

NORTHWEST LOCAL SCHOOL DISTRICT
NEW STUDENT REGISTRATION FORM

STUDENT ID# _____
HOMEROOM: _____

The information supplied on this form is required under the provisions of the Laws of the State of Ohio and the Ohio Department of Education. It is in no way an effort to trespass upon the personal affairs of parents. Your cooperation in completion of this form is appreciated.

BUILDING: Northwest Elementary School Northwest Middle School Northwest High School
GRADE: PS K 1 2 3 4 5 6 7 8 9 10 11 12

ⓐ PARENT/GUARDIAN MUST COMPLETE ALL INFORMATION EXCEPT "SCHOOL USE ONLY" SECTION. PLEASE PRINT ALL INFORMATION IN BLACK OR BLUE INK. DO NOT USE PENCIL.

Student's Last Name:		Student's First Name:		Student's Middle Name:	
Student's Social Security Number:			Student's Preferred Name:		
Student's Date of Birth:		Student's City & State of Birth:		BIOLOGICAL MOTHER'S Maiden Name:	
Was student born outside the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what country?					
Is student a citizen of the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, name of country where student is a citizen:					
If student was born outside the U.S., how many years has he/she attended school in the U.S.?					
GENDER	<input type="radio"/> Male	ETHNIC DATA	<input type="radio"/> White (non-Hispanic) <input type="radio"/> Black <input type="radio"/> Asian <input type="radio"/> American-Indian <input type="radio"/> Hispanic <input type="radio"/> Multi-Racial		
	<input type="radio"/> Female		If other than English, what is the native language spoken in home:		

ⓑ STUDENT RESIDENCY INFORMATION → Resident Student Open Enrollment Court-Placed

Student's Street "911" Address:			
P.O. Box Address: <small>(if applicable)</small>	Apt. # <small>(if applicable)</small>	Lot #: <small>(if applicable)</small>	
City:	County:	State:	Zip:
Student's Home Telephone:	Cell Phone:	Parent(s) Work Telephone:	
E-MAIL ADDRESS:			
Previous Address:			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

ⓒ STUDENT'S FAMILY

Status of Student's Biological Parents:	
<input type="checkbox"/> Parents Married <input type="checkbox"/> Parents Separated <input type="checkbox"/> Parents Divorced <input type="checkbox"/> Parents Never Married <input type="checkbox"/> Father Deceased <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Other:	
Biological Father's Name:	Biological Father's Address: <small>(if different than student's address listed above)</small>
Biological Mother's Name:	Biological Mother's Address: <small>(if different than student's address listed above)</small>
A. Is student a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps or Coast Guard)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Is student a dependent of a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "YES" to either A or B, you must inform school if parent/guardian is discharged at any time during student's enrollment.	

Student lives with: <i>(check all that apply)</i> <i>Please Note: Proof of legal custody must be presented at time of enrollment for students who reside in any household other than with biological mother and father.</i>	<input type="checkbox"/> Biological Mother & Father	
	<input type="checkbox"/> Biological Mother Only	
	<input type="checkbox"/> Biological Father Only	
	<input type="checkbox"/> Biological Mother & Stepfather	Stepfather's Name:
	<input type="checkbox"/> Biological Father & Stepmother	Stepmother's Name:
	<input type="checkbox"/> Grandparent(s)	Grandparent(s) Name(s):
	<input type="checkbox"/> Court Appointed Guardian <small>(other than grandparent or foster parent)</small>	Guardian(s) Name(s):
	<input type="checkbox"/> Foster Parent(s) <small>(SF-14 Foster Placement Enrollment Form required)</small>	Foster Parent(s) Name(s):
<input type="checkbox"/> Host Family	Host Family Name(s):	
<input type="checkbox"/> Joint Custody/Shared Parenting		

ⓓ OTHER SCHOOL-AGE CHILDREN IN HOME: ⓔ EDUCATIONAL DATA:

Name:	Date of Birth	Grade	Name, City, State of last school attended:
			Has student ever repeated a grade? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, which grade? ____
			Does student have an IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO
			Has student ever received/been evaluated for special education services? <input type="checkbox"/> YES <input type="checkbox"/> NO
			Is student currently under an expulsion or suspension from previous school? <input type="checkbox"/> YES <input type="checkbox"/> NO

