



Coolville Elementary School

26461 Main Street
P.O. Box 490
Coolville, OH 45723

Telephone 740-667-3121

FAX: 740-667-6183

Mary Mitchell / Principal

Greetings from Mrs. Mitchell to the Families of our 2020-21 Kindergarten Students

We are excited to welcome our new kindergarteners to Coolville Elementary School. For some of you this is a new adventure for your family, and for others it may not be a new adventure for you, but it certainly is for your child!

As you are aware the school is closed due to Governor DeWine's order in response to the pandemic of Covid-19. This of course will not allow us to do Kindergarten Registration as we had planned, but we know it's important to reach out and find our new kindergarteners for next school year so that we can start our planning. Our intentions are to bring you and your child in at the beginning of next school year to complete the assessments and registration.

In this packet you will find several documents to complete and return. During this time our offices are open on Tuesday and Thursday morning from 10:00-1:00 and we ask that you please return the completed documents in this packet by May 14th either by dropping them off at the school during our hours or by returning in the stamped self-addressed envelope.

You will be hearing from us during the summer, and as soon as plans are made for next school year. We look forward to next school year and hope that we can get off to a great start. If you have any questions don't hesitate to call the school at 740-667-3121 on Tuesday or Thursday from 10:00-1:00 or email me at mmitchell@fhlanders.com.

Entering Kindergarten

Your child should...

- ...Hold a pencil correctly and comfortably.
- ...Cut on a line with scissors.
- ...Recognize and name at least 8 colors.
- ...Identify own name, when compared to other names.
- ...Write name using uppercase letter at the beginning with lowercase letters following.
- ...Draw pictures to tell a story about self or event.
- ...Recognize and name at least 8 shapes (circle, square, triangle, rectangle, oval, diamond, heart, star).
- ...Recognize and name numerals 0-10.
- ...Count to 20 or higher.
- ...Count objects using 1-to-1 correspondence.
- ...Be familiar with book features such as:
 - Front cover
 - Back cover
- ...Be familiar with the process of reading a book:
 - Holding book right side up
 - Where to begin reading
 - Reading left to right, then top to bottom
 - Turning book pages
- ...Tell the story using the pictures in a book.
- ...Recognize words that rhyme and be able to provide examples.
- ...Recognize and name 10 or more letters of the alphabet; most importantly those letters in his/her name.



FEDERAL HOCKING LOCAL SCHOOL DISTRICT
8461 State Route 144
Stewart, OH 45778

Telephone: 740-662-6691 www.fedhock.com

Please fill out the packet and all pages for each child entering school.

In addition to completed paperwork, the following are needed:

- Birth Certificate
- Recent Immunization Records
- Photo ID of Parent/Guardian
- Custody/Court Documentation
- Proof of Address with physical address: Utility Bill, Water Bill, Phone, Lease Agreement, Tax Record, etc.
- Special Education Documentation (IEP, ETR, 504)

Tammy Sisk Amesville Elementary (PreK-6 th) Phone: 740-448-2501 Fax: 740-448-3500 tsisk@fhlanders.com	Heather Allen Coolville Elementary (PreK-6 th) Phone: 740-667-3121 Fax: Fax 740-667-6183 hallen@fhlanders.com	Julie Gillian/Jessica Randolph Secondary School (7 th -12 th) Phone: 740662-6691 Fax: 740- 667-3805 jgillian@fhlanders.com jrandolph@fhlanders.com
Hanna Vorisek Central Office Phone: 740-662-2122 FAX: 740-662-5065 hvorisek@fhlanders.com		



FEDERAL HOCKING LOCAL SCHOOL DISTRICT
 8461 State 144, Stewart, OH 45778 (740) 662-6691
STUDENT REGISTRATION FORM

Start Date _____
Grade _____
Building <input type="checkbox"/> Amesville <input type="checkbox"/> Coolville <input type="checkbox"/> MS <input type="checkbox"/> HS
Bus _____

Student's Full Legal Name _____
 Preferred Name _____ Date of Birth _____ Grade Entering _____
 City of Birth _____ Hispanic Yes No Home Language _____ Gender Male Female

Primary Household (The address where the Student Resides)

Ethnicity: American Indian/Alaskan Asia Black/African American Hispanic Native Hawaiian/Other Pacific Islander White
 Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Student lives with Both Parents Mother Father Other _____

