



CAMBRIDGE CITY SCHOOLS KINDERGARTEN REGISTRATION



*Children **MUST** be 5 years old **ON or BEFORE August 1, 2022**
to be eligible for Kindergarten at Cambridge City Schools
for the 2022-2023 school year*

Enclosed are three forms you will need to complete and sign to register your child for Kindergarten at Cambridge City Schools:

- ✓ New Student Registration Form
- ✓ Transportation Form
- ✓ Language Usage Survey

The Parent or Legal Guardian of the child needs to provide all of the requested information and **sign all three forms** listed above. Please print legibly so your child's information can be entered accurately. We also require **photocopies** of your child's:

- ✓ Official **Birth Certificate**
- ✓ Current **Immunization Records**
- ✓ Legal **Custody Papers** (*if they exist*)
- ✓ Parent's **Proof of Residence** (*utility bill or lease*)

If you need us to make the photocopies of your documents, we can make those copies while you wait when you return your child's Kindergarten Registration packet.

Return your child's packet at the Garfield Administrative Center daily between 9 a.m. and 3 p.m. beginning April 7, 2022. We ask that you ring the doorbell so that we can collect your packet and schedule your child's Kindergarten Screening and Kindergarten Readiness Assessment appointments. You will also need to set up a parent account on our parent portal, which will allow you to complete all of the annual forms related to your child in the fall.

WHERE: **Garfield Administrative Center**
518 South 8th Street
Cambridge, OH 43725

WHEN: Beginning **April 7, 2022**
Mondays through Fridays
9:00 a.m. – 3:00 p.m.

QUESTIONS? **Call 740-439-3895**



WE ARE CAMBRIDGE

Empowering Bobcats for the Future!

YOUR CHILD WILL BE REGISTERED for Kindergarten for the 2022-23 school year at Cambridge City Schools when you return the information requested above, provided you reside within the Cambridge City School district boundaries. We will do our best to honor Open Enrollment requests for families who reside in other school districts, but these require Principal approval and are reviewed individually. Please provide an accurate and working phone number and email address because you may be contacted by Cambridge Primary School with upcoming announcements related to the 2022-23 school year as it becomes available.

NEW STUDENT REGISTRATION (continued)

Student Name: _____

STUDENTS WHO ARE ENROLLING FROM ANOTHER SCHOOL – List contact information from the most recent school attended

School Name N/A District N/A

Address N/A Last date enrolled in previous school _____

Has the student previously attended Cambridge City Schools? Yes _____ No X Which School? _____

In the past 12 months the student has been expelled, has a pending expulsion, or is presently expelled from any school. Yes _____ No X

Please explain _____

Has the student been retained previously? Yes _____ No X if Yes, when and which grade(s)? _____

The student has previously received _____ Gifted Services and/or _____ Title I Services.

SPECIAL EDUCATION: (IEP)

Has the student been in a Special Education program? Yes _____ No _____
(If Yes, please check the Program below)

Program:

- | | | |
|---------------------------------------|---|-------------------------------------|
| _____ MD-Multiple Disabilities (01) | _____ HI-Hearing Impairment (03) | _____ VI-Visual Impairment (04) |
| _____ SP-Speech (05) | _____ OI-Orthopedic Impairment (06) | _____ ED-Emotional Disturbance (08) |
| _____ CD-Cognitive Disability (09) | _____ SLD-Specific Learning Disability (10) | _____ AU-Autism (12) |
| _____ TBI-Traumatic Brain Injury (13) | _____ OHI-Other Health Impairment, minor (15) | _____ Other _____ |

(This information is requested by Special Services to help the district offer the best educational opportunity for your child.)

HEALTH INFORMATION:

Please answer the following health-related questions regarding your child.

YES **NO**

_____ _____ Was there anything unusual about the pregnancy with this child?
If Yes, please explain: _____

_____ _____ Has this child ever been in the hospital or been seriously ill at home?
If Yes, please explain: _____

_____ _____ Has this child ever had a serious accident and/or operation?
If Yes, please explain: _____

_____ _____ Do you have any special concerns about this child?
If Yes, please explain: _____

_____ _____ Are there things this child does that you think are unusual?
If Yes, please explain: _____

_____ _____ Is this child on any medication?
If Yes, please list: _____

Please check any conditions you have noticed, or your doctor has reported to you concerning this child:

- | | | |
|-------------------------------|--------------------------|--|
| _____ Asthma | _____ Nail biting | _____ Difficulty seeing (blinks, squints, rubs eyes) |
| _____ Indigestion | _____ Epilepsy | _____ Ear infections |
| _____ Diarrhea | _____ Headaches | _____ Tubes in ears |
| _____ Vomiting | _____ Seizures | _____ Chicken pox |
| _____ Constipation | _____ Overweight | _____ Rheumatic fever |
| _____ Sinus trouble | _____ Underweight | _____ Scarlet fever |
| _____ Tonsillitis | _____ Corrective shoes | _____ Diabetes |
| _____ Heart Trouble | _____ Difficulty hearing | _____ Nightmares |
| _____ Allergies – list: _____ | | _____ Nose bleeding |
| _____ Other – explain: _____ | | _____ Thumb sucking |
| | | _____ Bed wetting |
| | | _____ Frequent fevers |
| | | _____ Overtired or lack of pep |

Please list any other special information the district should be aware of: _____

Registration Must Have
Signature to be Complete: _____

Signature of Parent or Guardian

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.

