



# Kindergarten Registration

Welcome to North Canton City Schools Kindergarten! Parents or guardians of children who will be FIVE years old on or before August 1, 2019 should register for Kindergarten. Registering for Kindergarten is as easy as 1 -2 -3 !

## 1 BOOK YOUR APPOINTMENT

You may do this online at [www.northcantonschools.org/Registration1.aspx](http://www.northcantonschools.org/Registration1.aspx) (look for the "Book Your Appointment" link) or by calling 330-497-5600. Appointments are booked in 10-minute slots on any business day between March 18- 22, 2019.

Please note: Registration for 2019-2020 Kindergarten will be done by appointment only, no walk-ins will be taken. If you are more than 5 minutes late for your appointment, you may be asked to reschedule.

## 2 PREPARE YOUR PAPERWORK

Complete the forms and gather additional required paperwork as listed.

Please note: All documentation must be completely filled out prior to your appointment and all paperwork must be present when you come. So as not to hold up the appointments after you, you will be asked to reschedule your appointment for a later date if your paperwork is not complete.

If you have any questions about what is required, please visit our website or call the District Office at 330-497-5600

## 3 COME ON IN

Come to the District Office at your appointed time. (525 7th St. NE. Enter the drive from 10th St. NE, coming from North Main Street. Park in the first small lot on the right and enter Door 25.) You will meet with the Registrar who will collect, review and copy your paperwork for our files. Next, you will meet with a school nurse to review medical information and immunization requirements. And that's it!

## NORTH CANTON CITY SCHOOLS STUDENT ENROLLMENT GUIDELINES

Welcome to North Canton City Schools! In order to enroll your custodial child in the North Canton City School District, the following documentation must be provided and current enrollment packet completed. No student will be officially enrolled and eligible to start classes until all required documentation and forms are received and approved in the Registrar's office. **The Registrar's office is open between 8:00 am and 2:00 pm Monday through Thursday, and is located at 525 7<sup>th</sup> Street, North Canton, OH. Please use door 25 (off of the 10<sup>th</sup> Street entrance)**

- North Canton City Schools reserves the right to postpone enrolling a student until such time as all documentation, forms, information, etc. provided by the custodial parent/guardian have been verified as true and accurate.
- No tuition student enrollment appointment will be scheduled with the registrar until the tuition application process has been completed and approved by the Superintendent.

### PROOF OF RESIDENCY REQUIREMENTS:

	<p><b>1.</b> Acceptable proofs of residency include any combination of <b><u>TWO (2)</u></b> of the following in the custodial parents name.</p> <ul style="list-style-type: none"> <li>-- Gas Bill -- Electric Bill -- Water and /or Sewer Bill -- Property Tax Statement -- Voter Registration Card</li> <li>-- Official Change of Address Card (card is received in the mail by the post office after you have applied for change of address. The printed email receipt is not accepted.)</li> <li>-- Rental Lease or Mortgage Closing Documents (cable or phone bill will not be accepted)</li> </ul>
	<p><b><u>1A. If you are in the process of building a home of residence in the North Canton City School District</u></b>, the following submissions are required:</p> <ul style="list-style-type: none"> <li>a) A notarized sworn statement explaining the situation, revealing the location of the house being built, and stating the custodial parent's intention to reside there upon completion; <u>and</u></li> <li>b) A notarized statement from the builder confirming that a new home is being built for the custodial parent and that the new house is at the location indicated in the parent's statement.</li> </ul>
	<p><b><u>1B. If you will be residing with someone in the North Canton City School District</u></b>, the following submissions are required:</p> <ul style="list-style-type: none"> <li>a) The resident's proof of residency (see #1 above) <u>and</u></li> <li>b) The completed, signed and notarized North Canton City Schools Residency Affidavit. (Available on the registration page of our website or from the District Registrar).</li> </ul>
	<p><b><u>1C. If you have purchased a home in the North Canton City School District but have not closed</u></b>, the following submissions are required:</p> <ul style="list-style-type: none"> <li>a) A notarized affidavit from your realtor (available from the District Registrar) <u>and</u></li> <li>b) A personal, notarized affidavit (available from the District Registrar) <u>and</u></li> <li>c) A copy of your purchase agreement.</li> </ul> <p>Final closing documents must be received within 90 days under this exception. If documentation is not received, tuition may be billed starting on day 91.</p>