→ PLEASE CONTINUE TO NEXT PAGE ↓

ⓐ LIST OTHER ADULTS TO WHOM YOUR CHILD MAY BE RELEASED:			ⓑ MISCELLANEOUS INFORMATION
Name	Relationship	Phone	Will your child ride a yellow school bus? <input type="checkbox"/> YES <input type="checkbox"/> NO
			Please list any characteristics relating to the health and/or personality of your child that may be of assistance to teachers, nurses, bus drivers in understanding your child:

➔ **Signature: Parent/Legal Guardian:** _____ **Date:** _____

✘

ⓐ STOP! SCHOOL USE ONLY: Guidance Department must complete remainder of this form

STUDENT I.D. #	BUILDING: <input type="checkbox"/> NES <input type="checkbox"/> NMS <input type="checkbox"/> NHS <input type="checkbox"/> NFRC	GRADE:
ADMISSION DATE:	ADMISSION REASON:	HOMEROOM:
Date of Birth Verified: <input type="checkbox"/> YES <input type="checkbox"/> NO	Immunization Records Received: <input type="checkbox"/> YES <input type="checkbox"/> NO	ORIGINAL TO: Student Permanent Record <small>[Guidance Dept.]</small> COPIES TO: <input type="checkbox"/> EMIS <input type="checkbox"/> Transportation <input type="checkbox"/> Food Service <input type="checkbox"/> Nurse <input type="checkbox"/> Homeroom Teacher [NES only] <input type="checkbox"/> Library <input type="checkbox"/> P.E. <input type="checkbox"/> Music <input type="checkbox"/> Reading Lab <input type="checkbox"/> Art <input type="checkbox"/> Computer Lab <input type="checkbox"/> Other:
Proof of Residency Provided: <input type="checkbox"/> YES <input type="checkbox"/> NO	If Non-Resident, Open Enrollment Form Received: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Legal Custody Documents Provided: <input type="checkbox"/> YES <input type="checkbox"/> NO	Court/Foster Placement Form Received: <input type="checkbox"/> YES <input type="checkbox"/> NO	

REGISTRATION FORMS:			
DOCUMENT	RECEIVED?	DATE DUE	DATE RECEIVED
Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /
Social Security Card	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /
Immunization Records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /
Custody Documents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /
Residency Verification	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /
Court-Ordered Placement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /
Special Education Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /
* IEP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /
* MFE	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /
Physician's Report (Kindergarten Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /

FORMS FOR PARENT(S)/LEGAL GUARDIAN(S) TO COMPLETE:			
DOCUMENT	RECEIVED?	DATE TO PARENT	DATE RECEIVED
New Student Registration Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /
Emergency Medical Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /
Consent for Release of Records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /
Internet Account Application	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /
Free/Reduced Lunch Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /
Transportation Information Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /
Administration of Medication Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /
Emergency Release Form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	/ /

RECORDS FROM PREVIOUS SCHOOL:			
DOCUMENT	RECEIVED?	DATE OF REQUEST	DATE RECEIVED
Transcript of Grades/Academic Records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic / /
Health Records	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic / /
Most Recent Grade Card	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic / /
OGT/Achievement Test Scores	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	/ /	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic / /

➔ PLEASE CONTINUE TO NEXT PAGE ↓

EMERGENCY MEDICAL AUTHORIZATION

PURPOSE: To enable parents/guardians to authorize the provision of emergency treatment for their child who becomes ill or is injured while under authority of the Northwest Local School District when a parent/guardian cannot be reached.

BUILDING: <input type="checkbox"/> Elementary School (PS-5) <input type="checkbox"/> Middle School (6-8) <input type="checkbox"/> High School (9-12) <input type="checkbox"/> Other: _____ GRADE: <input type="checkbox"/> PS <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	TEACHER/HOMEROOM:
STUDENT NAME:	Date Of Birth:
Address:	Telephone:

RESIDENTIAL (CUSTODIAL) PARENT(S)/GUARDIAN(S):

Mother:	Daytime Phone:	Cell Phone:
Father:	Daytime Phone:	Cell Phone:
Other:	Daytime Phone:	Cell Phone:
Name of Relative or Childcare Provider:	Relationship:	
Address:	Daytime Phone:	Cell Phone:

I hereby give consent for the following medical care provider(s) and/or local hospital to be called:

Doctor:	Telephone:
Dentist:	Telephone:
Medical Specialist:	Telephone:
Local Hospital:	Telephone:

>>>> PART I or PART II MUST BE COMPLETED <<<<<

PART I: TO GRANT CONSENT

In the event reasonable attempts to contact me at telephone #'s above or other parent/guardian at telephone #'s above have been unsuccessful, I/we hereby give my/our consent for: (1) the administration of any treatment deemed necessary by preferred physician, Dr. _____, or preferred dentist, Dr. _____, OR, in the event the preferred physician/dentist is not available, I/We give my/our consent for my/our child to be treated by another licensed physician or dentist; AND (2) I/We give my/our consent for my/our child to be transferred to local hospital, _____ or any other hospital reasonably accessible. *This authorization does not cover major surgery unless the medical opinion of two (2) other licensed physicians or dentists concur regarding the necessity for such surgery.*

Please list any facts concerning your child's medical history (including, but not limited to: allergies, medications being taken, and any physical impairments) to which a physician should be alerted before treatment is determined:

◆ I understand that for my/our child's protection, any potential life threatening condition will be shared with appropriate school personnel with a need to know.

<input checked="" type="checkbox"/> SIGNATURE OF PARENT/GUARDIAN:	Date:
<input checked="" type="checkbox"/> SIGNATURE OF PARENT/GUARDIAN:	Date:
Address:	

PART II: REFUSAL TO CONSENT [DO NOT COMPLETE if you completed PART I]

I/We **DO NOT** give my/our permission for emergency medical treatment for my/our child. In the event of illness or injury requiring emergency treatment, I /We wish the school authorities to: *[Please check one]*

TAKE NO ACTION. DO THE FOLLOWING: (Please be specific with your instructions.)

<input checked="" type="checkbox"/> SIGNATURE OF PARENT/GUARDIAN:	Date:
<input checked="" type="checkbox"/> SIGNATURE OF PARENT/GUARDIAN:	Date:
Address:	

Please list any additional persons to whom the school may release your child. **PLEASE NOTE: It is your responsibility to notify the school, in writing, if any information provided on this form changes.**

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:



Ohio Department of Health • School and Adolescent Health

Health History

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
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Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

Birth and Developmental History No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly explain illness or problems. 	
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced	

Student Health Conditions

<input type="checkbox"/> YES , my child receives regular medical/health care for the following conditions:		<input type="checkbox"/> NO medical conditions
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

Yes No If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

Yes No If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by	Relationship to student	Date / /
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INSTRUCTIONS: Complete this survey and return to your child's school or mail to the following address: Northwest Elementary School 4738 Henley Deemer Rd. McDermott, Ohio 45652

The following selections must be completed by the Head of Household or Designee:

- 1. SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children: _____
- 2. STUDENT INFORMATION** - Complete for each student Pre-K through grade 12.

Last Name	First Name	Birth Date MM-DD-YY	School	Identify: H = Homeless M = Migrant R = Runaway F = Foster
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

For additional lines, please attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 2.

- 3. TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding foster children. If you have reported a case number above, please do not complete this section. Proceed to section 4.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker's Compensation, Unemployment, Strike Benefit	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

- 4. SIGNATURE** - If income section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the "I do not have a Social Security number" box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____
Date _____

Last Four (4) Digits of Social Security Number: XXX-XX-_____ I do not have a Social Security Number

Address _____ City _____ Zip Code _____

Home Phone _____	Work Phone _____	Email Address _____
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By providing your email address, you may be contact via email by the district.

For Internal Office Use Only: Please circle one option.	
QUALIFIES	DOES NOT QUALIFY

Northwest Elementary School
 4738 Henley Deemer Rd
 McDermott, Ohio 45652

HOUSEHOLD INFORMATION SURVEY

Northwest Elementary will participate in the Community Eligibility Provision (CEP) under the National School Lunch Program (NSLP). Under this option, all children in the school receive a breakfast/lunch at no charge regardless if they complete this form. However, to determine eligibility for various additional state and federal program benefits that your child's school may qualify for, please complete, sign and return this application to your school building if your income falls within or below the guidelines listed in the following chart.

