



For Office Use Only:

Entry Date _____

Grade: _____

Homeroom Teacher: _____

Student Registration Form – Berkshire Local School District

Berkshire Jr./Sr. High School
14510 North Cheshire St.; P.O. Box 365
Burton, OH 44021
440/834-3380, ext. 3313

Burton Elementary Campus
13724 Carlton Street
Burton, OH 44021
440/834-3380, ext. 1101

Ledgemont Elementary Campus
16200 Burrows Rd.
Thompson, OH 44086
440/298-3341, ext. 201

Student Information

Legal Last Name _____ First _____ Middle _____

Address _____ County _____

City _____ Zip _____ Phone _____

Grade _____ Date of Birth _____ Gender Male Female

Social Security # _____ **Proof of Residency:** Documentation **must** show physical address and be addressed to parent/guardian. Acceptable forms:
 Gas bill Electric bill Property tax bill

Citizenship: US Other (Specify) _____ Visa Type _____

Ethnicity*(Please check all that apply)

White Black/African American Hispanic Asian American Indian/Alaska Native

Native Hawaiian or Other Pacific Islander *This information is mandated by the State of Ohio for reporting requirements.

Language Spoken at Home English Other (Specify) _____

Place of Birth (City) _____ (State) _____ (Country) _____

Last School Attended _____ Under Expulsion/Exclusion Yes No

Grade _____ Previous School Address _____

City _____ State _____ Zip _____ Phone _____

Services Received Special Education (IEP) 504 Plan Gifted/Talented Remedial None (regular ed.)

Other children in family - Please list first and last names:

Brothers
(Name/Age) _____

Sisters
(Name/Age) _____

Student living with (check below):

Both Parents Mother only Father only Joint Custody Grandparents

Legal Guardian Foster Family Agency assigned home

Student Registration Form

- Berkshire Jr./Sr. High School
- Burton Elementary Campus
- Ledgesmont Elementary Campus



**Berkshire Local Schools
Registration Form
Page 2**

Parent/Guardian Information

Parent/Guardian (Last, First, MI)			
Address	City	State	Zip
Email Address			
Select one <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster		Lives with Family <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone	Cell Phone	Employer	Work Phone

Parent/Guardian Information

Parent/Guardian (Last, First, MI)			
Address	City	State	Zip
Email Address			
Select one <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster		Lives with Family <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone	Cell Phone	Employer	Work Phone

Parent's Marital Status <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> never married <input type="checkbox"/> mother deceased <input type="checkbox"/> father deceased
If applicable, which parent has custody? <input type="checkbox"/> not applicable <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint <input type="checkbox"/> Other _____ **Court documentation must be provided upon registration.**
Name of Spouse of Custodial Parent
If applicable, would the nonresidential parent like to receive school correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the child is not living with both parents , is there a temporary or permanent order/deedee allocating parental rights and responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES , you must provide a certified copy of that order and/or a certified copy of any future modification order to the school registrar. If no order is available because of pending legal action, a notarized letter stating the date of court proceeds from your attorney must be presented. If you are not a parent and are in the process of obtaining custody, you must present a notarized statement from your attorney that you are an adult legal resident of the district and have begun legal measures for custody of the child.

To the best of my knowledge, all the above information is correct and may be filed with my child's school records.

Parent/Guardian Signature _____ **Date** _____



Berkshire Local School District

BURTON ELEMENTARY

13724 Carlton Street, Burton, OH 44021

440-834-3380, ext. 1101

440-834-8361 (Fax)

Mandy Randles

Principal

Statement of Residency

I _____
Name/s of Parent or Legal Guardian

Complete address of residence and township

do hereby declare that I am a resident of the Berkshire Local School District.

I further declare that _____ is living with
me and is in my care. **Child's Name**

Please check the status which pertains to the above-named child:

_____ is my natural child

_____ is my adopted child

_____ is in my custodial care with approval of the Courts

_____ is a foster child

_____ is awaiting court-approved guardianship or adoption.
(Until finalization of this process, a tuition fee may be charged.)

Ohio attendance laws stipulate that a child is entitled to attend school only in the district in which he and his parent or legal guardian reside. Giving false residency information can result in legal action.

I hereby certify that I am _____ parent, _____ legal guardian (check one) of the above-named child.

