

**REQUIRED FORMS CHECKLIST**

**2020-2021**

The following is a checklist of forms that are required before your student may begin school. See due dates below for enclosed forms.

* **New** **students** attending our Early Childhood program (3 year olds-14 year olds), need to have a current medical form and immunization records signed and sent to the school office no later than August 3, 2020.
* **Returning students** in our Early Childhood program (4 year old and Kindergarten) need a signed medical form and immunization records, one year from your previously submitted form.
* **Seventh grade** students need a signed medical form and current immunization records.
* **Elementary and Middle School students** (1st grade through 6th & 8th grade) **do not** need to submit a yearly medical form or immunization records.

**Your child/children cannot begin school until all documents are submitted and actively on RenWeb and FACTS.**

Many of the required forms you have filled out in the past will now be on line with the RenWeb data base system. If you have any trouble filling out the forms on-line, please call the school at 745-3404 over the summer for help.

**REQUIRED FORMS due back on May 18, 2020**

***ONE PER STUDENT –***

* Student Enrollment Form - *(2 sided, one form per child)*
* Birth Certificate Copy **(*all new students)***
* Emergency Transportation Authorization *(one form per child*)
* General Student Information Form**,** one per child **(required by the State of Ohio)**

***Each PARENT/GUARDIAN is required to fill out a form-***

* Statement of Non-Guilty/Conviction Form (*2 sides, one per parent*)

***ONE PER FAMILY***-

* Handbook Signature Form (*access handbook through XUMLS website, one per family)*
* Extended Care Registration (*if applicable)*

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**FORMS due by June 2020:**

* RenWeb, update information on-line **by June 10, 2020** (photo release, liability, internet release)
* **Register on FACTS by June 8, 2020 (NEW PARENTS ONLY)**

**FORMS due by August 3, 2020:**

* Child’s Medical Statement and Immunization Records (*if applicable)* *see note above, one per child)*
* Request for the Administration of Prescription and Non-Prescription Medication, Food Supplement, Fluoride Supplement, Modified Diet (*doctor’s signature required*) (*if applicable)*
* Asthma Inhaler Authorization Form