### ENROLLMENT REQUIREMENTS:

	<p><b><u>Birth Certificate:</u></b> An original or copy of a state-issued certified birth certificate must be presented. If enrolling in Kindergarten, the child must be five years old <b>on or before August 1st</b> of the current school year.</p>
	<p><b><u>Parent Identification:</u></b> A copy of a photo ID, such as a driver's license, of the custodial parent/guardian.</p>
	<p><b><u>Custody Documentation:</u></b> If applicable, the most recent court orders allocating parental rights and responsibilities or other documents allocating custody or guardianship. This full document must be a certified copy of a judgment entry, court order, or decree signed by a judge and filed with the clerk of courts.</p>
	<p><b><u>Immunization Documentation:</u></b> See reverse for Immunization Requirements Checklist. A copy of the most recent immunization record is required for school entry.</p>

## Immunization Summary for School Attendance Ohio

VACCINES	2019-2020 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
<b>DTaP/DT</b> <b>Tdap/Td</b> Diphtheria, Tetanus, Pertussis	<p><b>K</b>                      Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the 4<sup>th</sup> birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4<sup>th</sup> birthday, a fifth (5) dose is not required. *</p> <p><b>1-12</b>                      Four (4) or more of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.</p> <p><b>Grades 7-12</b>                      One (1) dose of Tdap vaccine must be administered prior to entry. **</p>
<b>POLIO</b>	<p><b>K-7</b>                      Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4<sup>th</sup> birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required. ***</p> <p><b>Grades 8-12</b>                      Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.</p>
<b>MMR</b> Measles, Mumps, Rubella	<p><b>K-12</b>                      Two (2) doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.</p>
<b>HEP B</b> Hepatitis B	<p><b>K-12</b>                      Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.</p>
<b>Varicella</b> (Chickenpox)	<p><b>K-7</b>                      Two (2) doses of varicella vaccine must be administered prior to entry. Dose 1 must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after first dose, it is considered valid.</p> <p><b>Grades 8-11</b>                      One (1) dose of varicella vaccine must be administered on or after the first birthday.</p>
<b>MCV4</b> Meningococcal	<p><b>Grade 7-8</b>                      One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry.</p> <p><b>Grade 12</b>                      Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. ****</p>

**NOTES:**

- Vaccine should be administered according to the most recent version of the *Recommended Immunization Schedules for Persons Aged 0 Through 18 Years* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download at <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.
- Vaccine doses administered ≤ 4 days before the minimum interval or age are valid (grace period). Doses administered ≥ 5 days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information please refer to the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at [www.odh.ohio.gov](http://www.odh.ohio.gov), Immunization: Required Vaccines for Childcare and School). These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

\*Recommended DTaP or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4<sup>th</sup> birthday, a sixth dose is recommended but not required.

\*\* Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. Tdap can be given regardless of the interval since the last Tetanus or diphtheria- toxoid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.

\*\*\* The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose.

\*\*\*\* Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1<sup>st</sup>) dose of MCV4 was administered on or after the 16<sup>th</sup> birthday, a second (2<sup>nd</sup>) dose is not required. If a pupil is in 12<sup>th</sup> grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.



# NORTH CANTON CITY SCHOOLS

## ENROLLMENT FORM

<b>For Building Use Only:</b>		Grade Level _____	Homeroom _____	Enrollment Date _____
<input type="checkbox"/> Tuition Student	<input type="checkbox"/> Former NCCS Student	<input type="checkbox"/> Gifted	<input type="checkbox"/> IEP/504	<input type="checkbox"/> LEP
<input type="checkbox"/> ECC-PRE SCHOOL	<input type="checkbox"/> CL	<input type="checkbox"/> GT	<input type="checkbox"/> NW	<input type="checkbox"/> OH
			<input type="checkbox"/> NCMS	<input type="checkbox"/> HHS
				<input type="checkbox"/> DIGITAL ACADEMY

**Please Print - Student's Legal Name:** (As listed on birth certificate)

First	Middle (list full name)	Last & Suffix (Jr, III, etc.)	Called Name (if applicable)
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**Gender:** Male  Female  **Date of Birth (M/D/Y):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**City of Birth:** \_\_\_\_\_ **State of Birth:** \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_

**Mother's Maiden Name:** \_\_\_\_\_

**Is Student Hispanic/Latino?** Yes  or No

**Student Race: Please select ALL that apply:**

- White     Black/African-American     Asian (Far East including India)     Multi-Racial
- American Indian or Alaskan Native     Native Hawaiian/Pacific Islander     Hispanic/Latino

**Native Language:** \_\_\_\_\_ **Home Language:** \_\_\_\_\_

(Spoken language at the onset of speech) (Main language spoken at home by child)