Signed _____

Date _____

Burton Elementary Computer/FERPA/Photo Release

Please read check and sign each section

Child's Name: _____ HR: _____

Internet/Computer Use

_____ I agree to allow my child to use the internet as per student handbook.

_____ I do not agree to allow my child to use the internet as per the student handbook.

Parent/Guardian Signature _____

FERPA

3.1 School districts are authorized by law to release directory information related to students without the written consent of parents. "Directory" information include: the student's name, address, telephone listing, place of birth, major field of study, participation of officially recognized activities a sports, weight and height of member of athletic teams, dates of attendance, degrees and awards received, an most recent previous educational agency or institution attended by the student. 20U.S.C.1232g(a)(5)(A) Directory information will not be provided to any organization for profit making purposes. Parent and adult students may refuse to allow Berkshire Local School District to disclose any or all of such directory information upon written notification to the District within 5 days after receipt of the district's public notice(BOE Policy 8330). Address such requests to Mrs. Elizabeth Hansel, Berkshire High School, P.O. Box 365, Burton, OH 44021.

_____ I do allow Berkshire Local Schools to release directory information.

_____ I do not allow Berkshire Local Schools to release directory information.
(BOE policy 8330 is available under Board Section on website-policies)

Parent Signature: _____

Photo Release Approval

My signature below grants permission to the Board of Education, their agents or assignees, to publish and/or distribute the image and/or voice of the child named below as record for any commercial/artistic purpose. Your childs' photo will appear in the class photo unless specified otherwise.

_____ Yes, I grant this permission.

_____ No, I do not grant permission. **(This includes the yearbook activity photos, district website, and local newspapers) We will remove your child from all photos of any groups and activities prior to taking the photo.**

Parent Signature: _____

HOME LANGUAGE SURVEY

Date: _____

School District: _____

Name of Student: _____
Family Name/First Name/Middle Initial

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City/State/Country

Name of Parent/Guardian: _____
Family Name/First Name

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

For Parents/Guardians:

Please answer the following questions.

1. What language did your son or daughter speak when he or she first learned to talk?

2. What language does your son or daughter use most frequently at home?

3. What language do you use most frequently to your son or daughter?

4. What language do the adults at home most often speak?

5. How long has your son or daughter attended school in the United States?

For School District Personnel: If the answer to any of the first four questions is a language other than English, indicate the student's native/home language in EMIS Student Data Element (G1270), and proceed to assess the student's English language proficiency.

Berkshire Local Schools
Transportation Department
14259 Claridon Troy Rd. PO Box 364
Burton, Ohio 44021
Phone: (440)834-3380 ext. 2111 Fax: (440)834-2058
suzanne.steinhoff@berkshireschools.org

Transportation Request Form

Student's Name: _____ Gender: _____

School: _____ Birth date: _____ Grade for school year 2017-18: _____

Parent/Guardian Name/s: _____

Home Address: _____

Home Telephone #: _____ Cell #: _____ Cell # _____

Email: _____

Please Check When Transportation is needed: Pick Up (to School) _____ Drop Off (from School) _____ Both _____

5 days a week AM Pick up Address: _____ home: ___ sitter: ___

Name and Phone number of sitter: _____

5 days a week PM Drop off Address: _____ home: ___ sitter: ___

Name and Phone number of sitter: _____

I am requesting that the above listed child be transported to/ from the addresses listed above. I understand that these locations will be the permanent address for pick up and drop off for the 2017-2018 school year. I acknowledge that once my child is transported from/to the designated pick up and/or drop off point, I assume full responsibility for the safety and welfare of my child at their assigned bus stop and understand that the bus stop may not be in the direct line of sight from my home and if this is the case they may require a parental/or designee escort to/from their stop. (An escort is mandatory for students kg. through 3rd gr.)

