

PRESCHOOL PAPERS NEEDED

Name _____

- _____ Enrollment Form
- _____ Picture Permission/Handbook/Pickup Form
- _____ Race & Ethnicity Form
- _____ Student Data Sheet
- _____ Preschool Medical Statement/Immunizations
- _____ Date of Last Physical _____
- _____ Emergency Medical Authorization

We need a copy of:

- 1. Original "Official" Birth Certificate (with the state seal)**
- 2. Social Security Card**
- 3. Custody Papers (if applicable)**

L-C LOCAL SCHOOL DISTRICT INTEGRATED PRESCHOOL Enrollment Form

Child's Name _____ Date of Birth _____
 Address _____ Home Phone _____
 Parent/Guardian Name _____ Cell phone _____
 Home Address _____ Home Phone _____
 Employer name & address _____ Work Phone _____

Please circle which phone number should be used 1st 2nd 3rd to reach you while your child is in the program.
 Cell 1 2 3 Home 1 2 3 Work 1 2 3

Employer Address _____
 Parent/Guardian Name _____ Cell Phone _____
 Home Address _____ Home Phone _____
 Employer name & address _____ Work Phone _____

Please circle which phone number should be used 1st 2nd & 3rd to reach you while your child is in the program.
 Cell 1 2 3 Home 1 2 3 Work 1 2 3

Please list two people to be contacted in the event of an emergency **if the parent cannot be contacted:**

Name	Name
Street Address	Street address
City	City
State Zip code	State Zip code
Relationship to Child	Relationship to Child
Home phone:	Home phone:
Cell phone:	Cell phone:
Work Phone:	Work Phone:

Physician:	Dentist:
Name	Name
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
Phone	Phone

ANNUAL CLASS ROSTER

Each year we prepare a roster for each group of children in our program.
 This roster will not be furnished to any persons other than parents of children enrolled in our program.

I authorize the following to be listed on the parent roster:

Please circle one

My child's name	Yes	No
Parents/Guardians name	Yes	No
Phone number	Work Mobil Home	No

Date: _____

 Signature of parent or guardian

LYNCHBURG-CLAY SCHOOL DISTRICT

Student Data Sheet

Date of Enrollment

Present Date

Dear Parents:

One of the duties of the school district mandated by Ohio Senate Bill 140 is collection of certain data about the students enrolled in our schools. This information must be on file for all students. Please assist us by filling in the required information and promptly returning the form.

Name of Student _____

Grade _____ **Teacher** _____

Last

First

Middle

Student's Social Security# _____

Male _____ **Female** _____ **Date of Birth** _____

Lives With Status: (check only one)

_____ One parent (natural, adoptive, or step)

_____ Two parents (natural, adoptive, or step)

_____ Guardian

_____ Relative/Not Guardian

_____ Group Facility – Local

_____ Group Facility – State

_____ Independent

_____ Other

Living Conditions: (check only one)

_____ Single Family Home/Apartment

_____ Doubled-Up (Sharing Housing
With Other Family or Individual)

_____ Hotel/Motel

_____ Shelter

_____ Unsheltered

County of Residence: _____

Live Within One Mile of the School: yes _____ no _____

Student Status: (check only one)

_____ Resident attends school district of residence)

_____ Open Enrollment

Lynchburg-Clay Local School District Integrated Preschool Medical Statement

Student's Name: _____ Date of Birth: _____

This is to certify that I have examined the above named child and have found that he/she:

1. has had the immunizations required by Section 3313.671 of the Ohio Revised Code for admission to school, or had the immunizations required by the Ohio State Department of Health for infants and toddlers, or is to be exempt from these requirements for medical reasons:

IMMUNIZATION RECORD: *(Please enter month/day/year of each immunization.)*

DTaP/DTP/DT/Td/Tdap: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Polio: 1 _____ 2 _____ 3 _____ 4 _____

MMR: 1 _____ 2 _____

Hib: 1 _____ 2 _____ 3 _____ 4 _____

HBV: 1 _____ 2 _____ 3 _____

Varicella: 1 _____ 2 _____

Pneumococcal: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Hep A: 1 _____ 2 _____

Influenza: _____

Other: _____

(4 doses of DTaP/DTP/DT/Td/Tdap, 3 doses of Polio, 3-4 doses of Hib, 1 dose of MMR, and 3 doses of HBV are required for preschool entry.)

2. Based upon his/her medical history and physical condition at the time of this examination, he/she is free from apparent communicable diseases and is in suitable condition for enrollment at a preschool or school age program.

MEDICAL HISTORY:

Chronic Medical Condition(s): _____

Allergies (*Food/Medication*): _____

Surgeries: _____

History of Hospitalizations: _____

Medication (*Name and Dosage*): _____

Physical Restrictions: _____

Dietary Restrictions: _____

PHYSICAL EXAM:

Height: _____

Dental Examination: _____

Weight: _____

Heart: _____

Blood Pressure: _____

Lungs: _____

Eyes: _____
(Observation & Distance Acuity)

Abdomen: _____

Ears: _____
(Observation & Hearing)

Genitalia: _____

Hematocrit Level: _____

Speech: _____

Lead Level: _____

(Hematocrit level and Lead level are State mandated tests.)

Physician's Signature: _____

Date of Exam: _____

Physician's Name: _____

Phone#: _____

(Please Print)

Fax #: _____

Address: _____

This medical statement is required by the first day of school.