**Has your child received instruction within a bilingual or ELL program in the past school year:**  Yes  No

**Legal Parent/Guardian Name(s):** \_\_\_\_\_

**Student's Address:** \_\_\_\_\_

Street PO Box City Zip Code

**Primary Telephone:** \_\_\_\_\_  Land Line  Cell Phone

**Grade Entering:** \_\_\_\_\_ **Did your child ever repeat a grade?**  Yes  No (If yes, please indicate grade) \_\_\_\_\_

**First Time Enrolled in an Ohio Public School?**  Yes  No

**Has your child previously attended a North Canton City School?**  Yes  No (If yes, grade and building) \_\_\_\_\_

**Student is (if applicable):**  Child of NCCS employee  Tuition (if yes to either, please list District of Residence) \_\_\_\_\_

**If enrolling in KINDERGARTEN, list child's age as of August 1<sup>st</sup> of enrolling school year:** \_\_\_\_\_

**Last K-12 school attended:** \_\_\_\_\_

District School Name

Street address City State Zip Code Phone

**School last attended:**  Public  Home Schooled  Charter/Digital School  Private

**Is your child being served by a current IEP or 504 Plan?** (Please include a current copy)  Yes  No

If yes, please specify: \_\_\_\_\_

**Has your child been identified as gifted at a previous school district?**  Yes  No

If yes, please specify: \_\_\_\_\_

**Is student currently under a disciplinary action?**  Yes  No *If yes, please explain:* \_\_\_\_\_

**Student lives with:**  Father & Mother  Father  Mother  Father & Legal Step Mother  
 Mother & Legal Step Father  Other (specify) \_\_\_\_\_

**All applicable:**  Parents Divorced  Parents Separated  Father Deceased  Mother Deceased  
 Parents Never Married  Court Placement (specify) \_\_\_\_\_

**Does a court order exist for this child?**  Yes  No *(If yes, a complete copy of the most recent court order is required by law.)*

**If last name of the legal parent/guardian with whom student lives with is different from the child's last name, please explain:**

**Parent/Guardian Contact Information:** *(Must be completed)*

**Mother:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Does Student Live With This Person?**  Yes  No

**Does Student Live With This Person?**  Yes  No

**Does This Person Have Custody ?**  Yes  No

**Does This Person Have Custody ?**  Yes  No

**Home Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact Person if Parent(s) cannot be reached:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_

**Does this person reside with the student?**  Yes  No

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**List all persons under 21 residing in the home – Include name, age, school attending, relationship**

**Please list any learning difficulties, physical conditions, social concerns, or general information about your child which would be helpful for us to know. Please keep us updated at all times on anything of this nature.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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.

<b>Student Name:</b> <i>(First Name and Last Name)</i>		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i>	
<p><b>Communication Preferences</b> 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.</p>	<p>1. In what language(s) would your family prefer to communicate with the school?</p> <p>_____</p> <p>Parent/Guardian can read English: YES _____ NO _____</p> <p>Parent /Guardian needs an interpreter/translation YES _____ NO _____</p>		
	<p><b>Language Background</b> 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.</p> <p>2. What language did your child learn first?</p> <p>_____</p> <p>3. What language does your child use the most at home?</p> <p>_____</p> <p>2. What languages are used in your home?</p> <p>_____</p>		
<p><b>Prior Education</b> 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.</p>	<p>5. In what country was your child born? _____</p> <p>6. Has your child ever received formal education outside of the United States?</p> <p>YES _____ NO _____</p> <p>If yes, circle the years attended school <b>OUTSIDE</b> of the United States:</p> <p>PK K 1 2 3 4 5 6 7 8 9 10 11 12</p> <p>If yes, how many years/months? _____</p> <p>If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school <b>IN</b> the United States?</p> <p>YES _____ NO _____</p> <p>If yes, circle the years attended years attended <b>in</b> the United States:</p> <p>PK K 1 2 3 4 5 6 7 8 9 10 11 12</p> <p>If yes, when did your child first attend a school in the United States?</p> <p>_____/_____/_____</p> <p>Month Day Year</p>		

<p><b>Prior Language Instruction</b></p> <p>Responses about your child's previous language instruction can help us make decisions about the amount and type of supports that your child may need to be successful at school.</p>	<p>8. Has your child received instruction within a bilingual or ELL program in the past school year?</p> <p>YES _____ NO _____</p> <p>9. What was the name of the school that provided this service?</p> <p>_____</p>
<p><b>Additional Information</b></p> <p>Please share additional information to help us understand your child's language experiences and educational background.</p>	
<p>Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____</p> <p>Parent/Guardian Signature: _____ Today's Date: (mm/dd/yyyy) _____</p>	

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>



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# NORTH CANTON CITY SCHOOLS

## KINDERGARTEN TRANSPORTATION REQUEST

TO ENSURE THE SAFETY OF OUR KINDERGARTEN STUDENTS ANY CHANGES IN PICK UP OR DROP OFF LOCATION MUST BE MADE TO THE SCHOOL OFFICE AND TO THE TRANSPORTATION DEPARTMENT IN ADVANCE.