Parent Signature: _____ Date: _____

Please Note: For service to start at the beginning of the 2017-2018 school year, the ***completed form must be received by the Transportation Department prior to Friday, June 30, 2017.*** Forms received after this date may not go into effect until Monday September 11th. **During the school year please allow (2) two business days for processing**

Please mail To: Berkshire Transportation Dept.
Attn: Suzanne Steinhoff
PO Box 364
Burton, Ohio 44021
Email: suzanne.steinhoff@berkshireschools.org Fax: 440.834.2058

TO BE COMPLETED BY OFFICE

Bus#: am _____ pm _____ Effective: _____ Bus Stop Times: _____ am _____ pm

Approved ___ Not Approved ___ By: _____ Transportation Manager



Ohio Department of Health School and Adolescent Health Immunization Report

Student's Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
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Students are required to be immunized in accordance with Ohio law (Ohio Revised Code 3313.67/3313.671). A copy of the child's immunization record may be attached or dates may be entered below. Please note the month, day and year for each immunization should be on record.

Vaccine	Record complete dates (month, day, year) of vaccine doses given
Diphtheria, Tetanus, Pertussis (DTap,DT, Tdap, Td)	
Polio	
Hepatitis B (HBV)	
Measles, Mumps, Rubella (MMR)	
Varicella (Chicken pox)	
Hepatitis A	
Meningococcal (MCV4)	
Pneumococcal (PCV)	
Measles (Rubeola) only	
Rubella only	
Mumps only	
Haemophilus influenza Type b (Hib)	
Influenza	
Other	

This information was provided by Health Care Provider

Signature	Print Name	Date / /
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Ohio Department of Health • School and Adolescent Health

Oral Assessment

Student's name	Date of birth / /
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The following services have been performed (please check all that apply)

<input type="checkbox"/> Examination	<input type="checkbox"/> Fluoride application	<input type="checkbox"/> Oral prophylaxis (cleaning)	<input type="checkbox"/> Prescription for fluoride supplement
<input type="checkbox"/> Orthodontic assessment	<input type="checkbox"/> Radiographs	<input type="checkbox"/> Dental sealant	<input type="checkbox"/> Treatment (restoration, pulp therapy)
<input type="checkbox"/> Other _____			

The following oral hygiene instruction was provided (please check all that apply)

<input type="checkbox"/> Toothbrushing	<input type="checkbox"/> Flossing	<input type="checkbox"/> Dietary counseling	<input type="checkbox"/> Use of fluoride mouthrinse
<input type="checkbox"/> Other _____			

The following statements are applicable (please check all that apply)

<input type="checkbox"/> All necessary preventive services have been performed. (Fluoride treatment, prophylaxis)
<input type="checkbox"/> No restorative services are required at this time.
<input type="checkbox"/> Further treatment is indicated. (See comments)
<input type="checkbox"/> Further appointments have been arranged. (Orthodontic, restorative)
<input type="checkbox"/> Routine recall visits recommended.

Comments

Dentist's signature	Print name	Phone ()
Address		Date / /
City	State	ZIP

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"/> Asthma	<input type="checkbox"/> Depression
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder
<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> Skin conditions	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Traumatic brain injury	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other <u>Chicken Pox</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<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

/ /

Ohio Department of Health • School and Adolescent Health

Physical Examination

Student's name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth / /
Height	Weight	BMI percentile	BP

Screening Tests

Vision	Hearing	Postural
Date performed / /	Date performed / /	Date performed / /
Distance Acuity <input type="checkbox"/> R <input type="checkbox"/> L Muscle Balance <input type="checkbox"/> Pass <input type="checkbox"/> Fail Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail Child wears glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Tested with glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pure Tone Right ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail Left ear <input type="checkbox"/> Pass <input type="checkbox"/> Fail Child wears hearing aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Child under the care of a hearing specialist <input type="checkbox"/> Yes <input type="checkbox"/> No Referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No abnormality noted <input type="checkbox"/> Screening not done <input type="checkbox"/> Referral made Comments _____ _____ _____

Speech/Language	Lead Poisoning
Speech assessment completed <input type="checkbox"/> Yes <input type="checkbox"/> No Child has no discernible speech problem <input type="checkbox"/> Yes <input type="checkbox"/> No Speech evaluation recommended <input type="checkbox"/> Yes <input type="checkbox"/> No Child has possible problem with _____	<input type="checkbox"/> Date _____ Type <input type="checkbox"/> C <input type="checkbox"/> V Results _____ µg/dL <input type="checkbox"/> Date _____ Type <input type="checkbox"/> C <input type="checkbox"/> V Results _____ µg/dL Tuberculin Test Date _____ Type _____ Results _____

Health History (Serious or chronic illnesses/injuries/surgeries)

Physical Examination Date of most recent examination / /

Essentially normal Abnormalities as follows

Is this child able to participate fully in:

Classroom and academic activities <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical education classes <input type="checkbox"/> Yes <input type="checkbox"/> No
Competition athletics <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact and collision sports <input type="checkbox"/> Yes <input type="checkbox"/> No

If limitations are advised, please specify

Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?

