



2017-2018 Enrollment Checklist for Special Education Students

To ensure that your child's enrollment proceeds as quickly and smoothly as possible, please follow each of the following steps in order. Contact Lori Bobish, Special Education Secretary, at 614-269-4780, bobishl@gjps.org, with any questions or concerns.

1. Complete online portion of enrollment via Home Access.

- a. Access our website, gahannaschools.org
- b. Click the Welcome Center link in the top left hand corner of the page.
- c. Mid page, under the photo of a building, click Online Entry-Start.
- d. Click Register New Account (even if you have other students in our district)
- e. Complete all sections of the online form.

2. Download and print Preschool Registration Forms.

- a. Access gahannaschools.org/District/Preschool_registration.aspx
- b. Click the Download Special Education Preschool Forms link.
- c. Complete each of the following:

- Parent Agreement
- Student's Medical Statement*
- Dental Screening*
- (2) Mandatory Transportation Forms

**Require physician/dentist signature and must be submitted within 30 days from the first day of attendance (not required to complete registration).*

3. Schedule an Enrollment Appointment by the Welcome Center link at

<https://calendly.com/gjpswelcomecenter/registrationappointment2017-18>

Note: Walk-ins are NOT accepted.

- a. Take the following with you to your appointment:
 - Completed Preschool Registration Forms
 - Your government issued photo ID
 - Your child's birth certificate
 - Proof of Residency (current mortgage statement/lease and 2 bills with current address)
 - Your child's immunization records (must be submitted within 14 days of student start date)
 - Custody documents (if applicable)

You can get more information about exactly what documents are required by going to gahannaschools.org/District/EnrollmentItems.aspx



**Gahanna-Jefferson Public Schools
Preschool Program**

2017-2018 Preschool Parent Agreement for Special Education Student

1. I agree to obtain and read the preschool handbook which will be available on my child's first day of attendance. The handbook contains detailed information on the program's policies and procedures. In return, Gahanna-Jefferson Public Schools agrees to provide care for my child which meets the standards and guidelines in the preschool handbook and is in accordance with all applicable city, state, and federal requirements.
2. I understand that my child may not attend the program until all required forms are completed and on file.
3. I must call the program site and transportation department (614-751-7581) if my child will not be in attendance.
4. I am responsible for payment of the additional fees and supplies for special activities, when applicable. I will be assessed a \$17.50 student activity fee at the start of the school year.
5. A parent roster listing names, phone numbers, addresses and emails of participating families will be distributed to parents of enrolled students.
 - I DO give permission for my and my child's information to be included in the Preschool Parent Roster.
 - I DO NOT give permission for my child's information to be included in the Preschool Parent Roster.
6. Photographs of the children participating in the program may be taken periodically and may appear in newspapers, videos, or other publicity materials.
 - I DO give permission for my and my child's information to be used in district materials.
 - I DO NOT give permission for my child's information to be used in district materials.
7. I will notify Lori Bobish at 614-269-4780 of any changes in my application information or student enrollment forms.

Signature of Parent/Guardian: _____ Date: _____

Name of Child (please print): _____



Student's Medical Statement

(Per the Ohio Department of Education – Early Learning Program Guidelines for incoming preschoolers.)

Child's Name _____ Gender: _____ Birth Date: _____
 Address: _____ Ph: _____
 Name of Parent(s)/Guardian(s): _____
 Date of Exam: _____

Immunizations

- This child has had all immunizations required by the State Department of Health for infants and toddlers.
(****Please attach immunization record.****)
- This child is to be exempt from the requirements for medical reasons.
(****Please attach documentation of exemption****)

Lab Tests

Please record date and result of following exams. If not performed, please explain.

HgB/HCT: _____ Fe Supplement? _____
 PPD _____
 Sickle Cell Screen: _____
 Lead Screen: _____

Physical Examination

Date of Exam: _____
 Height (ft/in): _____ Weight (lbs): _____
 Visual Acuity R: _____ L: _____ OU: _____
 Hearing(db) R: _____ L: _____

Please check one:

- Physical exam completed, no abnormalities found
- Abnormalities found on physical exam (please attach note detailing findings)
- Referral made to (please explain reason for referral):

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 child care.

Date: _____ Doctor's Printed Name: _____
 Doctor's Signature/Stamp: _____
 Address and Phone Number: _____



**Gahanna-Jefferson Public Schools
Preschool Program**

Preschool Dental Screening

(Per the Ohio Department of Education – Early Learning Program Guidelines for incoming preschoolers.)

If you need assistance in obtaining a dental screening, some agencies within the Central Ohio are:

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

Child’s Name: _____ Date of Birth _____ Gender M/F (circle one)

Parent(s)/Guardian(s) _____

Address: _____

City/State/Zip _____

Primary Phone: _____ Alternate Phone: _____

Dental Screening Results

(to be completed by dental staff)

Date of Screening: _____

Was a referral made? Yes / No

Recommendations: _____

Date: _____ Dental Staff Signature: _____

Dentists Printed Name/Stamp: _____

Address and Phone Number: _____



Gahanna-Jefferson Public Schools
Preschool Program

Preschool Consent for Emergency Transport (Form A)
Mandatory Form

Complete EITHER Part I or Part II below. Do not complete both.

Part I: Permission to Transport Child for Emergency Care

I, _____, give Gahanna-Jefferson Public Schools my permission to

transport my child/children, _____
Name of Child/Children

to _____ for emergency medical care
Name of Medical Facility

or to _____ for emergency dental care
Name of Dentist/Clinic

OR to the nearest available source of assistance.

Signature of Parent/Guardian

Date

Part II: Refusal to Grant Permission Transport Child for Emergency Care

I, _____, DO NOT give Gahanna-Jefferson Public

Schools my permission to transport my child/children, _____
Name of Child/Children

for emergency medical or dental care. In the event of an illness or injury that requires emergency medical or dental care, I wish the following action to be taken: _____

Signature of Parent/Guardian

Date



Gahanna-Jefferson Public Schools Preschool Program

Assigned Preschool Authorization Consent for Drop Off/Pickup (Form B) Mandatory Form

Permission to Transport Child for Drop Off/Pickup

I, _____ give Gahanna-Jefferson Public Schools my permission to allow my
child/children, _____,

Name of Child/Children

be transported by the following assigned people.

Signature of Parent/Guardian

Date

1. _____

Name, Address & Phone Number

2. _____

Name, Address & Phone Number

3. _____

Name, Address & Phone Number