



# Dover City Schools

219 West Sixth Street

Dover, Ohio 44622

## DISTRICT STAFF

### SUPERINTENDENT

Carla Birney  
330-364-1906

### TREASURER

Andrew Bache  
330-364-7106

### ASSISTANT SUPERINTENDENT

Karie McCrate  
330-364-1906

### DIRECTOR OF STUDENT SERVICES

Gina Franks  
330-364-7124

### CURRICULUM COORDINATOR

Marina Colombo  
330-364-1906

### MAINTENANCE/ SUPERVISOR

Colin Eichel  
330-364-7109

District Fax 330-343-7070

## SCHOOLS

### DOVER HIGH SCHOOL 520 North Walnut Street

PRINCIPAL  
Brooke Grafe  
330-364-7148

### ASSISTANT PRINCIPAL

Scott Ayers  
330-364-7147

### ATHLETIC DIRECTOR

Tim McCrate  
Athletic Director  
330-364-7143

### DOVER MIDDLE SCHOOL 2131 North Wooster Ave

PRINCIPAL  
Jack Edwards  
330-364-7121

### ASSISTANT PRINCIPAL

Kurt Reveal  
330-364-7121

### DOVER AVENUE ELEMENTARY

125 West 13<sup>th</sup> Street

PRINCIPAL  
Renee Sattler  
330-364-7117

### EAST ELEMENTARY 325 Betscher Avenue

PRINCIPAL  
Zach Zesiger  
330-364-7114

### SOUTH ELEMENTARY 280 East Shafer Avenue

PRINCIPAL  
Tracie Murphy  
330-364-7111

Dear Parents/Guardians;

I hope this letter finds you all doing well and staying healthy. I am looking forward to meeting all of you and working with you and your child this fall. Kindergarten is a child's first introduction to school and we want to make sure it is a positive and rewarding experience.

The current health and safety situation has made it impossible for us to hold our normal "in person" screening for Kindergarten. As we proceed, we must keep the safety of our children, families and staff at the forefront of our planning. Instead, we are asking that you complete and return the following paperwork you just received:

- Complete the On-line Enrollment Application (instructions attached)
- A copy of your child's Birth Certificate
- Proof of City of Dover Residency (one of the following is required):
  - \*Purchase Agreement for New Home with parents name and address on agreement
  - \*Lease/Rental Agreement with parents name and address on agreement signed and dated by Landlord
  - \*Utility Bill for Current Residence (not more than 30 days old) with parents name on Bill
  - \*If you are living with a relative/friend, we will need Notarized Residency Affidavit with Utility Bill (not more than 30 days old) from the relative/friend. See attached.
- A copy of Signed and Court approved Custody Papers (if applicable)
- Health History Form
- \*Physical Examination Form with Vision & Hearing Screening (completed by Doctor)
- \*Oral Assessment Form (completed by Dentist)
- Immunization Records
- Transportation Form
- Preschool Survey - Child's Preschool teacher to complete
- Child Development Questionnaire - Parent to complete

\*These two (2) forms may be turned in on the first day of school in August.

To accommodate your needs, there are *three* possible ways to return the paperwork:

- Mail the information to: **South Elementary School** located at: **280 E. Shafer Avenue, Dover, OH 44622**
- Scan the paperwork and email it to: [polced@dovertornadoes.com](mailto:polced@dovertornadoes.com)
- Place the paperwork in a sealed envelope with **Attn: South Elementary School** on the front and drop it in the mail slot on the front door of the **District Administration Office** located at: **219 W. 6th Street, Dover, OH 44622**

***A Distinguished History and a Dynamic Future***

**Please have the on-line enrollment and all paperwork within 10 days of receipt of this letter.** If you have questions, concerns or need any assistance, contact South Elementary School at 330-364-7111.

Thank you for your patience as we work together to keep everyone safe during this temporary situation.

Sincerely,

A handwritten signature in cursive script that reads "Tracie R. Murphy".

Mrs. Tracie Murphy  
South School Principal



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We are pleased to welcome you to Dover City Schools. The following procedures need to be followed prior to the student's first day.

### REQUIRED FORMS TO BE ON FILE WITH THE SCHOOL OFFICE:

- Student's Birth Certificate
- Student's Immunization Records
- Proof of Residency (Current utility bill, signed rental or purchase/lease agreement with name and address, notarized letter from relative with proof of their residence.)
- Custody papers (If divorced from the other parent. Must be signed by a Judge and court stamped.)
- Release of Records Request form

### ONLINE ENROLLMENT INSTRUCTIONS

Follow these steps to complete the enrollment application:

Go to [www.dovertornadoes.com](http://www.dovertornadoes.com)

Click on **Parents** tab located at the top of the web page.