Custody of student with Both Parents Mother Father Other _____

School District District Resident Non-District Resident/ Home District _____ Court Placed

Previous School Information

Previous School Name _____ City, State _____

Grade Level at Previous School _____ Phone _____ Fax _____

Did the student receive special Services Yes No If yes, select all that apply IEP Speech 504 Plan Gifted Services

Has this student ever attended Federal Hocking Local Schools? Yes No If yes, what year(s)? _____

Household Information (Primary)

Status of Biological Parents Married Divorced Separated Widowed Never Married

Mother/Guardian Name _____ Biological/Adoptive Step Foster Guardian Other _____

Father/Guardian Name _____ Biological/Adoptive Step Foster Guardian Other _____

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone Number: Cell _____ Work _____ Home _____

Email _____

Household Information (Secondary)

Mother/Guardian Name _____ Biological/Adoptive Step Foster Guardian Other _____

Father/Guardian Name _____ Biological/Adoptive Step Foster Guardian Other _____

Mailing Address _____ City _____ State _____ Zip _____

Phone Number: Cell _____ Work _____ Home _____

Email _____

Please list all other children/dependents who attend Federal Hocking Schools _____

Parent/Guardian Signature

Parent/Guardian Signature _____ Date _____



FEDERAL HOCKING LOCAL SCHOOL DISTRICT
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STUDENT ACCEPTABLE COMPUTER USE AND ACCOUNT AGREEMENT

Student Name _____ Grade _____
School Building _____ Advisory _____

I have read the District Acceptable Use Form. I agree to follow the rules contained in this Form. I understand that if I violate the rules my account can be terminated and I may face other disciplinary measures.

Student Signature _____ Date _____

PARENT/GUARDIAN SECTION

I have read the District Acceptable Use Form. I hereby release the district, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the District system, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services. I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District Acceptable Use Form. I will emphasize to my child the importance of following the rules for personal safety. I give permission to issue an account for my child and certify that the information contained in this form is correct.

Parent Signature _____ Date _____

Parent/Guardian Name _____

Home Address: _____

Phone _____

PICTURES

By signing this portion of the form, I allow pictures of my child to be posted on the District Web Site. No student names will accompany the pictures and all precautions for student safety will be taken. Examples of pictures that may be posted are: A picture of the band or football team, daily classroom activities or students working on projects.

Parent Signature _____ Date _____



FEDERAL HOCKING LOCAL SCHOOL DISTRICT
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FIRST AID AND EMERGENCY MEDICAL CONSENT FORM

Building Amesville Coolville MS HS
 Advisory/Home Room _____

Student's Full Legal Name _____

Date of Birth _____ Grade _____ Gender Male Female

Primary Household (This is the address where the student resides.)

Physical Address: Street _____ City _____ State _____ Zip _____

Mailing Address: Street _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Biological/Adoptive Step Foster Guardian Other _____

Phone Number: Cell _____ Work _____ Home _____

Email _____

Parent/Guardian Name _____ Biological/Adoptive Step Foster Guardian Other _____

Phone Number: Cell _____ Work _____ Home _____

Email _____

Please list all other children/dependents who live at this address and attend Federal Hocking Schools (Elementary, Middle, or High)

Secondary Household (This section should be completed if parents don't live in the same household)

Physical Address: Street _____ City _____ State _____ Zip _____

Mailing Address: Street _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Biological/Adoptive Step Foster Guardian Other _____

Phone Number Cell _____ Work _____ Home _____

Email _____

Parent/Guardian Name _____ Biological/Adoptive Step Foster Guardian Other _____

Phone Number Cell _____ Work _____ Home _____

Email _____

Please list all other children/dependents who live at this address and attend Federal Hocking Schools.

OVER

Emergency Contact (To Whom the student may be released if guardian(s) are unavailable)

Please make sure that you have discussed with the contact person that the school staff may need to request that your child be transported home in the event of an illness, minor injury or other situation that requires parental or custodial attention. Do not assume that a neighbor, friend or family member will be willing to assume this responsibility without prior arrangements with the designated contact person. If more than two contacts are necessary, please attach their same information on an additional sheet.