HealthCare Provider's signature	Print name	Phone ()
Address		Date / /
City	State	ZIP

♥ Welcome to Kindergarten

Dear Kindergarten Parents,

Welcome to Kindergarten at Burton Elementary! We are very excited to welcome you to our school family. We are looking forward to working with you as your child begins his/her educational journey with the Berkshire Local School District.

Please note that the following information is required in order to register for Kindergarten at Burton Elementary School. Your child must be 5 years old before August 1st in order to register for Kindergarten.

You may drop your completed kinder packet off any time, office hours are 8:00am-4:00pm Monday - Friday.

Please note that we must have the following required documents at the time of Kindergarten registration in order to register your child for Kindergarten:

Registration Fee \$55.00 (checks made out to Berkshire Board of Education)

Copy of your child's social security card

Copy of your child's birth certificate

Copy of current immunization records

Custody Agreements (if applicable)

Proof of residency notarized (current copy of utility bill, copy of lease or deed in your name and address)

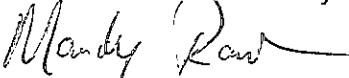
Registration Paperwork (registration form & statement of residency)

Health Paperwork

Please note that your registration will not be processed unless you provide the entire required paperwork list above at the time of your child's registration. The health paperwork packet must be completed and returned at the start of school along with the completed immunization records.

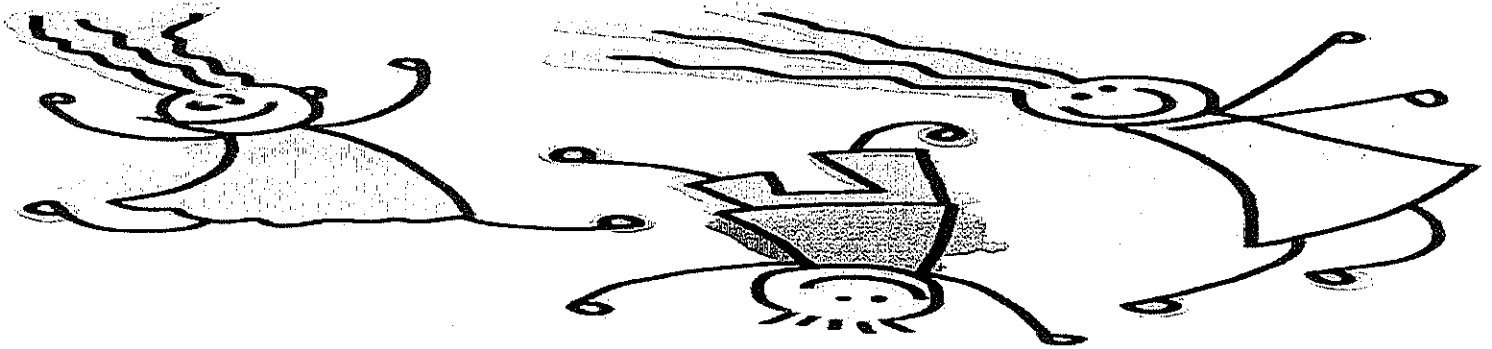
The open enrollment application can be found on the Berkshire Local Schools website www.berkshireschools.org. The application must be completed and turned into the Board of Education office for consideration. If you are approved for open enrollment, please note that the Berkshire School District does not provide transportation to or from school – you would need to transport your child to and from school. If you have any questions regarding the registration process, please feel free to contact the school office at 834-3380 X 1101 or 1104.

Welcome to Burton Elementary!



Mandy Randles
Principal

2017-2018 IMPORTANT KINDERGARTEN DATES



Important Kindergarten Orientation Dates:

***: Tuesday, August 15th, Kindergarten Parent Meeting**

We will hold a Kindergarten Parent Orientation at 7:00 p.m. at Burton Elementary School in the Kindergarten classrooms. It is important that you attend this session to receive new information about our program.