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Date of Birth

\_\_\_\_\_  
Home Address                      City                      Zip Code

Please Circle Elementary School Attending:                      Clearmount                      Northwood

Pick up LOCATION 1 - Home or: \_\_\_\_\_ Days of Week: \_\_\_\_\_

Pick up LOCATION 2 - Home or: \_\_\_\_\_ Days of Week: \_\_\_\_\_

Drop off LOCATION 1 - Home or: \_\_\_\_\_ Days of Week: \_\_\_\_\_

Drop off LOCATION 2 - Home or: \_\_\_\_\_ Days of Week: \_\_\_\_\_

\_\_\_\_\_  
Mother's Name                      Cell                      Work

\_\_\_\_\_  
Father's Name                      Cell                      Work

\_\_\_\_\_  
Emergency Contact Person                      Relationship                      Phone #

-----  
**Office Use Only**

\_\_\_\_\_  
Student ID #                      Start Date                      Pick up Time                      Bus #

\_\_\_\_\_  
Bus Stop Location

\_\_\_\_\_  
Additional Notes:

\_\_\_\_\_  
Staff Received                      Approved by Transportation





**NORTH CANTON CITY SCHOOLS  
KINDERGARTEN QUESTIONNAIRE**

The purpose of this questionnaire is to help the kindergarten teacher become acquainted with your child.

FAMILY BACKGROUND

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Name child should be called at school \_\_\_\_\_

Birthdate \_\_\_\_\_ Home phone \_\_\_\_\_  
*(month, day, year)*

Other children in the family	Age	Grade in School (if school age)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of others in home: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Is there a second language in the home? If so, what \_\_\_\_\_

DEVELOPMENTAL HISTORY

\_\_\_\_\_ Born Pre-mature \_\_\_\_\_ Any birth problems \_\_\_\_\_

\_\_\_\_\_ Late walking (14 mos.+) \_\_\_\_\_ Late talking (2 yrs.+) \_\_\_\_\_ Any motor skill difficulty \_\_\_\_\_ Speech pattern delay

SOCIAL EXPERIENCES

- Has your child attended pre-school? \_\_\_\_\_ Which one? \_\_\_\_\_  
For how long? \_\_\_\_\_ How many days a week? \_\_\_\_\_
- Does your child play quietly or actively? \_\_\_\_\_
- With whom does your child play? \_\_\_\_\_  
Alone? \_\_\_\_\_ With older children? \_\_\_\_\_ With younger? \_\_\_\_\_ With boys? \_\_\_\_\_  
With girls? \_\_\_\_\_ With both? \_\_\_\_\_
- Would you say your child is a leader or a follower? \_\_\_\_\_
- What activities does your child enjoy outdoors? \_\_\_\_\_
- Does your child enjoy watching television/DVD's? \_\_\_\_\_  
What is his/her favorite program? \_\_\_\_\_  
Does he/she watch more/less than 3 hours a day? \_\_\_\_\_
- What activities does your child enjoy indoors? \_\_\_\_\_
- Do you read to your child? \_\_\_\_\_
- Is your child able to remember songs and rhymes? \_\_\_\_\_

CHILD DEVELOPMENT

1. Is your child right or left handed or undecided? \_\_\_\_\_
2. When considering your child's academic, social, or emotional growth:  
What would you say is your child's weakness? \_\_\_\_\_  
\_\_\_\_\_
3. Is he/she able to separate easily from the parent? \_\_\_\_\_
4. Does he/she have any fears? \_\_\_\_\_ What? \_\_\_\_\_

SCHOOL ADJUSTMENT

1. Is your child able to sit still and listen to a story for 5-10 minutes? \_\_\_\_\_
2. What would you like your child's teacher to know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HEALTH INFORMATION For the 2019/2020 School Year

**IMMUNIZATIONS:** All pupils must have current immunization records on file in school office. See attached immunization requirements schedule. All immunizations **must** be complete prior to school year entry. Failure to comply with immunization requirements will result in exclusion from school.