INCOME GUIDELINES – 185% Guidelines to be effective from July 1, 2019 through June 30, 2020

Number of persons in family or household size	Annual	Monthly	Twice per month	Every two weeks	Weekly
1	\$23,107	\$1,926	\$963	\$889	\$445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
Each additional member add	+8,177	+682	+341	+315	+158

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps) or Ohio Works First (OWF) benefits, provide the name and 7 or 10-digit case number for the person who receives the benefits then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name: _____ 7 or 10-digit Case Number: _____



Welcome to the Northwest Local School District. We have listed some important information that should assist you when your child starts to school.

Clothing

Please provide a complete change of clothing for your child to keep at school. This includes underwear, shirt, and pants. Often times, children have accidents or spill something on their clothing at school. They are often times LESS upset when they can change into their own clothing. Also, I have a limited supply of used clothing in the clinic. Due to the increasing number of students having to change clothing if you have not supplied an outfit we may have to call you to come to school and bring your child clothing.

Medication Administration

If at any time during the school year your child needs to take either a prescription medication or an over-the-counter medication, please follow the guidelines listed below:

- All medication must be in the original container and have an affixed label including the student's name as well as the medication name and dosage.
- The medication must be brought to school by the parent or guardian. Medication MAY NOT be sent in with a student.
- A medication administration form must be completed prior to administration. This must be completed by the prescribing physician along with written permission from the parent or guardian. This is in compliance with Ohio law. Forms are available in the clinic. A new form must be completed each year or at the time of any dosage change.

If your child becomes ill and shows an elevated temperature (100 degrees or above), or experiences vomiting, or diarrhea; you will be contacted to pick your child up. Any child with an elevated temperature, vomiting, or diarrhea must be temperature-free, vomit-free, and/or diarrhea-free for 24 hours before returning to school. This is to decrease the chances of spreading disease to other students. If your child has a fever, PLEASE DO NOT medicate your child with Tylenol and send them to school.

Your child will only be released to those persons whose name is listed on the Emergency Medical Form. We will not let your child be released or be picked up by someone not listed on the form unless we are given permission. Please try and list any phone numbers where you can be reached. Please make certain if your phone numbers change, that you call the school and update your child's emergency form.

Communicable Diseases

Please report to the school nurse immediately if your child is diagnosed with a communicable disease such as a rash or skin eruption on the body, flu, and/or whooping cough, etc. If you are uncertain, please call the clinic. These and other diseases may pose risks to certain students because of medical reasons.

The length of time your child must be excluded as required by law for the following diseases:

- Chickenpox- until all areas are scabbed over.
- Fifth's Disease- no exclusion. However, if the child is around a woman who is pregnant in her first trimester there is an increased chance of miscarriage.
- Pinkeye/Conjunctivitis- until the child has received antibiotic treatment for 24 hours.
- Strep Throat- Until the child has received antibiotic treatment for 24 hours.

A physical is needed for your child to enter into kindergarten. If your child has had a physical in preschool they do not need a physical for kindergarten. Please turn in your child's completed form to the clinic as soon as possible. This exam is to help appraise your child's health and fitness; as well as, to discover any illness or potential health problems.

Immunizations and Vaccinations

In order to enter school, kindergarten students are required to have:

DTAP/DT	Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the fourth birthday a fifth (5) dose is required.
Polio	Three (3) or more doses of IPV or OPV , the FINAL dose must be administered on or after the fourth birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, 4 doses of either vaccine are required.
MMR	Two (2) doses are required. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose one (1).

Hépatitis B

Three (3) doses are required. The second dose must be at least 28 days from the 1st 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 24 weeks.

Varicella

Two (2) doses must be administered before school entry. Dose one (1) must be administered on or after the first birthday. The second (2) dose should be administered at least 3 months after dose one (1).

Ohio Law allows 15 days for you to provide your child's shot record to school. After that, if I do not have a copy of shots that are complete; your child will be excluded from school. Your child will not be allowed to come to school until they are current with immunizations. Immunizations may be obtained at your health care provider or local clinic.

Head Lice

Anytime there are large numbers of children together there is the potential for head lice. We routinely check each class for head lice, however; it is the parent's responsibility to also check their children. The number and severity of cases of head lice can be greatly reduced by routinely checking your child. Please feel free to call the school clinic if you have any questions regarding head lice or are uncertain what to look for. We have a nit-free policy, which means that a student may not enter school with nits.