Click on **Parent Portal**

**Dover OneView Portal** will appear.

#### IF THIS IS YOUR **FIRST** CHILD TO BE ENROLLED IN DOVER CITY SCHOOLS

- Click "Create a New Account."
- Register as a prospective parent with the district by providing your name, email address, and contact phone number.
- Registration Status should be **"I am here to enroll a new student in the district."**
- Create "Account Access Information" with an account login ID, new password, and a Pin Code. The Parent Login ID, Password, and PIN Code is used for verification and can be anything the parent(s) want it to be. This will be unique and Dover Schools does not create the account.
- Click "Register & Begin" to get started.
- A confirmation email will then be sent to the parent once the account is created.
- The system will direct you to the Enroll a student at Dover Schools dashboard.
- Click on "Enroll New Student(s)" **blue** tab
- Enroll your child and choose the Enrollment Type **"Regular Enrollment."**
- Complete all required information and submit.

#### IF YOU ALREADY HAVE A CHILD ENROLLED IN DOVER CITY SCHOOLS

- Log into system with the Username and Password that you previously set up.
- If you have forgotten your login information, click on "Forgot Credentials." You will be directed to the retrieval page to obtain your Username and Password.
- If further assistance is required, you can contact the Administration Office, 330-364-7104, for assistance retrieving your login information.
- Once logged into your account, choose "Enroll New Student(s)."
- Click the **blue** button to begin **Enroll a New Student.**
- Enroll your child and choose the Enrollment Type **"Regular Enrollment."**
- Complete all required information and submit.

*A Distinguished History and a Dynamic Future*

Nos complace darle la bienvenida a las escuelas de la ciudad de Dover. Los siguientes procedimientos deben seguirse antes del primer día del estudiante.

**FORMAS REQUERIDAS PARA ESTAR EN EL ARCHIVO CON LA OFICINA DE LA ESCUELA:**

- Certificado de nacimiento del estudiante
- Registros de vacunación del estudiante
- Comprobante de residencia (factura actual de servicios públicos, contrato firmado de alquiler o compra / arrendamiento con nombre y dirección, carta notariada de un familiar con comprobante de su residencia).
- Documentos de custodia (si están divorciados del otro padre. Deben estar firmados por un juez y sellado por el tribunal).
- Formulario de solicitud de liberación de registros

**INSTRUCCIONES DE INSCRIPCIÓN EN LÍNEA**

Siga estos pasos para completar la aplicación de inscripción:

Vaya a [www.dovertornadoes.com](http://www.dovertornadoes.com)

Haga clic en la pestaña "Parents" ubicada en la parte superior de la página web.

Haga clic en la opción "Parent Portal".

Aparecerá **Dover OneView Portal**.

**SI ESTE ES SU PRIMER NIÑO PARA INSCRIBIRSE EN LAS ESCUELAS DE LA CIUDAD DE DOVER**

- Haga clic en "Create a New Account."
- Regístrese como posible padre en el distrito proporcionando su nombre, dirección de correo electrónico y número de teléfono de contacto.
- Estado de registro debe ser "I am here to enroll a new student in the district."
- Cree "Información de acceso a la cuenta" con un ID de inicio de sesión de cuenta, una nueva contraseña y un código PIN. La identificación de inicio de sesión de los padres, la contraseña y el código PIN se utilizan para la verificación y pueden ser cualquier cosa que los padres quieran que sea. Esto será único y las escuelas de Dover no crean la cuenta.
- Haga clic en "Registrar & Begin" para comenzar.
- Se enviará un correo electrónico de confirmación al padre una vez que se haya creado la cuenta.
- El sistema lo dirigirá a "Enroll a Student" (Inscribir a un estudiante) en el tablero de Dover Schools.
- Haga clic en la pestaña azul "Enroll New Student(s)."
- Inscriba a su hijo/a y elija el tipo de inscripción "Regular Enrollment".
- Complete toda la información requerida y envíela.

**SI YA TIENE UN NIÑO INSCRITO EN LAS ESCUELAS DE LA CIUDAD DE DOVER**

- Inicie sesión en el sistema con el nombre de usuario y la contraseña que configuró previamente.
- Si ha olvidado su información de inicio de sesión, haga clic en "Forgot Credentials". Se le dirigirá a la página de recuperación para obtener su nombre de usuario y contraseña.
- Si necesita más ayuda, puede comunicarse con la Oficina de Administración, 330-364-7104, para obtener ayuda para recuperar su información de inicio de sesión.
- Una vez que haya iniciado sesión en su cuenta, elija "Enroll New Student(s)."
- Haga clic en el botón azul para comenzar a Enroll New Student(s) (inscribir a un nuevo estudiante.)
- Inscriba a su hijo/a y elija el tipo de inscripción "Regular Enrollment".
- Complete toda a información requerida y envíela.

**Dover City Schools**

**DOVER CITY SCHOOLS: RESIDENCY AFFIDAVIT**

Declaración Jurada de Residencia  
Del Distrito de la Escuelas s de Dover City

According to Ohio's School Attendance Law (O.R.C. 3313.63) a student can only attend a public school tuition free where his/her custodial parent resides. As such, Dover City Schools requires that this form be completed, signed by both the Parent and the Residence Owner/Lessee, and notarized, whenever a Parent claims to have a permanent residence in the District, but cannot verify that he/she owns or rents a residence in the District.

