any time and for any reason. Appropriate reasons for revoking privileges include, but are not limited to, the altering of the system software, the placing of unauthorized information, accessing materials which are inappropriate for the school setting, computer viruses or harmful programs on or through the computer system in either public or private files or messages.
- B. Any misuse of the account will result in suspension of the account privileges and/or other disciplinary action determined by the district. Misuses shall include, but not limited to:
 - 1) Misrepresenting other users on the network;
 - 2) Disrupting the operation of the network through abuse of the hardware or software;
 - 3) Malicious use of the network through hate mail, harassment, profanity, vulgar statements, or discriminatory remarks;
 - 4) Interfering with others' use of the network;
 - 5) Illegal installation, copying, or use of licensed copyrighted software.
 - 6) Users shall not view, download or transmit material that is threatening, obscene, disruptive or sexually explicit or that could be construed as harassment, bullying or disparagement of others based on their race, color, national origin, citizenship status, sex, sexual orientation, age, disability, religion, economic status, military status, political beliefs or any other personal or physical characteristics.
 - 7) Users shall not reveal personal home address or phone number or those of other students or staff.
- C. A student will be liable to pay the cost of fee of any file, software, or software transferred, whether intentional or accidental, without written permission of the District Technology Director.
- D. Students accessing the Internet through the school's computers assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

I have read, understand, and agree to abide by the network resource rules and regulation. Should I commit any violation or in any way abuse or misuse my access privilege on the computer network, I understand and agree that my access privilege may be revoked and disciplinary action may be taken against me.

Student's Name

Signature of Parent/Guardian

Date



Directory Information

The Family Educational Rights and Privacy Act (FERPA) 20 U.S.C. 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. FERPA gives parents or students over age 18 certain rights with respect to education records, including the right to refuse to allow Lebanon City Schools permission to release information listed below about the student as directory information.

Each year the Superintendent shall provide public notice to students and their parents of the District's intent to make available, upon request, certain information known as "directory information."

Directory information shall not be provided to any organization or profit-making purposes.

The types of information listed below have been designated as directory information by FERPA and Lebanon City Schools Board of Education Policy 8330 and may be disclosed throughout the school year without prior notification:

- A. Student's Name
- B. Address
- C. Date and Place of Birth
- D. Telephone Number (Only for school/parent club directories)
- E. Major Field of Study
- F. Participation in Officially Recognized Activities and Sports
- G. Weight and Height of Members of Athletic Teams
- H. Dates of Attendance
- I. Awards Received
- J. Honors
- K. Scholarships
- L. Date of Graduation
- M. Student Photograph

Parents and eligible students may refuse to allow the Board to disclose "directory information" upon written notification within ten (10) days after receipt of the Superintendents annual public notice.

If a parent or eligible student refuses to allow Lebanon City Schools permission to release information about the student as directory information for the current school year, the parent or eligible student **must notify Lebanon City Schools in Writing** to their child's school within ten (10) days after school begins. Failure to submit such notification will be considered implied permission to use/release directory information as identified.

SECONDARY LEVEL STUDENTS ONLY – In accordance with Federal and State Law, the Board shall release the names, addresses, and telephone listings **of secondary students (grade 7 to 12)** to recruiting officer for any branch of the United States Armed Forces OR an institution of higher education who requests such information. A secondary school student or parent of the student may **request in writing** to the child's school within ten (10) days after school begins that the student's name, address, and telephone listing not be releases without prior consent of the parent(s)/eligible student.

The recruiting officer is to sign a form indicating that "any information received by the recruiting officer shall be used solely for the purpose of informing students about military service and shall not be released to any person other than individuals within the recruiting services of the Armed Forces." The Superintendent is authorized to charge mailing fees for providing this information to a recruiting officer.

Whenever consent of the parent(s)/eligible student is required for the inspection and/or release of a student's health or education records or for the release of "directory information," either parent may provide such consent unless agreed to otherwise in writing by both parents or specifically stated by court order. If the student is under the guardianship of an institution, the Superintendent shall appoint a person who has no conflicting interest to provide such written consent.