Name _____ Relationship _____

Phone Number Cell _____ Work _____ Home _____

Name _____ Relationship _____

Phone Number Cell _____ Work _____ Home _____

Student's Preferred Sources of Medical Care

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Preferred Hospital _____ Phone _____

Student's Health Insurance Plan _____ ID# _____

Subscriber's name (on insurance card) _____

Or Medicaid # (if applicable) (HEALTH START) CHIP Children's Health Ins. Plan _____

Special Conditions, Disabilities, Allergies, Medical Emergency Information

Please list all special conditions, disabilities, allergies, and other medical emergency information:

Parent/Guardian Consent and Agreement for First Aid and Emergency Care

As parent/guardian, I consent to have my child receive first aid by facility (School) staff and, if necessary, be transported by school staff or emergency vehicle to receive emergency care. I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above TO ACT ON MY BEHALF until I am available. I agree to review and update this information whenever a change occurs.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



FEDERAL HOCKING LOCAL SCHOOL DISTRICT
 8461 State 144, Stewart, OH 45778 (740) 662-6691
 MEDICATION ORDER FROM PHYSICIAN OR LICENSED
 HEALTH PROFESSIONAL

Building Amesville Coolville MS HS
 Advisory/Home Room _____

Medication brought to school must be received in the container in which it was dispensed by the prescribing physician or others licensed to prescribe medication. Written permission must be received from the parent(s) of the student, requesting that the appropriate person comply with the physician's order.

It is necessary that _____ have medication during school hours.

Medication	Student's Name	Dosage	Date of Birth	Time	Duration (date to begin and date to stop)
_____	_____	_____	_____	_____	_____/_____
_____	_____	_____	_____	_____	_____/_____
_____	_____	_____	_____	_____	_____/_____

Possible reactions to be reported to physician or health professional so licensed to prescribe medication: _____

Specific instructions for administering of drug _____

Physician or Health Professional Permission

Physician or Health Professional Signature _____ Date _____
 Address _____ Office Phone _____

Parent Permission

I, the parent/guardian/adult of _____ give permission for the medication ordered by the above physician or health professional so licensed to prescribe medication, to be given at school. I further agree to:

1. Deliver the medication to school
2. Notify the school, if I change physician or health professional
3. Notify the school if the medication or dosage is changed or eliminated

_____/_____/_____
 Parent's Signature Phone Date

Address: _____

No medication will be given without a doctor's or health professional's (so licensed to prescribe medication) order. For guidelines on administering medication, see Board Policy or the Building principal.

Administrative Permission

Signature of person(s) authorized to administer medication:

_____/_____/_____
 Building Principal Signature Phone Date



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REQUEST/AUTHORIZATION TO RELEASE RECORDS

Today's Date: _____

Student Name: _____ Date of Birth _____ Grade Entering _____

The above student, who has been enrolled in your school, is now registered at Federal Hocking Local Schools. In order to facilitate the proper placement of the student, I would appreciate your sending the information indicated below:

- _____ Birth Certificate
- _____ Health Records
- _____ Grades to date of withdrawal
- _____ Transcripts of grades/credits earned
- _____ Test Results
- _____ I.E.P, ETR and latest M.F.E.
- _____ Proficiency Test Results
- _____ Other _____

Parent/Guardian Signature _____ Date _____

<p>Tammy Sisk Amesville Elementary (PreK-6th) Phone: 740-448-2501 Fax: 740-448-3500 tsisk@fhlanders.com</p>	<p>Heather Allen Coolville Elementary (PreK-6th) Phone: 740-667-3121 Fax: Fax 740-667-6183 hallen@fhlanders.com</p>	<p>Julie Gillian/Jessica Randolph Secondary School (7th-12th) Phone: 740-662-6691 Fax: 740- 662-3805 jgillian@fhlanders.com jrandolph@fhlanders.com</p>
<p>Hanna Vorisek/Lavonna Laughlin Central Office Phone: 740-662-2122 FAX: 740-662-5065 hvorisek@fhlanders.com</p>		

Federal Hocking School District Residency Questionnaire

School Name: High School Middle School Coolville Elementary
 Amesville Elementary _____

Name of Student: _____

Gender: Male Female Date of Birth: _____ Age: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No
3. Is your economic hardship due to natural disaster? Yes No
4. Has the student been identified as homeless during the current school year? Yes No Prefer not to answer

If you answered NO to all of these questions, please stop here.

Where is the Student presently living? (Check only one box)

- In a motel
- In a shelter
- With more than one family in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____ Phone _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian _____ Date _____

This Section Below will be completed by the McKinney-Vento Liaison

The above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act. Yes No

Signature of McKinney-Vento Liaison: _____ Date _____