**If your child has a health condition that school personnel need to be aware of:**

- Please leave a message with the secretary so that the school nurse may contact you before the start of school if your child has an acute or chronic health condition requiring special attention. Some examples of this are: asthma, seizure history, cardiac conditions, diabetes, limited mobility, or SEVERE allergies (foods, insect stings, etc), which may require emergency medications such as epinephrine auto-injector.

**ILLNESS OR INJURY:** if an accident or sudden illness occurs at school, basic first aid will be administered. If, in the judgment of the principal, secretary and/or school nurse, conditions warrant your immediate attention, you will be notified. If you cannot be reached, we will contact the person you have designated on the Emergency Medical Authorization form.

**Please keep your child home from school if:**

- They have a temperature of 100 degrees or more. Your child should remain at home, resting quietly for the day. They may return to school when they have been free of fever for 24 hours (*without fever reducing medications like Tylenol or Advil*).
- They have been diagnosed with strep, staph or any other bacterial infection. Your child must have received a full 24 hours of antibiotics before returning to school.
- They have vomited or had diarrhea during the night, or in the morning before school.
- They have a persistent cough, chest congestion, or persistent nasal drainage.
- If your child has been diagnosed with a communicable illness (ex: influenza, chicken pox, impetigo, scabies, head lice, ring worm, pink eye) please contact your physician or the school nurse to discuss when they should return to school. When your child is seen by your physician or nurse practitioner for an illness, ask them to provide you with a *return to school* slip.
- If you have questions about appropriate return to school after an illness, please do not hesitate to leave a message at your child's school for the school nurse to call you.

### **MEDICATIONS**

- ALL medication must be brought to school by the parent in the original manufacturer's packaging (over-the-counter meds) or in the container in which it was dispensed by the physician or pharmacist prescription bottle.
- Parents must provide a **physician-signed** Prescription Medication Administered at School form in order for prescription medication to be administered at school.
- Parents must provide a **physician-signed** Prescription Medication Administered at School form or a **physician-signed** School Asthma Action Plan for any student who will use an asthma inhaler at school or for after school activities. Students must have physician consent to carry inhaler and self-medicate.
- Parents must provide a **physician-signed** Prescription Medication Administered at School form or a **physician-signed** Allergy Action Plan for any student who will carry an epi-pen at school or for after school activities.
- Parents must provide a **parent-signed** Non-Prescription Medication Administered at School form in order for NON-prescription medication of any kind to be administered. This includes cough drops and essential oils.
- All medication, both prescribed and over-the-counter, must be stored and secured in locked storage and must be distributed only by authorized school personnel.

# Ohio's Third Grade Reading Guarantee



## The Law

Third grade is a milestone in reading skills because students not reading at grade level at this point may struggle to handle the increasing difficulty of different subject content.

Ohio Senate Bill 316, made law in 2012, includes the "Third Grade Reading Guarantee." This law requires districts to identify students reading below grade level in grades K-3. With this identification, districts must notify parents/guardians, develop a specific reading improvement plan based upon individual needs, and provide intensive reading remediation.

## The Details

A student must reach a benchmark set by the Ohio Department of Education on the Grade 3 State Reading Test to move on to the fourth grade. If a student does not reach that score, he or she may still move on to fourth grade if that student qualifies for a retention exemption. These exemptions apply to:

- Limited English proficient students who have been enrolled in U.S. schools for less than three full school years and have had less than three years of instruction in an English as a Second Language program;
- Special education students whose IEPs specifically exempt them from retention under the Third Grade Reading Guarantee;
- Any student who has received intensive remediation for two years and was previously retained in kindergarten through the third grade; and
- Students who demonstrate reading competency on an alternative Reading assessment approved by the Ohio Department of Education.

All students in grades kindergarten through the third grade are given a diagnostic assessment at the beginning of the school year. Students who are identified as not on track for reading at grade level receive intensive, targeted interventions by qualified reading specialists, intervention teachers, and/or classroom teachers.

Teachers track these students' skill in the essentials of reading: phonics, phonemic awareness, fluency, vocabulary, and comprehension. Each student's progress is monitored throughout the year, and this information is communicated to parents.