Vision and Hearing Testing

Vision and hearing testing are done on all kindergarten students and routinely in selected grades. If you receive a letter recommending further examination, please take your child for an evaluation and return the physician's report to the school. If you do not have insurance to cover an eye exam or glasses; please notify us because we may have additional resources to help you.

If you have any questions or concerns, please feel free to call the clinic at ext.3306. We look forward to helping your child succeed at school. Thank you.

Megan Penix BSN, RN, LSN
Megan Penix BSN. RN. LSN.
School Nurse

Mary Stiverson MSN RN LSN
Mary Stiverson MSN. RN. LSN.
School Nurse

Melissa LeMaster BSN, RN, LSN
Melissa LeMaster BSN. RN.
Health Nurse

Welcome to Northwest Elementary School!

Important Information for New Students

Daily Schedule: 8:40-9:10 a.m. Students arrive and free breakfast is served
9:10 a.m. School begins 3:40 p.m. School Dismisses

Principals: Mr. Scott Martin, PS-2nd grades Mr. Greg Tipton, 3rd-5th grades

Drop Off/Pick Up: Students not riding the bus to school should be dropped off in the mornings on the KG/1st grade side of the building. Please have your child get out on the curb side of the car. The front door to the building will be unlocked at 8:40 a.m. Students should not be dropped off at school before 8:40 a.m. Students not riding the bus home should be picked up in the cafeteria at dismissal. Please park in the side parking lot and come into the side of the cafeteria to sign your child out. The cafeteria door will be unlocked 10 minutes before dismissal.

Other important information:

- Students going somewhere other than home must have a note. Please include the 911 address and telephone number in the note. All telephone calls related to student transportation must be received by the front office before 1:00 p.m.
- Northwest may operate limited bus service during inclement weather. Bus routes not run in the morning will not transport students in the afternoon.
- Teachers at Northwest Elementary utilize Progress Book for lesson plans and grades. Many also may use Remind or Class Dojo to communicate with parents. Please check with your child's teacher to find out his/her preferred method.
- All students at NES will receive a free breakfast and lunch this year!
- Please follow us on Facebook and Remind! The official "Northwest Elementary School" page is updated frequently, and new information will be added as it becomes available.

Open House will be Friday, August 16th from 4:00-7:00 p.m. Classroom assignments and bus information will be made available to new students and their parents during this time. Come and meet your teachers!



602 7TH STREET - ROOM 210
PORTSMOUTH, OH 45662
P: 740.355.8358
F: 740.354.8623
SCHD@SCIOTOCOUNTY.NET

ATTENTION PARENTS!

It's time to think about your child's SCHOOL VACCINES!

**The State of Ohio has immunization requirements for
children entering the following grades:**

- Day Care
- Preschool
- Kindergarten
- 7th Grade
- 12th Grade

**The Scioto County Health Department
carries all required and recommended vaccines for
infants, children, teens, and adults.**

No appointment necessary! Walk-in clinic hours: Monday – Friday, 9 am – 4 pm

Location: County Courthouse, Room 211, 602 7th St., Portsmouth, OH 45662

We accept the following insurance plans:

- Private: Anthem, Blue Cross/Blue Shield, Medical Mutual, and United Healthcare
- Public: Ohio Medicaid, and Caresource, Molina, and United Healthcare Community Plan Medicaid Managed Care Programs.

**We also have school vaccines (and some adult vaccines) available for people
who do not have any insurance.**

If you have questions, please call 740-355-8358 and ask for a nurse.

PLEASE BRING YOUR CHILD'S IMMUNIZATION RECORD WITH YOU!

PLAN AHEAD AND BEAT THE RUSH!

NORTHWEST L.S.D. SCHOOL DISTRICT

Administration Offices

300 Mohawk
Madison, OH 45652

Telephone: (740) 259-5558 Fax: (740) 259-3476
Web Site Address: www.northwest.k12.oh.us

Local Superintendent

A. Todd Jenkins

Todd.Jenkins@nwmohawks.org

Board of Education

Jared L. Smith, President

Jason Taylor, Vice President

Dana Jenkins, Member

Andy Little, Member

Michael Adkins, Member

Treasurer

Julie L. Smith

Julie.Smith@nwmohawks.org

Dear Parents of NLSD Students:

This correspondence provides important information regarding school delays and closings. Please read this information and keep it in a convenient place so you are able to refer to it if necessary.

