

GRADES 1-12 ENROLLMENT NOTES

This packet includes instructions and forms needed to enroll a child into the Worthington School District. If you have additional questions, visit www.worthington.k12.oh.us and look under the WELCOME CENTER section.

- The enrollment checklists are provided for your convenience and are not official documents.
- There are TWO enrollment checklists available - one for a single residence household and another for families that are sharing the same residence. Please choose the one that fits your needs.
- The child you are enrolling does NOT need to be present during the enrollment appointment.
- Some doctors' offices will provide their own version of the immunization form which will be accepted. Please bring any current immunizations your child may have, even if he/she has not turned 5-years-old.
- No faxed medical forms or information will be accepted during heavy enrollment times.
- If you do not have the required documents at the time of your appointment or are more than 10 minutes late, your appointment **WILL NEED TO BE RESCHEDULED.**

**WORTHINGTON SCHOOLS STUDENT ENROLLMENT CHECKLIST
FOR "SINGLE RESIDENCY" HOUSEHOLD**



Worthington City Schools
200 E. Wilson Bridge Rd
Worthington, OH 43085
www.worthington.k12.oh.us
614-450-6000

1. ___ I have completed the online registration as directed on the website.
2. ___ I have made an enrollment appointment using the Ventus Scheduling link which was emailed to me after my online enrollment application was properly "submitted." (Check spam file.)
3. ___ My appointment is on _____ at _____ am/pm at the Worthington Education Center which is located at 200 E. Wilson Bridge Road, Worthington, OH 43085.
4. ___ I must bring the documents listed below to my appointment.

IMPORTANT NOTE: If required documents are not brought to the scheduled enrollment appointment, you will need to reschedule your enrollment appointment.

A) ___ Two (2) Proofs of Residency:

First proof must be:

1. Current **Mortgage Statement** with custodial parent's name listed; **OR**
2. **Current Lease**; if month to month, please have documentation from leasing agency to indicate such.

Second proof must be:

1. **Official confirmation** of address change filed with the US Postal Service mailed to your new address; **OR**
2. Current (within 30 days) **Water Bill**, showing service address at Worthington Schools' residence; **OR**
3. Current (within 30 days) **Gas Bill**, showing service address at Worthington Schools' residence; **OR**
4. Current (within 30 days) **Electric Bill**, showing service address at Worthington Schools' residence; **OR**
5. Current (within 30 days) **Landline Phone Bill**, showing service address at Worth. Schools' residence; **OR**
6. Current (within 30 days) **Cable Bill**, showing service address at Worthington Schools' residence; **OR**
7. Current (within 30 days) **Internet Bill**, showing service address at Worthington Schools' residence; **OR**
8. Current (within 30 days) **Government Mailing** (i.e., child support, government assistance)

B) ___ Original Birth Certificate or Passport.

C) ___ Immunization Records

D) ___ Parent/Guardian Identification (Driver's License, Passport, State Photo ID)

IF APPLICABLE:

E) ___ High School Transcripts/ Middle School Transcripts - To assist in creating the student's schedule.

F) ___ Divorce Decree or any custody documentation.

***IMPORTANT NOTE:* If divorce or dissolution is involved, a copy of the entire document, court filed and stamped, is required by the State of Ohio for school enrollment.**

G) ___ Special Needs documentation - IEP/ETR/504 plan documentation.

WORTHINGTON SCHOOLS STUDENT ENROLLMENT CHECKLIST FOR FAMILIES "SHARING" THE SAME RESIDENCE



Worthington City Schools
200 E. Wilson Bridge Rd
Worthington, OH 43085
www.worthington.k12.oh.us
614-450-6000

1. ___ I have completed the online registration as directed on the website.
2. ___ I have made an enrollment appointment using the Ventus Scheduling link which was emailed to me after my online enrollment application was properly "submitted." (Check spam file.)
3. ___ My appointment is on _____ at _____ am/pm at the Worthington Education Center which is located at 200 E. Wilson Bridge Road, Worthington, OH 43085.
4. ___ I must bring the documents listed below to my appointment.

IMPORTANT NOTE: If required documents are not brought to the scheduled enrollment appointment, you will need to reschedule your enrollment appointment.

A) ___ **Three (3) proofs of residency at the primary resident's address with secondary resident's name on the mail - such as care insurance.** life insurance, phone bill, pay stub, doctor's bill, dental bill, bank statement, etc. One proof is needed immediately. There is a 30 day grace period given by Worthington Schools to families who recently moved in with the primary resident. The remaining two proofs of residency needed for enrollment purposes must be given to the Welcome Center within 30 days after enrollment.

B) ___ **Three (3) Current Proofs of Residency from the primary resident, along with their ID:**

First proof must be:

1. Current **Mortgage Statement** with primary residents's name listed; **OR**
2. **Current Lease**; if month to month, please have documentation from leasing agency to indicate such.

