



## Hamilton Preschool

Jan Strahm, Coordinator  
Hamilton Local School District  
775 Rathmell Road  
Columbus, OH 43207

Phone: 614.491.8044 x1231  
Fax: 614.491.5564

Dear Parents,

Thank you for your interest in the Hamilton Preschool program. Our preschool has been a great addition to the educational system of Hamilton Local Schools.

Many factors weigh into the review process when placing students in our preschool including: age, income, and completed paper work. We can make copies of Birth Certificate, Shot Records, Social Security Card, Photo Id, Lease/Mortgage and Utility Bill.

**No packet will be collected until all paperwork is completed!**

I will be in the office throughout the summer, and will be checking messages daily.

Key Information:

AM Class: 8:40-11:20am

PM Class: 12:40-3:20pm

All Day Class: 8:40am - 3:20pm

Cost for these programs is To Be Determined.

Open House will be scheduled in August and a Supply list will be given at that time.

Once a **completed packet** has been received your child will be placed in a classroom. You will receive a letter the first week of August that will include details of your child's class assignment and open house.

Sincerely,

Jan Strahm, Coordinator  
Hamilton Preschool

# ***Hamilton Local School District Preschool Application***

**Please print this information**

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Phone \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please check one:**

All Day \_\_\_\_\_ (Cost per Month TBA)      Half Day \_\_\_\_\_

*The Ohio Department of Education requires all School Districts in Ohio to identify income level of preschoolers who attend public preschool. This information is helpful when assigning classrooms. Please let us know if you have any questions.*

1. How many members are in your household? \_\_\_\_\_  
**(Members of the household include all people living in your home, related or not, including yourself)**

2. What is your annual gross income? \_\_\_\_\_

I verify that the above information is correct.

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

You do have the option to refuse to provide the State of Ohio this information. If you decline, please indicate below and sign your name.

I decline to provide the State of Ohio with my personal household income amount.

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

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***For office use only***

\_\_\_\_\_ **Poverty Level**      **AM**    **PM**    **All Day** \_\_\_\_\_ **Teacher**

**Find us online at**  
**[http://www.HamiltonRangers.org/Preschool\\_home.aspx](http://www.HamiltonRangers.org/Preschool_home.aspx)**

# HAMILTON LOCAL SCHOOLS

775 Rathmell Rd., Columbus, OH 43207

## Student Profile/Registration Form

### Student Information please print

Today's Date: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_  
(First Name) (Full Middle Name) (Last Name)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth date: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Gender:  Female  Male Grade Level: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
(last name only)

Racial Code:  Asian  Black/African American  Indian-Native/Alaskan  Native Hawaiian/Other Pacific child  White  
Please check all that may apply to your child  
Is this child Hispanic/Latino?  yes  no

Student was born in the US?  yes  no  
Student is a US citizen?  yes  no  
If NO, list country of citizenship \_\_\_\_\_

1<sup>st</sup> time in an Ohio school?  yes  no  
1<sup>st</sup> time in Hamilton Local schools?  yes  no  
If NO, when did they attend Hamilton? \_\_\_\_\_

Name of last school attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

### Residency Information please print

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(number and street)

Do you own this property?  yes  no Primary Phone #: \_\_\_\_\_

### Family/Custodial Information please print

#### Mother/Guardian Information

Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext. # \_\_\_\_\_  
Email: \_\_\_\_\_

#### Father/Guardian Information

Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext. # \_\_\_\_\_  
Email: \_\_\_\_\_

Child lives with:  Both Natural Parents  Father Only  Mother Only  Father/Stepmother  Mother/Stepfather  Other  Foster \_\_\_\_\_

Brothers/Sisters – Names & Ages  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Special Services – please check all that apply if your child is currently receiving any of the following services:

Gifted/Enrichment  Current IEP  English as a Second Language  504 Plan  Special Transportation

### Additional Information please print

Please estimate your child's overall academic performance:  Above Average  Average  Below Average

Approximately how many days of school has your child missed this year? \_\_\_\_\_

Does your child have any medical or other problems the school should be aware of?  yes  no

If yes, please explain: \_\_\_\_\_

Does your child need to take any medication during the school day?  yes  no

If yes, please ask for a Medical Authorization Form. It must be completed by your physician before we can administer any medications.