The Board may disclose "directory information," on former students without student or parental consent, unless the parent or eligible student previously submitted a request that such information not be disclosed without their prior written consent. The Board shall not permit the collection, disclosure, or use of personal information collected from students for the purpose of marketing or for selling that information (or otherwise providing that information to others for that purpose).

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.

Student Name: <i>(First Name and Last Name)</i> _____		Student Date of Birth: <i>(mm/dd/yyyy)</i> _____
Communication Preferences Indicate your language preferences 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? _____	
Language Background 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? _____	
Prior Education 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	
Additional Information 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 use 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 date 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.

Student’s Native Language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.	_____
Student’s Home Language See Language Usage Survey Questions 3. Report <u>only</u> for English learners in EMIS.	_____
Potential English Learner See Language Usage Survey Questions 2-4.	<input type="checkbox"/> Yes. Asses the student’s English proficiency. <input type="checkbox"/> No. Do not asses the student’s English proficiency.
Immigrant Student Status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.

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



Bowman Primary School
Kindergarten Transportation Fact Sheet
PLEASE READ BEFORE FILLING OUT TRANSPORTATION SHEET

What are the bus rules?

At the beginning of the school year, every student and family will receive a transportation handbook explaining bus safety rules and procedures.

What bus does my student ride?

Transportation information will be available online starting Monday, August 3rd at noon. Bus schedules are available at www.lebanonschools.org. The Link will be available on the homepage or you can go to departments, then transportation and then bus routes. Once you are there follow the instructions to access your student's bus information. You will receive a letter from the school with your student's ID number. You will need your student's ID number and birthdate to log in and get their bus information.

Why does my student receive a TRANSPORTATION TAG and BRACELET?

Your student will be given a transportation tag and a bracelet that corresponds with your student's mid-day bus color, in place of the kindergarten hat. This tag supplies your student's transportation information. At one glance, school staff and the driver will know what bus your student should be on, as well as the address they are to be transported to and from on a daily basis. Please have your student wear their bracelet and have their transportation tag attached to the outside of their backpack every day.

Pickup and drop off zones -

AM/PM assignment is determined by which "zone" you live in. Having zones helps us keep our morning and afternoon class sizes balanced. If you will be using an address, other than your place of residency, this address must be in the same zone as your residency and must be supplied at the time of registration. All addresses must match the correct zone for all mid-day transportation. If your student will be going to a babysitter/secondary address, you will want to make sure the address is in the same zone as your home address, so transportation will be available. If you attend an area preschool, see your program administrator for details and information on which zone the preschool is located.

Student's pickup and drop off addresses -

Students will be transported to and from the same address daily. Consistency helps your student feel more secure in their new environment. All transportation requests for **school pick-up** will be required to use the same address for all school days (does not have to match home delivery address). All transportation requests for school **home delivery** will be required to use the same address for all school days (does not have to match school pick-up address).

- **Example 1:** Pick up at home in the morning; drop off at daycare in afternoon. (M-F)
- **Example 2:** Pick up at daycare in the morning; drop off at grandparents in afternoon. (M-F)

How do I make a transportation change?

If you have an address change during the school year, you must notify the school office immediately and they will instruct you on how to make the change. Once you have officially changed your address login to Progress Book to make the transportation change. Please make sure the new address is in the correct zone and allow 72 hours for the address change to be processed. After 72 hours you may access your student's new bus information at www.lebanonschools.org. Keep in mind that we allow 1 address change per quarter.

Miscellaneous Bus Information -

An adult or a **PRIOR APPROVED** sibling (must be 7th grade or higher) **MUST** be at the bus stop daily to receive your student from the bus. Please communicate with your babysitter that they must also be at the bus stop to receive your student from the bus. If an adult is not present at the time the bus arrives at your stop, your student will remain on the bus and will be returned to school.

No transportation changes will be made the first 2 weeks of school, during the transportation freeze.