***: Wednesday, August 23rd, Thursday, August 24th, Friday, August 25th, Kindergarten Student Screening**

Your child will meet with their Kindergarten teacher for a screening process. You will sign up for your screening time during the Kindergarten Parent Meeting.

***: Monday, August 28th and Tuesday, August 29th Kindergarten Phase-In**

Children will attend in small groups only ONE of these days (1/2 of the class at a time). The groups will be assigned by teachers and you will receive detailed information. The children will attend the whole day. They will go to lunch, recess, and to their special class (art, gym, library or music), as this is a regular day format, just with a 1/2 of the children attending each day.

***: Tuesday, Sept. 6th, Kindergarten First Day of School as a class**

All Kindergarten children will attend their first full day of school together.



School Information 2017-2018

Burton Elementary
13724 Carlton Street
Burton, Ohio 44021
440-834-3380 X 1101

Secretaries

Jennifer Ambrose-	Jennifer.Ambrose@berkshireschools.org
Barb Lillibridge-	barb.lillibridge@berkshireschools.org
Cindy Metzung	cindy.metzung@berkshireschools.org

Principal

Mandy Randles	mandy.randles@berkshireschools.org
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Guidance Counselor

Cindy Metzung	cindy.metzung@berkshireschools.org
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Kindergarten Teachers

Mrs. Mary Jo Maxwell	maryjo.maxwell@berkshireschools.org
Mrs. Mary Jo Paul	mary.paul@berkshireschools.org
Mrs. Monica Stouffer	monica.stouffer@berkshireschools.org

Custodians

Mr. Jim Palmer-	Head Custodian
Mr. Gary Wasson-	Night Custodian
Mr. Kevin Cataldo-	Night Custodian

Building Hours

School Hours:	8:45-3:15 (Students)
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Arrival Schedule

8:35 am-	Doors open for students
8:45 am-	Tardy Bell Rings

Dismissal Schedule

3:15 pm-	Pick-ups, walkers are dismissed from classrooms
3:20 pm-	Bus Riders are called to the 4/5/6 Gym For Rapid Dismissal

Early Dismissal Schedule (EVERY THURSDAY)

2:30 pm-	Pick-ups, walkers are dismissed from the classroom
2:35 pm-	Bus Riders are called to the 4/5/6 Gym For Rapid Dismissal

Profile of a Kindergarten Student Beginning of the School Year

Literacy

- *Recognizes their first name
- *Writes first name
- *Identifies at least 15 capital letters
- *Identifies at least 15 lowercase letters
- *Identifies rhyming words
- **Identifies beginning sounds

Math

- *Rote counts to 20
- *Identifies numbers 0-10
- *Demonstrates one-to-one correspondence for numbers 0-5
- *Identifies 8 basic shapes
- *Identifies 8 basic colors

Social/Emotional/Work Habits

- *Separates easily from parent/caregiver
- *Can sit for a 10-15 minute story
- *Can stay focused to complete a 10 minute activity
- *Keeps hands to self
- *Follow a simple two-step direction
- *Can complete toileting needs on their own

**ideal, but not necessary

Profile of a Kindergarten Student End of the School Year

Literacy

- *Identifies all 26 capital letters
- *Identifies all 26 lowercase letters
- *Identifies all 31 consonant and vowel sounds
- *Fluently identifies 80/100 sight words introduced throughout the year
- *Writes a simple sentence on their own
 - **Uses correct spacing, capitalization and punctuation
- *Blends to read three letter words
- *Blends to write three letter words
- *Reads simple repetitive text
- *Can produce a rhyming word family (cat,hat,bat,sat)

Math

- *Rote counts to 50
 - **Rote counts to 100
- *Identifies numbers to 20
 - **Identifies numbers to 100
- *Writes numbers to 20
 - **Writes numbers to 100
- *Demonstrates one-to-one correspondence (0-20)
- *Identifies basic shapes
 - **Identifies three dimensional shapes
- *Identifies basic colors
- *Solves simple addition equations

- *Solves simple math equations
- *Identifies, creates and extends an AB pattern
 - **Identifies, creates and extends an ABC pattern
- *Sorts objects by two or more characteristics
- *Reads a graph to interpret information

Social, Emotional and Work Habits

- *Works independently
 - *Follows three step directions
 - *Sits quietly/listens for at least 20 minutes when needed
 - *Works well with peers
 - *Takes care of personal and school belongings
- **Ideal but not necessary

Burton Elementary Immunization Requirements

All students at Burton Elementary must be immunized according to the requirements for the 17-18 school year as determined by Ohio Law and the Ohio Department of Health.