Is the student currently under a suspension or expulsion from another school district?  yes  no

### OFFICE USE ONLY:

DASL: \_\_\_\_\_ Student I.D. Number Assigned: \_\_\_\_\_ Building: \_\_\_\_\_

Please Print

**Student's Legal Name:** \_\_\_\_\_ **Student's Date of Birth:** \_\_\_\_\_

**Parent/Legal Guardian:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Student & Parent/Legal Guardian Address:** \_\_\_\_\_

I certify that I am the custodial parent/legal guardian of the child listed above and have established permanent residency at the address listed above. I further certify that this child does reside with me at this address.

**Student's birth parents are currently married and living together?**  Yes  No

**If NO – please check any information below that applies to your family situation.**

Mother	Father
Not married to birth father but living with him	Not married to birth mother but living with her
Married to but separated from birth father – no legal papers filed	Married to but separated from birth mother – no legal papers filed
* Legal separation from birth father – custody papers attached	* Legal separation from birth mother – custody papers attached
* Divorced - single	* Divorced - single
* Divorced - remarried	* Divorced - remarried
* Adoptive parent	* Adoptive parent
Single at time of birth (father listed on B/C)	Single at time of birth (father listed on B/C)
Single at time of birth (father not listed on B/C)	Single at time of birth (father not listed on B/C)
* Guardian	* Guardian
* Foster Parent	* Foster Parent
* Deceased (guardian to provide certification)	* Deceased (guardian to provide certification)

**\*Indicates the need for a copy of legal document(s) to be attached.**

\_\_\_\_\_ I have provided school officials with a signed copy of the court document granting custody/guardianship.

The above information is true and accurate as of: \_\_\_\_\_  
(today's date)

**Signature** of Parent/Legal Guardian: \_\_\_\_\_

School Official: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 08/2008

*Section 3313.672 ORC as of July, 1989, requires a custodial parent to provide the public school with a certified copy of the custody order. Any changes or modifications in the custody order must also be submitted to the school when they occur.*

I, \_\_\_\_\_, certify that I am a resident of the Hamilton Local School District,  
(print adult resident's name)  
occupying the dwelling at:

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

City/Zip: \_\_\_\_\_

Date of Occupancy: \_\_\_\_\_

\*Verification of the above residency provided to school officials by copy of one of the following items:

\_\_\_\_\_ Signed Rental Agreement with landlord verification (all residents MUST be listed on the lease. This includes anyone moving in temporarily and registering at Hamilton Local Schools.) If the lease is a month-to-month, you must include a letter from the rental agent verifying current occupancy.

\_\_\_\_\_ Proof of Mortgage (with a current date-monthly statement or payment coupon)

\_\_\_\_\_ Mortgage Closing Form (dated within 2 months of this registration-must include all signatures)

Along with the above item, the Hamilton Local School District also requires a copy of a current utility bill (gas, electric, water) that shows your name and the street address. Please do not submit telephone/cell phone, cable, payroll, or banking information as verification.

\_\_\_\_\_ Current utility bill (gas, water, or electric-we cannot accept telephone, cell, or cable bills)

I, \_\_\_\_\_, further certify that the above information is true and accurate. Should any of this information be false, I agree to pay tuition cost, per day, for each student listed below while illegally attending the Hamilton Local School District. I understand that immediate withdrawal will occur. I am aware that the Hamilton Local School District may use legal means to verify my residence.

Child (ren)	Birthdate	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
Signature of Person Enrolling Child	Relationship to child	Date

**FOR OFFICE USE ONLY**

\_\_\_\_\_ Copy of residence verification information attached  
\_\_\_\_\_ School Official \_\_\_\_\_ Date

# HAMILTON LOCAL SCHOOLS

775 Rathmell Rd., Columbus, OH 43207

## AUTHORIZATION FORM

Please Print

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Mother: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian E-Mail: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

In the even reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary to above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician, or dentist, and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

*Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:*

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

### Photography / Publication Release

We request permission for your child to be photographed or video taped by school staff or local news organizations during the current school year. Their picture may be used in newspaper articles, television stories, brochures, and other promotional products.