PLEASE BE PREPARED AND HAVE A PLAN IN PLACE IN THE EVENT OF A DELAY OR EMERGENCY

- NLSD has in place "School Messenger," an automated telephone messaging system that can call every student's home within a few minutes. We will utilize this system as a communication tool for school closings, delays, early dismissals, etc. The number from which these calls are made will show as "740-259-5558" on your caller ID. **Please refrain from calling the school.** You should first check your answering machine/voice mail for a message from the school. Also, before calling the school, please listen to your radio or watch your television for information.
- IT IS VERY IMPORTANT THAT YOU PROVIDE CURRENT ADDRESSES AND TELEPHONE NUMBER(S) FOR YOUR CHILD(REN) TO THEIR APPROPRIATE BUILDING(S).** Also, you should note that you will not receive important phone calls if you have a block on your phone line.
- If an **EMERGENCY** condition exists that calls for the closure or delay of schools, public service bulletins will be made by the following media sources:

Radio Stations: **WNXT (99.3)**
Television Stations: **WSAZ-TV Channel 3 (Huntington)**
WOWK-TV Channel 13 (Charleston)
WBNS-TV Channel 10 (Columbus)

Sharon Conley, Transportation Supervisor, will also keep the public apprised via FACEBOOK post.

These broadcasts will be made only as issued by the Superintendent, and will be on the air as early as possible when an emergency has developed.

[Please note that, in order to avoid confusion, Northwest LSD does not notify any Cincinnati area stations of delays and/or closures since there is a Northwest LSD in the Cincinnati area. Please be sure you are listening to or watching one of the stations listed above.]

- If no bulletin is announced by radio and/or television stations, and no phone call is received, school is open on a regular schedule.
- Please listen carefully to broadcasts/messages. **We ask that you please DO NOT call radio and/or television stations, the school buildings, the bus garage or the superintendent's office. This will tie up telephone lines needed in the event of emergencies.**

DELAYS

- School delays will generally be 2-hours depending upon the circumstances.
- If a **2-hour delay** is called, your child's pick-up time will be 2 hours later than usual.
For Example: If your child's bus generally runs at 6:40 a.m., it will not run until 8:40 a.m.
- When a **delay** is called, buses will run regular routes as road conditions permit. While we will make every effort to run all routes, there will be occasions when the safety of students will prevent us from traveling some roads. If the road on which you live is posted "closed when snow or ice covered" or if you reside on a street or road that is generally impassable during weather

↓↓↓ Please continue to reverse side for additional information. ↓↓↓

"Home of the MOHAWKS"

emergencies, you should develop a plan, in advance, whereby you can meet your child's bus in a safe location. ***Please understand, we are unable to make individual phone calls for every bus route.*** If the bus does not travel a particular road when icy and/or snow covered, it is because the safety of your child, as well as the other children already on the school bus, must be our first priority.

- You should always have your child ready to board his/her bus at least five (5) minutes prior to designated pick-up time; however, parents should also take into consideration that when winter weather occurs, buses may have to travel more slowly to insure safe transport and may not always arrive exactly on schedule.
- Each time a bus does not travel a particular road, the bus driver is required to complete a report. This information will be communicated to each building. If your child's bus does not run, and you are unable to transport him/her, you are responsible for reporting the reason for your child's absence to his/her building.
- **IF THE BUS DOES NOT TRAVEL YOUR ROAD ON THE MORNING ROUTE DUE TO WEATHER CONDITIONS, IT WILL NOT TRAVEL YOUR ROAD ON THE AFTERNOON ROUTE; THEREFORE, IF YOU TRANSPORT YOUR CHILD TO SCHOOL IF THE BUS DOES NOT RUN, YOU MUST ALSO MAKE ARRANGEMENTS TO PICK YOUR CHILD UP AFTER SCHOOL.**