Student Name: <i>(First Name and Last Name)</i> _____	Student Date of Birth: <i>(mm/dd/yyyy)</i> _____
<p>Communication Preferences 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>Language Background 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>3. What language does your child use the most at home? _____</p> <p>4. What languages are used in your home? _____</p>
<p>Prior Education 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If yes, how many years/months? _____</p> <p style="margin-left: 20px;">If yes, what was the language of instruction? _____</p> <p>7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If yes, when did your child first attend a school in the United States? _____/_____/_____ Month Day Year</p>
<p>Additional Information 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: <i>(mm/dd/yyyy)</i> _____</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>



(Appendix A, continued)

*****COMPLETED BY SCHOOL EMPLOYEE*****

1. **Check.** Confirm the following statements related to the administration of Ohio's language usage survey:

- The district or school presented the language usage survey, to the extent practicable, in a language and form that the parent or guardian understood.
- The district or school informed the parent(s) or guardian(s) of the form's purpose. The language usage survey only is used to understand students' linguistic experiences and educational background.
- The district or school reports information from the language usage survey in the appropriate Educational Management Information System (EMIS) records.
- For students enrolling from other U.S. schools and districts, school officials request previous language survey data and refer to the information when identifying English learners.
- Results of the language usage survey are kept with the student's cumulative records and follow the student if he/she transfers to another district or school.

2. **Note.** Record additional information to assist the review of the language usage survey.

3. **Record.** Indicate responses from the language usage survey in the table below. Refer to the Language Usage Survey Annotations on page 2 for item-specific guidance.

<p>Student's native language See Language Usage Survey Question 2. Report for <u>all</u> students in EMIS.</p>	_____
<p>Student's home language See Language Usage Survey Question 3. Report <u>only</u> for English learners in EMIS.</p>	_____
<p>Potential English learner See Language Usage Survey Questions 2-4.</p>	<input type="checkbox"/> Yes. Assess the student's English proficiency. <input type="checkbox"/> No. Do not assess the student's English proficiency.
<p>Immigrant student status See Language Usage Survey Questions 5-7. Report for <u>all</u> students in EMIS.</p>	<input type="checkbox"/> Yes, the student is an immigrant child. <input type="checkbox"/> No, the child is not an immigrant child.

4. **Validate.** Complete the information below.

Signature of validating school employee

Date (mm/dd/yyyy)

Printed name of validating school employee

Name of school or school district

Cambridge City Schools – Transportation Department

Dan Daugherty, Transportation Supervisor
801 North 11th Street
Cambridge, OH 43725

dan.daugherty@cambridgetyschools.org
Phone: 740-439-4013
Fax: 740-439-4015

The following information is being requested for **ALL** Kindergarten students who will be attending Cambridge City Schools for the 2022/2023 school year –

- Please provide the information requested below, sign, and return this form with your child's registration paperwork.
- Cambridge City Schools will offer bussing to and from Cambridge Primary School (CPS), for those students who reside outside the walk zone.
- Families requesting open enrollment will be responsible for transporting their student(s) to and from school.

Student Name: _____

Grade: Kindergarten

Building: Cambridge Primary School (CPS)

Home Address: _____

City, State ZIP: _____

Home Phone: _____

Cell Phone: _____

Parents Names: _____

Special Requirements: _____
(wheelchair, etc.)



Please choose ONE of the following statements:

- My student **WILL NEED** the transportation services provided by Cambridge City School District.
- My student will **NOT** require the District transportation services.
(I will transport my student OR my student lives within the walking boundaries of CPS)
- I have requested Open Enrollment for my student. I understand that if open enrollment is approved, I will be responsible for transporting my student.

Parent Signature: _____

* * * * *

Important Bus Information for Kindergarten Families

- A parent or guardian **MUST accompany** all Kindergarten students **to and from** their bus **every school day**.
- Students need to be at their bus stop **5 minutes prior** to the scheduled bus **pick-up time**.
- **Two weeks prior** to the start of the school year, please check the Cambridge City School District **web page** (Click Quick Links, then Transportation) to determine your student's bus number and route.
- Contact the Transportation Department (**740-439-4013**), if you have transportation questions or concerns.