\_\_\_\_\_ YES, I give my permission. \_\_\_\_\_ NO, I do not give my permission.

### Field Trip Permission

My child has permission to accompany his/her class on school-sponsored field trips. I will be notified in advance when and where these trips will be. I also give my permission for them to ride the bus to any location in the district for school related activities, assemblies, etc.

\_\_\_\_\_ YES, I give my permission. \_\_\_\_\_ NO, I do not give my permission.

### Internet / E-Mail Access Permission

I have read and signed the Internet/E-Mail Access consent form in this enrollment packet.

\_\_\_\_\_ YES, I give my permission. \_\_\_\_\_ NO, I do not give my permission.

### Student Handbook Acknowledgement

I have read the contents of the Student Handbook available on the Hamilton Local Schools web site. [www.hamiltonrangers.org](http://www.hamiltonrangers.org)

\_\_\_\_\_ YES, I have read the contents of the Student Handbook.

\*Paper copies are available in the school office upon request.

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

## Home Language Information Form

**Student Information**

First Name		Date of Birth	
Middle Name		City of Birth	
Last Name		Country of Birth	
Grade		Social Security Number	
Sex		Mother's Maiden LAST Name	

**Citizenship** (check only ONE)

<input type="checkbox"/> United States Citizen	<input type="checkbox"/> Dual Nation	<input type="checkbox"/> Other (please list below)
<input type="checkbox"/> Non-Resident Alien	<input type="checkbox"/> Resident Alien	

**Ethnic Background** (Check only ONE)

<input type="checkbox"/> WHITE, NON-HISPANIC	Persons having origins in any of the original peoples of Europe, North Africa or Middle East.
<input type="checkbox"/> BLACK, NON-HISPANIC	Persons having origins in any of the black racial groups in Africa.
<input type="checkbox"/> HISPANIC	Persons of Mexican, Puerto Rican, Cuban, Central/South American or other Spanish culture or origin regardless of race.
<input type="checkbox"/> ASIAN or PACIFIC ISLANDER	Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian subcontinent. (ex. China, India, Japan, Korea, the Philippine Islands and Samoa)
<input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE	Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
<input type="checkbox"/> MULTI-RACIAL	Persons having origins in two or more of the above options.

**Native Language** (Check only ONE)

<input type="checkbox"/> ENG - English	<input type="checkbox"/> CRE - Creole-French	<input type="checkbox"/> PTG - Portuguese	<input type="checkbox"/> TAG - Tagalog
<input type="checkbox"/> ALB - Albanian	<input type="checkbox"/> GER - German	<input type="checkbox"/> ROM - Romanian	<input type="checkbox"/> TRO - Trigiyan
<input type="checkbox"/> AMH - Amharic	<input type="checkbox"/> HMG - Hmong	<input type="checkbox"/> RUS - Russian	<input type="checkbox"/> UKR - Ukrainian
<input type="checkbox"/> ARA - Arabic	<input type="checkbox"/> JPN - Japanese	<input type="checkbox"/> SBC - Serbo	<input type="checkbox"/> VTM - Vietnamese
<input type="checkbox"/> CAM - Cambodian	<input type="checkbox"/> KOR - Korean	<input type="checkbox"/> SOM - Somali	<input type="checkbox"/> OTH - Other (please list)
<input type="checkbox"/> CAN - Cantonese	<input type="checkbox"/> LAO - Laotian	<input type="checkbox"/> SPN - Spanish	

**Additional Information** (Circle ONE)

- |                                                                          |     |    |
|--------------------------------------------------------------------------|-----|----|
| Was this child born outside of the USA?                                  | Yes | No |
| Was one or both of the parents born outside of the USA?                  | Yes | No |
| Is a language other than English the primary language spoken at home?    | Yes | No |
| Does this student speak limited English                                  | Yes | No |
| Has this student been in the USA for LESS than 3 years?                  | Yes | No |
| If yes, how long have they been in the USA? _____ years and _____ months |     |    |