EARLY – OR EMERGENCY – DISMISSALS

- In the unfortunate event schools must dismiss early due to the onset of bad weather or other unforeseen circumstances, a single dismissal for all students may become necessary. The approximate dismissal time will be announced on local radio station (WNXT – 99.3 FM). If time permits, television stations (WSAZ-TV, WOWK-TV, WBNS-TV) will also be notified. An automated message will also be initiated.
- Please note that during a single dismissal, it takes approximately 30 minutes to load all students.
- To accomplish a single dismissal, it is necessary to make some significant changes to routing in order to allow several of our buses that must transport students further distances and/or that must travel particularly treacherous roads to travel directly to those outlying areas. We will make the determination as to which bus your child must ride to arrive home in a safe and timely manner.
- ***If no one is at home, to receive child(ren), students will be returned to their respective building until other arrangements can be made with parents.***

We hope this information will be helpful, and we thank you, in advance, for your patience and cooperation. If you have any questions regarding the information in this letter, please call the Administrative Offices at 740-259-5558 or 740-259-8565.

Sincerely,

Todd Jenkins

TODD JENKINS
Superintendent

ATJ:sic

NORTHWEST LOCAL SCHOOL DISTRICT

Administrative Offices

800 Mohawk Drive

McDermott, Ohio 45652

Telephone: (740) 259-5558 Fax: (740) 259-3476

Web Site Address: www.Northwest.k12.oh.us

Local Superintendent

A. Todd Jenkins

Todd.Jenkins@nwmohawks.org

Assistant Superintendent

Terri Freeman

Terri.Freeman@nwmohawks.org

Board of Education

Jared Lute, President

Jason Taylor, Vice President

Dana Jenkins, Member

Andy Lintz, Member

Michael Adkins, Member

Treasurer

Julie L. Smith

Julie.Smith@nwmohawks.org

Dear Parents/Guardians of Northwest Local School District Students:

Due to recent unfortunate occurrence across the country, please be advised that, to ensure the ongoing safety and security of your child(ren), the Northwest Local School District has implemented the following:

- **Effective November 1, 2017, any changes to a student's point of pick-up and/or drop-off (whether it be via a school bus) or custodial parent/guardian pick-up) must be submitted, IN WRITING. The request must include the following information:**
 - Student's full name
 - Student's grade and teacher name
 - The day/date for which the request is being made
 - Full name of individual (and relationship the child) to whom child is to be released – if pick-up (School personnel may require photo ID before releasing child).
 - Full name of person responsible for retrieving student from school bus (Bus driver may require photo ID before releasing a child to an unknown individual.)
 - "911" address to which student is to be discharged from school bus
 - A telephone number of *custodial* parent/guardian
 - A telephone number of person who will be receiving student
 - A brief reason for change to student's dismissal status
- Any questionable/suspicious/out of the ordinary requests, will be confirmed prior to being approved by building administrator.
- **Students will no longer be dismissed to any person, or discharged from a school bus, based on a telephone request to the building or transportation supervisor.**
- In the event of a legitimate emergency, the custodial parent must contact the appropriate school administrator who will determine if the request will be authorized.
- You should also note that absolutely no requests for change will be accepted after 1:00 p.m. at Northwest Middle School and Northwest High School, nor after 2:30 p.m. at Northwest Elementary School.
- Please note that any elementary student who is being transported via school bus, will be returned to the school for pick-up by parent if no one is at home when the bus arrives.

While we understand that the foregoing change will require advance planning on your part, it is important that you know, it is for the safety and security of your child(ren).

If you have any questions/concerns, please contact the appropriate school administrator or the administrative office.

Thank you for your cooperation.

Sincerely,

Todd Jenkins

TODD JENKINS

Superintendent



Welcome back to school, parents!

This year, our school will be participating in the Box Tops for Education™ program. My name is Mrs. Priscilla Ralstin and I'm thrilled to be the Box Tops Coordinator for Northwest Elementary. Clipping Box Tops is an easy way for you to help our school buy what it needs. Box Tops are each worth 10¢ and they quickly add up to real cash for our school. This school year, our school's earnings goal is \$2,000.

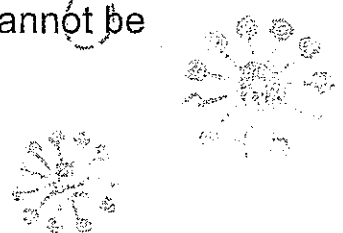
To help our school, just look for pink Box Tops on products, clip them, and send them to school. For more information on the Box Tops for Education program, including a list of participating products and our school's progress, visit www.BTFE.com. Be sure to become a member to receive exclusive coupons and learn about extra ways for our school to earn.