Your child's physician, the Geauga county Health Department and the Berkshire School Nurse can provide guidance about which vaccines your child needs.

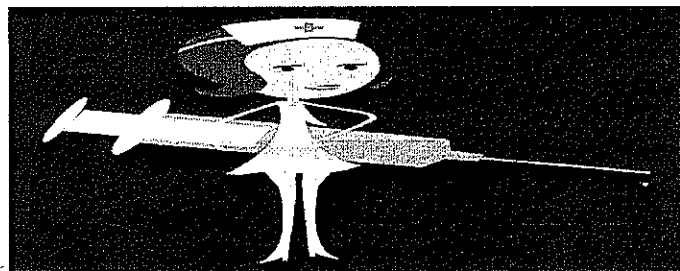
A copy of your child's current shot record is required at registration.

An up to date and complete record is required in the school office before the start of school. It is expected that all required immunizations will be completed before the start of the school year.

Valid immunization records show the vaccines' names, completed dates (month, day, year), and were recorded by a health care provider.

Please let Mrs. Kathy Pinkava, RN, Berkshire Local Schools Nurse know if you have any questions and if there is a problem anticipated with meeting these immunization requirements before the start of school.

(440) 834-3380 X1105 or kathy.pinkava@berkshireschools.org



Berkshire Kindergarten Immunization Requirements 17-18

**All shots are required to be completed before
the first day of school.**

If your child needs a physical to receive a shot update,
please schedule it for before the start of school.

Please contact the School Nurse, Mrs. Kathy Pinkava, RN,
if there is a question or concern.

kathy.pinkava@berkshireschools.org

DTaP- 4 or more doses

4 doses is OK if the 4th was after the 4th birthday.

Polio- 3 or more doses.

The **final** dose must be after the 4th birthday.

MMR- 2 doses

Varicella- 2 doses

Hepatitis B- 3 doses

All doses must be correctly timed, spaced and recorded by
a healthcare provider.

Sick Child Guidelines

Burton Elementary staff realizes there are times when it is in the best interest of your child to keep him/her home from school due to illness. We must try to provide a healthy environment for all students and staff members in the school. Young children are notoriously good at spreading germs. Parents know their children best and can help to determine if the child is well enough to remain in school for a 6 ½ hour school day. Therefore, the goal of the *sick child guidelines* is to assist the parent/guardian with the decision to keep their child home from school due to illness or infection. **A note from your physician may be required for your child to return to school if diagnosed with a contagious illness or hospitalized due to an illness. (Ex: influenza, pneumonia) Please check with the school nurse prior to returning to school if you have any questions.

Your child's physician can help you determine if your child is able to return to school, however it is important to make sure they are truly feeling better and able to make it through 6 hours of the school day. If they still seem tired, pale, with little appetite, not tolerating solid foods, and generally "not his or herself", PLEASE do not send them to school. With viral illnesses it may take longer before your child is well enough to return to school.

Students should not attend school if:

- ***The student has a fever (body temperature of 100.0 or higher)*** The student may return to school after having a normal temperature for ***at least 24 hours*** while not taking any fever reducing medications (Ex. Tylenol or Motrin).
- ***Antibiotics are prescribed.*** The student may return to school after taking the antibiotics for a minimum of 24 hours ***and*** without a temperature over 100 degrees F for ***at least 24 hours*** without taking any fever reducing medications.
- ***The student is vomiting.*** The student may return to school approximately 24 hours after symptoms resolve, ***and is able to tolerate a normal diet.***
- ***The student has diarrhea.*** The student may return to school approximately 24 hours after symptoms resolve, ***and is able to tolerate a normal diet.***
- ***The student has an undiagnosed rash.*** A rash may be indicative of many things, frequently of illnesses that are contagious. Therefore, a student will be excluded from school until a physician evaluates and determines the nature and contagiousness of the rash. A note is required from the physician upon return to school.
- ***The student is diagnosed with a communicable disease or illness.*** (Ex: conjunctivitis, Influenza, Pneumonia, Strep Throat, Pertussis, head lice, Chicken pox)

(Varicella), impetigo, scabies, fifth disease). ***Please contact your school nurse before sending your child back to school.***

- ***The student has severe cold symptoms, upper respiratory infection, a persistent cough, a runny nose that they cannot manage by themselves &/or contain with tissues, or other symptoms that would interfere with effective school participation.***

- ***They seem tired/lethargic, pale, with little appetite, and generally "not him/herself".***

Remember the 24 Hour rule of thumb!