Family involvement has proven to strengthen students' reading skills and academic achievement. These websites offer strategies that parents can use at home:

Ohio Dept. of Education Early Literacy Tips:  
<http://education.ohio.gov/Parents/Early-Literacy-Tips>

Ohio Dept. of Education 3<sup>rd</sup> Grade Reading Guarantee Family Resources:  
<http://education.ohio.gov/Topics/Learning-in-Ohio/Literacy/Third-Grade-Reading-Guarantee/Third-Grade-Reading-Guarantee-Family-Resources>

National PTA Parent Guide to Student Success:  
<http://pta.org/parents>

## For Kindergarteners

The Ohio Department of Education Office of Curriculum and Assessment has defined these standards for kindergarten "on track" reading that parents may find helpful.

Students performing at the ON TRACK level can do the following by the end of Kindergarten:

- name letters of the alphabet;
- provide most of the common sounds of letters;
- write simple words phonetically;
- provide rhyming words;
- indicate the number of syllables in words;
- blend sounds into words;
- have a firm knowledge of concepts of print;
- answer literal questions about a story;
- retell a story from the events of a story that has been read to the student.

To review the Third Grade Reading Guarantee further, please consult the Ohio Department of Education website:

<http://education.ohio.gov/Topics/Learning-in-Ohio/Literacy/Third-Grade-Reading-Guarantee>

Please contact the North Canton City Schools Office of Curriculum and Instruction with questions regarding the Third Grade Reading Guarantee: 330.497.5600.



# NORTH CANTON CITY SCHOOLS

## KINDERGARTEN FAQs

### WHERE DO I GO FOR MY KINDERGARTEN REGISTRATION APPOINTMENT?

The Registrar is located in the District Office at 525 7th St. NE on the lower level of Hoover High School. Turn East onto 10th St. from North Main St. and turn right into the first parking lot. Enter through Door 25.

### DOES MY CHILD NEED TO COME TO THE KINDERGARTEN REGISTRATION APPOINTMENT?

No. This appointment is to review registration paperwork and immunization requirements only.

### DOES MY CHILD GET TO SEE THEIR SCHOOL, MEET THE TEACHER AND/OR THE PRINCIPAL BEFORE SCHOOL BEGINS?

Yes, there will be two opportunities for you and your child to meet your new teacher before the first day of Kindergarten, Monday, August 26, 2019.

### KINDERGARTEN SCREENING

All registered Kindergartners will receive a packet in the mail **approximately the second week of August** with a specific screening appointment time. During this scheduled time, you and your child will have the opportunity to meet your child's Kindergarten teacher. **If you do not receive a packet by mid-August, please contact the school directly for your time.**

### OPEN HOUSE

There is an open house scheduled for Kindergartners and their parents in August, just before the first day of school. Further information will be included in your August mailing.

### HOW WILL I KNOW WHICH TEACHER MY CHILD HAS?

Class lists will be posted on the school doors the Friday prior to school starting, after 4:00 p.m.

### WHAT IF WE CANNOT ATTEND THE OPEN HOUSE?

It is not necessary, as you will have previously met your child's teacher and seen the building during your child's screening process.

### IS IT NECESSARY FOR A PARENT TO ATTEND THE OPEN HOUSE?

No, a grandparent, sibling, neighbor or anyone may bring your child to this event if you are unable.

### WHEN IS THE FIRST DAY OF KINDERGARTEN?

The first day of Kindergarten is Monday, August 26, 2019, which is a few days after school starts for grades 1-12.

### WHAT TIME DOES KINDERGARTEN BEGIN AND END?

Northwood - 8:55 a.m. - 3:45 p.m.

Clearmount - 9:10 a.m. - 4:00 p.m.

### WHEN DO I LEARN WHICH BUS MY CHILD RIDES, WHAT TIME THE BUS COMES AND WHICH STOP WE ARE ASSIGNED TO?

Bus assignments, schedules and stops are posted on the doors of the school on the Friday before school starts, as well as on your school's page on the district website ([northcantonschools.org](http://northcantonschools.org)). Please look for the stop closest to your home. Walkers (those students within a mile distance from the school) will receive a postcard in the mail.

### DOES MY KINDERGARTNER NEED SCHOOL SUPPLIES?

Yes. A school supply list will be included in your screening letter.

### ARE THERE SCHOOL FEES FOR MY KINDERGARTNER?

Yes. The school fee will cover workbooks, consumable supplies for language arts, math and science, as well as basic supplies such as glue, pencils and crayons. The fee amount will be addressed in your screening letter.

### WHICH SCHOOL DOES MY KINDERGARTNER GO TO?

If you live North of Applegrove, your child will attend Northwood Elementary.

If you live South of Applegrove, your child will attend Clearmount Elementary.