I hope you're excited for everything we can do this year with Box Tops! If you have any questions, please don't hesitate to contact me at priscilla.ralstin@nwmohawks.org. I'm here to make our school's Box Tops for Education program a huge success this year. We've collected over \$25,000 from Box Tops.

Thanks for your help!
Mrs. Priscilla Ralstin

*****There will be ten classes earning a party at the end of the year. The top class collecting the most box tops will get a pizza party with the next nine classes getting a popcorn party.

Please look at the expiration date; expired box tops cannot be submitted.



Learn more about how you can help your school at BTFE.com.

NES FACEBOOK PAGE



Join NES Facebook page at:

<https://www.facebook.com/Northwest-Elementary-School-292609207817150>



Parents,

If you would like to receive NES updates via email, email me at greg.tipton@nwmohawks.org and I will add you to my distribution list.

Sincerely,

Greg Tipton
NES Grades 3-5 Principal



How do I obtain an Ohio ID card for my child?

You may apply for an Ohio ID card for your child at any local deputy registrar location. Check www.bmv.ohio.gov for locations.

What documentation will I need to provide for an Ohio ID? You must provide proof of name, date of birth, proof of residency, proof of legal presence (see Acceptable Documents List) and Social Security number, if ever assigned. The Acceptable Documents List can be viewed at our Website:

<http://publicsafety.ohio.gov/links/bmv2424.pdf>.

Any child under the age of 18 years old must be accompanied by a parent or guardian, who must also provide proof of name, date of birth, proof of residency, proof of legal presence, and Social Security number, if ever assigned, or their Ohio driver license or state ID.

How much does an Ohio ID cost? \$8.50

Why should I get my child an Ohio ID card? Ohio photo ID cards for children will assist authorities in the event that a child is reported missing.

Where can my child use their Ohio ID card?

Ohio ID cards are used for identification purposes only. This card cannot be used for anything else, including driving privileges.

How old does my child have to be before they can obtain an Ohio ID? There is no minimum age for obtaining an Ohio ID card.

Don't forget to include a listing for your child's Next of Kin in connection with their state ID. It will help authorities get in touch with the child's parents or guardian. Visit www.bmv.ohio.gov for more information.



WWW.PUBLICSAFETY.OHIO.GOV

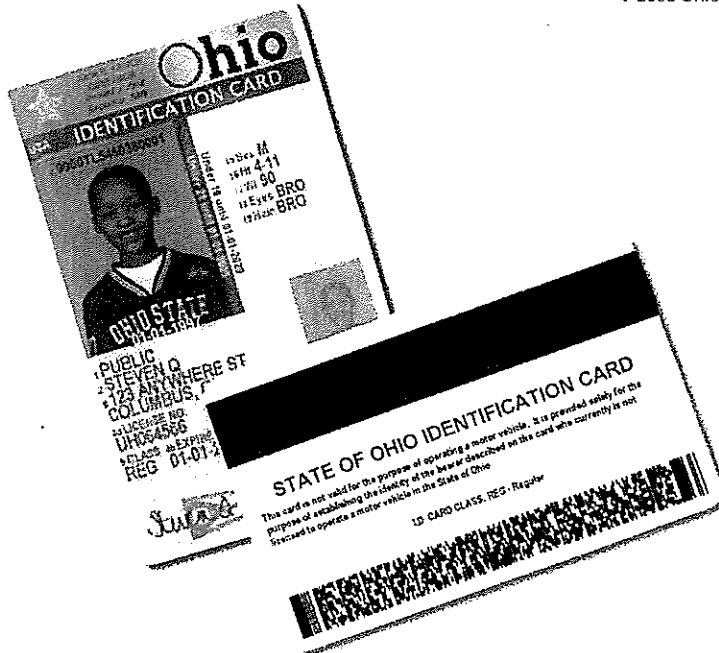


BUREAU OF MOTOR VEHICLES

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iDR Kids FOR SAFETY

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**Obtain an
Ohio ID card
for your child
at any Ohio
Deputy
Registrar**

