



Lebanon City Schools Preschool Enrollment Application

First Name _____ Middle _____ Last _____

Parent(s) Name(s) _____ Date _____

Address _____

Home Phone _____ Alternate Phone _____

Gender (*Please Circle*): Male Female Date of Birth ____/____/____

Please indicate preference by circling session: AM or PM

1. In play situations, my child most often: (*circle only one*)
- a. Plays alone, does not show awareness of others in the activity.
 - b. Plays alongside, but not really “with” other children/
 - c. Interacts with other children (e.g. role play, make believe, turn taking, dialogue).

Comments: _____

2. My child is independent (does NOT require my full assistance) with: (*circle all that apply*)

Eating Toileting Dressing

Comments: _____

3. The majority of the time, when using communication, my child: (*circle all that apply*)

- a. Uses mainly gestures to get attention or ask for something
- b. Uses mostly one-word statements
- c. Is difficult to understand
- d. Asks questions
- e. Uses two to three word statements
- f. Can engage in a conversation using lengthy sentences
- g. Uses simple sentences
- h. Talks about own ideas without an adult starting the conversation
- i. Initiates a greeting to others without being told

Comments: _____

4. Which of the following is your child interested in: (*circle all that apply*)

TV / Video Games

Computers

Arts / Crafts

Imaginary Play
(House / Store)

Construction Materials
(Lego / Duplo)

Classes
(Gymboree / YMCA)

Outdoor Play

Other: _____

5. Which of the following organized "school experiences" has your child participated in? (*circle all that apply*)

Daycare Center

Church School

Another Preschool

Home Daycare

Classes

Playgroup

Please list a contact person and phone number if we have your permission to call:

Contact Person: _____ Phone _____

6. What feedback have you received about your child's development and behavior (from babysitters, daycare providers, Sunday school teachers, etc.)? _____

7. Please indicate any area for which you have a concern about your child's development or performance.

Speech	Fine Motor	Gross Motor	Social Emotional	Behavior
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Please Explain: _____

8. How did you hear about our program? _____

9. Please note any other information we should be aware of in order to work effectively with your child.

Completed forms may be delivered to 160 Miller Road, along with all other registration materials.



Lebanon City Schools Preschool and Kindergarten Physical



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

Name of Student: _____

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					
Polio					
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:

Signature of Dentist Date

PHYSICIAN'S REPORT

REVISED APRIL 2021

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 Physician Date



Bowman Primary School

825 Hart Road, Lebanon, OH 45036

Phone (513) 934-5800 Fax (513) 934-2466

Dear Parent,

Ohio State Law and the Lebanon Board of Education requires that certain immunization records be completed for enrollment on all students. It is the responsibility of the parents to obtain this information. Students who do not have the required records completed may attend school for a period of 30 days pending the completion of these requirements. After 30 days, Ohio law mandates that your child be excluded from school until such record is provided. A complete record includes 4 DPT or DT, 3 Polio, 1 MMR, 3 Hepatitis B, 1 Varicella, and 3-4 HIB. **You are required to submit these records to our office.**

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.

Ohio State Law also requires a physical examination signed by a licensed physician affirming the child suitable for enrollment in the preschool program within 30 days after the date of admission. The examination shall occur within 12 months prior to the date of admission. **Additional health screenings required are height, weight, dental, vision, hearing, lead level, and hematocrit or hemoglobin level which MUST be included on the physical examination.** You are required to submit these records to our office.

Please contact your family physician or the Warren County Health Department at (513) 695-1468 to arrange for your child to receive the required physical examination and additional health screenings. The Warren County Health Department offers a lead screen and hemoglobin level through a finger stick at a set rate. Please call (513) 695-1468 for an appointment.

It is not our desire that any student be removed from school. However, for your child's safety and the well-being of all students and in order to be in compliance with Ohio Law, it is necessary that we have your full cooperation in this matter. You may bring the immunization record and record of physical examination to the Bowman office or mail it to the address above. Please contact the school nurse at (513) 934-5486, if you have any questions.

Please have your physician and dentist complete the Preschool Physical on the back of this form and return it to the office, prior to the start of school.

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 preference 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 used 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 data 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.

<p>Student’s native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	<p>_____</p>
<p>Student’s home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	<p>_____</p>
<p>Potential English learner See Language Usage Survey Questions 2-4.</p>	<p><input type="checkbox"/> Yes. Assess the student’s English proficiency. <input type="checkbox"/> No. Do not assess the student’s English proficiency.</p>
<p>Immigrant student status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<p><input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.</p>

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



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:

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

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 Aids _____

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 • 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? _____

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

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

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

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

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**