Lebanon City Schools Transportation Form

Grades PK - 12

STUDENT INFORMATION:

Student Name: _____ Grade: _____
Date of Birth: ____/____/____ First Bus Pickup Date: ____/____/____ School: _____
Home Address: _____
Parent/Guardian: _____
Home # (____) ____ - ____ Cell # (____) ____ - ____ Work # (____) ____ - ____

TRANSPORTATION TO SCHOOL DAILY – Please Select One

- Student will not require public transportation
 Student will ride the bus to school from home address daily
 Student will ride bus to school from sitter/daycare daily (specify below)

Sitter/Daycare Provider's Name: _____
Sitter/Daycare Provider's Address: _____
Sitter/Daycare Provider's Phone: _____

TRANSPORTATION FROM SCHOOL DAILY – Please Select One

- Student will not require public transportation
 Student will ride the bus from school to home address daily
 Student will ride bus from school to sitter/daycare daily (specify below)

Sitter/Daycare Provider's Name: _____
Sitter/Daycare Provider's Address: _____
Sitter/Daycare Provider's Phone: _____

TRANSPORTATION USE ONLY

Student ID: _____ Building: _____
Bus #/Color AM: _____ Bus #/Color PM: _____
Pick Up Time: _____ Drop Off Time: _____
Pick Up Location: _____ Drop Off Location: _____



KINDERGARTEN

IMMUNIZATION REQUIREMENTS

Ohio State Law requires that the following immunizations be obtained for school enrollment. Students who do not have the required immunizations will be excluded from school per Ohio State Law until such record is provided. **Please bring an immunization record with the month/date/year for each of the shots below to Kindergarten Registration in order to complete enrollment requirements.**

- 5 - **DPT** (Dose 5 required if 4th dose given prior to the 4th birthday)
- 4 - **Polio** (Dose 4 required if 3rd dose given prior to the 4th birthday)
- 2 - **MMR** (this is a combination of the measles, mumps, rubella vaccines)
- 3 - **Hepatitis B**
- 2 - **Varicella** (chickenpox) – (or documentation of having disease)

If your child cannot receive this vaccination due to medical reasons, religious convictions or reasons of conscience, please contact the school nurse at (513) 934-5486. Per Ohio Revised Code and school board policy, a student may be exempted from immunization if a parent or guardian objects for good cause, including religious conviction, or if there is a medical condition that prohibits immunization.

Please contact your family physician or the Warren County Health Department at (513) 695-1468 to arrange for your child to receive the required immunizations. If you have any questions concerning your child's immunizations, please contact the Bowman nurse's office at (513) 934-5486 or the Health Department at (513) 694-1468. **Also, please have your physician and dentist complete the Kindergarten Physical on the back of this form and return it to the office, prior to the start of school.**

In closing, if your child has medical concerns (i.e. seizures, diabetes, hemophilia, heart condition, etc.) or will require medication during school hours, please contact the Bowman nurse's office at (513) 934-5486 before the start of school. Please also list this information on the *blue* Student Health History form – there are certain permission forms that will need to be completed and it may be necessary to create a medical plan to ensure your child's safety at school. Please remember that student health information will be shared with school personnel unless you request otherwise. In addition, all kindergartners will receive a vision and hearing screening in October as part of our health program. We look forward to meeting your child in the fall.

Thank You,

Susan Mohler RN, BSN

Phone: (513) 934-5486

Fax: (513) 934-2466

Email: mohler.susan@lebanonschools.org



Lebanon City Schools Preschool and Kindergarten Physical



Name of Student: _____ Date of Birth: ____/____/____ Address: _____

IMMUNIZATIONS

Full Date (Month/Day/Year) Required By Ohio Law

PRE-SCHOOL

(4 DPT, 3 IPV, 1 MMR, 3 HEPATITIS B, 1 VARICELLA, 3-4 HIB)

SCHOOL AGE

(5 DPT, 4 IPV, 2MMR, 3 HEPATITIS B, 2 VARICELLA)

DATE	M/D/Y	M/D/Y	M/D/Y	M/D/Y	M/D/Y
DPT					
TD					
Pollo					
Measles					
Mumps					
Rubella					
HEP B					
TB					
Varicella					
HIB					