Return to school guidelines

Students may return to school after the following:

24 hours without a fever (and **without taking fever reducing medications** such as Tylenol or Advil/Motrin)

24 hours without nausea, vomiting, diarrhea (and **tolerating a normal diet**)

24 hours of receiving medication (such as **antibiotics, eye ointments**)

If your child still seems tired, pale, with little appetite, not tolerating solid foods, and generally "not him/herself", PLEASE do not send him/her to school. Some viral illnesses may take longer before your child is well enough to return to school.

Kindergarten Supply List 2017-2018

4 thick Expo dry erase markers

2 rolls of paper towels

2 large boxes of Kleenex

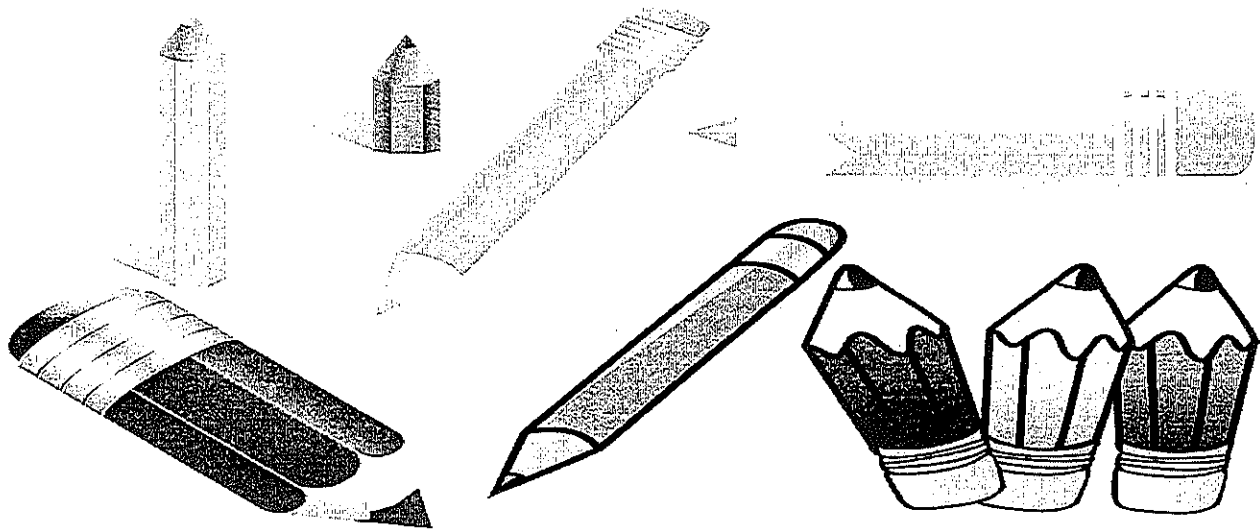
4 large canisters of Clorox Wipes

(please bring 2 in August and 2 in January)

1 box of gallon Ziploc bags

1 box of quart Ziploc bags

1 Bookbag (large enough to hold a standard size folder,
lunchbox and library books.



Burton Elementary School

Parents-

Please understand that your child's safety is our number one priority. We take the dismissal of our children very seriously and we need specific instructions for your child's dismissal routine. Please send in a new note every time there is a change in transportation.