Second and third proof must be:

1. **Official Confirmation** of address change filed with the US Postal Service mailed to your new address; **OR**
2. Current (within 30 days) **Water Bill**, showing service address at Worthington Schools' residence; **OR**
3. Current (within 30 days) **Gas Bill**, showing service address at Worthington Schools' residence; **OR**
4. Current (within 30 days) **Electric Bill**, showing service address at Worthington Schools' residence; **OR**
5. Current (within 30 days) **Landline Phone Bill**, showing service address at Worth. Schools' residence; **OR**
6. Current (within 30 days) **Cable Bill**, showing service address at Worthington Schools' residence; **OR**
7. Current (within 30 days) **Internet Bill**, showing service address at Worthington Schools' residence; **OR**
8. Current (within 30 days) **Government Mailing** (i.e., child support, government assistance)

C) ___ **Original Birth Certificate or Passport.**

D) ___ **Immunization Records/ Negative TB test for those students who were living outside of the U.S.**

E) ___ **Parent/Guardian Identification (Driver's License, Passport, State Photo ID)**

F) ___ **Shared Residency Affidavit** - located under **Specialized Enrollment Forms** on the **Welcome Center** webpage

IF APPLICABLE:

G) ___ High School Transcripts/ Middle School Transcripts - To assist in creating the student's schedule.

H) ___ Divorce Decree or any custody documentation.

IMPORTANT NOTE: If divorce or dissolution is involved, a copy of the entire document, court filed and stamped, is required by the State of Ohio for school enrollment.

I) ___ Special Needs documentation - IEP/ETR/504 plan documentation.



WORTHINGTON SCHOOLS

STUDENT HEALTH HISTORY FORM

DEMOGRAPHIC DATA

Student's name: _____ Today's Date: _____

Grade: _____ Birthdate: _____ Male Female

Student's address: _____
street city state zip

Parent/Guardian's name Mother: _____ Father: _____

Phone: _____ Siblings: _____

MEDICATIONS

List medications given daily/reason:

1. _____ / _____ 2. _____ / _____

3. _____ / _____ 4. _____ / _____

ALLERGIES Yes, indicate type of allergies below None known

	Name/Type	Reaction	Treatment
Food	_____	_____	_____
Bees/Wasps	_____	_____	_____
Drugs	_____	_____	_____
Environmental	_____	_____	_____
Animals	_____	_____	_____

Has the physician written a prescription for an EPIPEN for any of the allergies listed above? YES NO

HEALTH HISTORY

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Menstrual Problems | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Developmental Delays | <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Stomach Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraines | <input type="checkbox"/> Surgeries |
| <input type="checkbox"/> Birth Defects | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Physical Limitations | <input type="checkbox"/> Urinary Problems |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Seizures, tics or tremors | <input type="checkbox"/> Visual Problems |
| <input type="checkbox"/> Chronic Bowel Problems | <input type="checkbox"/> Hospitalizations | <input type="checkbox"/> Serious Illnesses | <input type="checkbox"/> Other Health Concern |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Learning Problems | <input type="checkbox"/> Sickle Cell | (Please list below) |

Health Concern checked above	Age of child @ diagnosis	Hospitalization date (s)	Any long term problems
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



WORTHINGTON SCHOOLS IMMUNIZATION RECORD

Student Name _____ Date of Birth _____ Grade _____

State School Immunization Law, Sections 370.12, 3313.671 and 5104.011 (A) (5) of the Ohio Revised Code states that all students must have an Immunization Record on file within 14 days of entrance. If the student is not in compliance, she/he will be subject to exclusion from school until this compliance is met. Your son/daughter's record is due in the nurse's office by _____.

Required Immunizations for School Attendance – OHIO

Month/Day/Year

DTaP/DT Tdap/Td Diphtheria Tetanus Pertussis	<u>Kindergarten</u> Four (4) or more doses of DTaP or DT, or any combination. If all four doses were given before the 4th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4th birthday, a fifth (5) dose is not required.	
	<u>Grades 1-6</u> Four (4) or more doses of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.	
	<u>Grades 7-12</u> One (1) dose of Tdap vaccine must be administered prior to entry.	
POLIO	<u>K-9</u> Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4 th birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.	
	<u>Grades 10-12</u> Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.	
MMR Measles Mumps Rubella	<u>K-12</u> Two (2) doses of MMR. Dose one (1) must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose one (1).	
HEP B Hepatitis B	<u>K-12</u> Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first 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 age 24 weeks.	
Varicella (Chickenpox)	<u>K-9</u> Two (2) doses of varicella vaccine must be administered prior to entry. Dose one (1) must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after the first dose, it is considered valid.	
	<u>Grades 10-12</u> One (1) dose of varicella vaccine must be administered on or after the first birthday.	
MCV4 Meningococcal	<u>Grades 7-10</u> One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry.	
	<u>Grade 12</u> Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry.	
TB Test	Students entering the district from a foreign country must provide evidence of a negative Mantoux TB test or chest x-ray report within the past 90 days prior to entering school	

I understand if the above immunizations are not in by the specified date, my child will be excluded on that day until the requirement is met.

Parent's/Guardian's Signature

Physician's Signature/Stamp