DENTAL REPORT

The following services have been performed:

- Fluoride Treatment
- Oral Prophylaxis
- Radiographs
- Restorations

The following statements are applicable:

- All necessary services have been performed
- No restorative services are required at this time
- Further treatment is indicated
- Future appointments have been arranged

COMMENTS:

PHYSICIAN'S REPORT

CHECK ONE:

_____ Entirely within normal limits

_____ List any abnormalities, health problems and/or medications regarding this student:

VISION SCREENING

R _____ L _____

HEARING SCREENING

R _____ L _____

Please explain if this student cannot carry out a full program of school activities:

REQUIRED FOR PRESCHOOL:

- _____ Height
- _____ Weight
- _____ Hematocrit
- _____ Hemoglobin
- _____ Lead Screen

DISCLAIMER TO PARENTS/GUARDIANS: The information requested on this form will be of help to the school in determining the health status of your child and in assisting the student to receive maximum benefits from his/her educational opportunity. This health information will be shared with other school personnel, unless you indicate otherwise.

PAST MEDICAL HISTORY

	YES	NO
Activity Restriction		
ADD/ADHD		
Allergies		
Asthma		
Birth/Congenital Malformation		
Bleeding Disorder		
Bowel/Bladder Concern		
Chickenpox		
Cystic Fibrosis		
Diabetes		
Earaches		
Emotional Concerns		
Hearing Problems		
Heart Condition		
Hospitalizations		
Infectious Hepatitis		
Injuries		
Kidney Disease		
Seizures		
Skin Condition		
Surgery		
Tics/Nervous Twitches		
Toileting Concern		
Other Illnesses		

COMMENTS:

Signature of Dentist

Date

Signature of Physician

Date



Lebanon City Schools • Parent Input for Pre-K & KG Class Placement

COMPLETION OF THIS FORM AND SHARING THIS INFORMATION IS OPTIONAL

Student's Legal Name: _____ Student's Nickname (if any): _____

Parent Name(s): _____ Parent Contact #: (_____) _____ - _____

School Year: _____/_____ Pre-K Experience: N or Y: If Yes, Number of Years: _____

Current Pre-School Teacher(s): _____ Current Pre-School: _____

Allergies? N or Y: If Yes, what is he/she allergic to? _____

A) List the three characteristics you value most in your student's teacher or classroom environment:

B) Does your child have siblings? Older _____ Younger _____ Twin/Multiple _____

C) What extra activities is your child involved in? (Dance, Soccer, Sunday School, etc.)

D) If there are circumstances that require your student to be separated from another student, please indicate the name of that student here: _____

E) Please describe your child's personality traits and any additional information you would like us to consider when placing your student (do not request for your student to be placed with a specific teacher or with friends):

PLEASE RETURN THIS SHEET WITH YOUR REGISTRATION INFORMATION.

THANK YOU!

OFFICE USE ONLY – KG TEACHER: _____ **AM PM**



Kindergarten Language Screening

Dear Parent,

In June 2012 a law called the Ohio Senate Bill 316 was signed into law which includes a “Third Grade Reading Guarantee”. It says that students who enter the third grade in 2013-2014 or after must score at or above a specific level on Ohio’s third grade reading achievement assessment to be advanced to the fourth grade. We are charged with providing early intervention and building literacy skills to prepare students in passing this assessment.

As a building we provide varied interventions and intervention programs for students. Each year we consider all students for two literacy focused intervention programs. When considering a student, we may complete a language screening that provides additional information that helps us determine if a student would benefit or should be considered for specific programming.

We ask that parent/guardians complete the form below so that the district has permission to screen your child for speech and/or language concerns if deemed necessary. In the event that your child is referred for a screening you will be notified by your child’s classroom teacher.

Child’s Name: _____

Child’s Birthdate: ____/____/____

Parent/Guardian Name(s): _____

Parent/Guardian Signature: _____

Parent/Guardian Phone Number: (____) _____ - _____

Date: ____/____/____