

**EASTWOOD LOCAL SCHOOLS  
KINDERGARTEN REGISTRATION**

Dear Parents:

Kindergarten attendance and kindergarten screening is required in the state of Ohio. Our district policy is children must be five (5) years old on or before August 1<sup>st</sup> to enter kindergarten.  
**Eastwood Schools holds all day kindergarten.**

If you have a child, or know of a child in the district, who will be attending kindergarten in the upcoming school year, please complete this registration form. This form should be returned as soon as possible, no later than **March 4, 2016**, so kindergarten screening can be scheduled. If you reside in the Eastwood District at the time of screening, please plan to attend. The screening results can be sent to another school district in the event you change your residency.

**DATES FOR EASTWOOD KINDERGARTEN SCREENING WILL BE:**

**Friday, April 15, 2016  
Friday, April 22, 2016  
Friday, April 29, 2016**

Please complete this form and return no later than March 4, 2016 to the  
Eastwood Central Office, Pemberville or Luckey Elementary Schools

Eastwood Central Office – 4800 Sugar Ridge Road, Pemberville, OH 43450  
Luckey Elementary School – 524 Krotzer Avenue, Luckey, OH 43443  
Pemberville Elementary School – 120 College Avenue, Pemberville, OH 43450

I PREFER            \_\_\_ April 15<sup>th</sup>            \_\_\_ April 22<sup>nd</sup>            \_\_\_ April 29<sup>th</sup>  
I PREFER            \_\_\_ 8:30 AM            \_\_\_ 10:15 AM            \_\_\_ 1:00 PM

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**FOR PARENTS OF PRESCHOOLERS**

My child currently attends \_\_\_\_\_ Pre-School.

I grant permission to have my child's records sent to the Eastwood School District.

Total number of year's child attended pre-school \_\_\_\_\_.

Parent's Signature: \_\_\_\_\_

**Please complete the back of this form:**

Please Print Legible:

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

\_\_\_\_\_ (Male) \_\_\_\_\_ (Female)

Child's Date of Birth: \_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Name of Parent/Legal Guardian with whom child resides

\_\_\_\_\_  
PO Box Number, Apartment or Lot Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Zip Code

HOME PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

**\*Note – It is important we have contact information so we can notify you of any changes pertaining to your screening appointment.**

**You will receive notification regarding your child's screening appointment date and time by mail, along with a packet of information and forms to be completed and returned the day of screening. Please note that efforts will be made to honor your date and time request, however this may not be possible due to the volume of requests for a given day and time.**