Due to how busy the end of the day can be, *we will no longer accept any transportation changes after 2:30pm on regular days.* Dismissal is 3:15pm. *Thursday is early dismissal 2:30pm and we will not accept any changes after 1:45pm.* (Unless it is an emergency)

Notes sent to school must have the following info on them:

- 1) Students first and last name
- 2) Students grade and teacher
- 3) Date
- 4) Parents name, signature, and best number to be reached
- 5) Name of person picking up child and best number (must be on the EMF/Release form)
- 6) Time of pick up if earlier than dismissal
- 7) Name of group or activity if staying after school
- 8) And mode of transportation (walking, bus, or pick up in gym)



Please feel free to call the office 834-3380 Jen Ambrose (ext. 1101) or Barb Lillibridge (ext. 1104)

Berkshire Local Schools Transportation



To: Parents of Burton - Ledgesmont elementary Students for 2017-2018 school year
From: Suzanne Steinhoff, Transportation Manager

Dear Parents/Guardians;

I want to take this opportunity to welcome you, and let you know about the transportation your child will have with Berkshire Schools. The most important aspect of our job is to make sure the safety of the precious cargo we have on our buses every day is first and foremost in our actions. Therefore, there are policies we have in place to make sure this happens.

School dismisses at 3:15 Monday, Tuesday, Wednesday and Friday, 2:30 on Thursday. Please be prepared for your child to arrive anytime between then and their scheduled arrival time. Occasionally a bus will not be full due to club night, classroom parties, etc. and may arrive at your stop early.

One policy that we have in place is, if your child is Kg through 3rd grade, we will not drop your child off if it appears that there is no one at home. We require a parent or their designee to be visible to the driver when the bus arrives at your home/sitter in the afternoon. If this does not happen, our protocol is to have the driver radio in, and a phone call will be made to you to ensure that a parent/sitter is at home to receive your child. If we are not able to contact you, the bus will continue on the route and keep your child on the bus until we are in contact with a parent or guardian. If you feel your child is capable, **you may submit in writing, your permission to release your child with no supervision.**

We hold the safety of our children with the utmost regard, and want to thank you in advance for your cooperation and understanding with this matter.

We do have a policy in place that your child's pick up and drop off location be on a consistent basis (5) five days a week. We do not approve bus passes on a daily basis. However, we do understand the need for daycare. Your pick up address can be different from your drop off address but they need to be consistent (5) days a week. If an emergency arises, please call the school your child attends: Burton elementary (440) 834-3380 ext. 1101, Ledgesmont elementary (440) 298-3341 ext. 201 or my office at (440)834-3380 ext. 2111 and we can work with you.

Please have your student out at the bus stop 5 minutes before the arrival of the bus. Any delay boarding the bus will make the children late to class. They must be in their place of safety, 10-15 feet from the edge of the road, visible to the bus driver.

We do not allow students to get on/off the bus at each other's homes unless prior approval from the district has been given.

We have very professional, caring drivers in our district who only have the safety and welfare of your child as their focus. Please be patient with us in the beginning of the year as we fit new students into our routes. The routes may differ slightly from last year but I do not foresee any big changes. The route information for next school year will be on our website in August.

We look forward to taking care of your children on their ride to and from school. If you have any questions, please do not hesitate to call me.


Thank You in advance for your patience,

Suzanne Steinhoff, Transportation Manager


(440) 834.3380 ext. 2111 suzanne.steinhoff@berkshireschools.org Fax: (440) 834.2058


Date: _____
(Mo/day/yr)

Student's Name: _____ Grade/Teacher: _____
(First) (Last)

Will be a pick up in the cafeteria  or Early Dismissal Time: _____

Name of person picking up: _____ Phone: _____
(First and Last)

Will be a walker  _____
(Place)

Will be riding the bus to  : _____
(Name/Address/ Phone)


Bus # _____

This will be a: ___ Mon. ___ Tues, ___ Wed. ___ Thurs. ___ Fri [Please check or circle correct day(s)]


This will be all year: _____ (Yes or No)


Date: _____
(Mo/day/yr)

Student's Name: _____ Grade/Teacher: _____
(First) (Last)

Will be a pick up in the cafeteria  or Early Dismissal Time: _____

Name of person picking up: _____ Phone: _____
(First and Last)

Will be a walker  _____
(Place)

Will be riding the bus to  : _____
(Name/Address/ Phone)

Bus # _____

This will be a: ___ Mon. ___ Tues, ___ Wed. ___ Thurs. ___ Fri [Please check or circle correct day(s)]

This will be all year: _____ (Yes or No)

Please make copies of this transportation change paper. Please fill out when your child has a change of their regular routine and turn in.