**If you marked YES to any of the above questions, please answer the following questions:**

1. What language did your child speak when they first learned to talk? \_\_\_\_\_
2. What language does your child use most frequently at home? \_\_\_\_\_
3. What language do you use most frequently to speak to your child? \_\_\_\_\_
4. What language do the adults at home most often speak? \_\_\_\_\_
5. How long has your child attended school in the United States? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Hamilton Local Preschool/PK Child's Medical Statement \_\_\_\_\_ School Year

Child's Name:		Sex:		Birth Date:	
Address:					
Phone:					
Name of Parent/Guardian(s):					
<b>Date of Exam:</b>					

<b>Medical History</b>					
Allergies:		Symptoms:		Treatment:	
Diet Restrictions:					
Current Medications (dosage and frequency):					
Known Health Conditions: (if seizures, describe type and frequency), etc.: List precautions or limitations required for school					

<b>LAB Tests</b>	Lead Screening	Yes	No	Hematacrit	Yes	No
<b>Physical Examination</b>			Date:			
Height:	Inches		Weight:			Lbs.
Visual Acuity:		R		L	OU	
Hearing		R	db	L	db	
<b>Please Check</b>						
<input type="checkbox"/>	Physical exam completed and no abnormalities found; or					
<input type="checkbox"/>	Abnormalities found on physical exam are (explain):					
<input type="checkbox"/>	Referral made to					



(explain):	

Based upon the medical history and physical condition at the time of this examination, this child is free from apparent communicable diseases and is in suitable condition to receive childcare. This child has had the immunizations required by Section 3313.671 of the Ohio Revised Code for admission to school or has had the immunizations required by the State Department of Health for infants and toddlers, or is to be exempt from the requirements for medical reasons.

Please note exemptions: \_\_\_\_\_

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Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Immunization Record: Please attach all shot records**

Hamilton Local Preschool Family Information  
Step Up to Quality Programs (SUTQ)

Child Full Name:
Parents, by providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff who care for your child.
1-Are there any changes or transitions that your child has recently experienced or is experiencing?
2-Are there any foods that your child should not eat? (allergies, dietary restrictions)
3-Please circle all of the words that best describe your child's personality and behavior:  active, adventurous, affectionate, anxious, bossy, bright, busy, calm, cautious, cheerful, content, creative, curious, easily-angered, emotional, energetic, excitable, friendly, gives in easily, happy, hesitant, insecure, jealous, likes structure/routines, loud, loving, mellow, outgoing, prefers adult interactions, quiet, sensitive, serious, shares well, social, spontaneous, stubborn, tentative, other;
4-What changes your child mood? What makes them become upset, angry, and happy?
5-What methods do you use to respond to your child's negative behavior?
6-What time does your child normally go to bed? What time does your child wake up? Is there anything we need to know about your child's sleep habits?
7-What might you and your child be anxious about as he/she start this school program?

8- What are you and your child excited about as he/she start this school program?

9-As a parent, what are your expectations of our school program?

10-Please provide any other additional information about your child that would be helpful for us to know.

Parent/Guardian's Signature:

Date:

# Hamilton Pre-Kindergarten

## Dental Screening

School Year \_\_\_\_\_

Per the Ohio Department of Education Early Learning Program  
Guidelines for Incoming Preschoolers

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Dental Screening Results to be completed by Dental Staff

Child was screen on \_\_\_\_\_

Referral was made            Yes            No

Recommendations \_\_\_\_\_

Date \_\_\_\_\_ Dental Staff Signature \_\_\_\_\_

Dentist's Address \_\_\_\_\_

Dentist's Phone \_\_\_\_\_

If you need assistance finding a dentist

Nationwide Children's Hospital	614-722-5650
Columbus Health Department	614-645-7487
The Ohio State University Dental	614-292-2027