*De acuerdo con la Ley de Asistencia Escolar de Ohio (O.R.C. 3313.63), un estudiante sólo puede asistir a una clase de escuela pública libre donde reside su padre con custodia. Como tal, las Escuelas de la Ciudad de Dover requieren que este formulario sea completado, firmado tanto por el Padre y el Propietario / Arrendatario de la Residencia, como notariado, cuando un padre declare tener una residencia permanente en el Distrito, pero no puede verificar que él / Alquila una residencia en el Distrito.*

**SECTION I (To be Completed by the Parent/Legal Guardian of the Student and Signed before a Notary Public) (Debe de ser completado por los padres o guardianes legales en frente de un notario público):**

Although I do not own or rent a residence in the Dover City School District, this is to certify that I am the custodial parent of the child(ren) named below and our current permanent residence (where the parent/guardian and student[s] in question eat their meals and sleep on a regular basis, receive their mail, and if applicable, where the parent is eligible to vote) is:

*Aunque no tengo ni alquilo una residencia en el Distrito Escolar de la Ciudad de Dover, esto es para certificar que yo. Soy el padre con custodia de los hijos mencionados abajo y nuestra residencia permanente actual (Donde el padre / tutor y el (los) estudiante (s) en cuestión comen sus comidas y duermen con regularidad Recibirá su correo y, si corresponde, si el padre es elegible para votar) es:*

\_\_\_\_\_  
Name of student(s) (please print)

*Nombre del estudiante (favor de imprimir su nombre)*

\_\_\_\_\_  
Name of parent (please print)

*Nombre del Padre (favor de imprimir)*

\_\_\_\_\_  
Address (Street Number and Street) (City) (State) (Zip Code)

*Dirección ( calle y número de casa) ( Ciudad) (Estado) (Código postal)*

Should I change my permanent residence, I understand that my child may no longer be eligible to attend school in the Dover City School District. I promise to notify the school immediately if my residence changes. I also understand that if in fact the stated information is not true, and in fact I do not meet the residency requirements as defined by the State of Ohio, my child(ren) will be withdrawn from Dover City Schools.

*Si decido a cambiar mi residencia permanente, entiendo que es posible que mis hijos no van a ser elegibles para asistir a la escuela en el Distrito Escolar de Dover City. Prometo notificar a la escuela inmediatamente si mi residencia cambia. También entiendo que si de hecho la información no es cierto, y de hecho no cumplo con los requisitos de residencia definidos por el Estado de Ohio, mi (s) hijo (s) serán retirados de las Escuelas de la Ciudad de Dover.*

\_\_\_\_\_  
Parent/Guardian signature (Affidavit)

Firma del padre o guardian

\_\_\_\_\_  
Date

Fecha

(OVER)



**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"/> <b>YES</b> , my child receives regular medical/health care for the following conditions:	<input type="checkbox"/> <b>NO</b> 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 _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<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.

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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.

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Form completed by	Relationship to student	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



(To be completed by PHYSICIAN)

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

Speech assessment completed  Yes  No  
 Child has no discernible speech problem  Yes  No  
 Speech evaluation recommended  Yes  No  
 Child has possible problem with \_\_\_\_\_

Lead Poisoning

Date \_\_\_\_\_ Type  C  V Results \_\_\_\_\_ µg/dL  
 Date \_\_\_\_\_ Type  C  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  Yes  No      Physical education classes  Yes  No  
 Competition athletics  Yes  No      Contact and collision sports  Yes  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





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Dear Parents,

Dover City Schools will provide transportation for your kindergarten student to and from school, if you live in a bussing area. Please review the following procedures and policies regarding school transportation services.

Please let us know the one place your child will be picked up and dropped off. We discourage pick up or drop off at more than one location, as this leads to confusion and possible hazards. Parents are responsible for transportation anytime the child will not be going to his/her regular bus stop.

In the past, families were limited to certain daycare centers based upon their school of attendance. *Due to the reconfiguration of our elementary schools by grade level, we are now able to transport your child to any school from daycare centers within the district.* If your child will go to daycare daily, please call the transportation department with the name, address and phone number of the daycare provider. As with any route scheduling, each situation must be considered individually. Please call us by July 1 if you are enrolled or plan to enroll in daycare.

A parent or other designated adult needs to be at the bus stop before drop off time to pick up your kindergartener. Dover's bus drivers are very protective of our children, and *will not allow a kindergartener off the bus unattended.* If your child will be getting dropped off with a sitter, please discuss this with them. In the interest of your child's safety, the care provider must be willing to comply with this requirement.

In accordance with school policy, the school district does not guarantee transportation to students enrolled via open enrollment from another district. Parents of open enrollment students must plan to provide their own transportation. This applies to daycare providers as well.

If you live in a rural area and your bus stop is at your home, please make sure your address is clearly marked by the road, and easily seen from either direction. If this creates a hardship for you, please contact our transportation office at 330-364-7109.

The transportation office is open year-round. If you have any transportation questions or concerns, please feel free to call our office.

Sincerely,

Colin Eichel  
Maintenance/Transportation Supervisor

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Estimados padres,

Las escuelas de la ciudad de Dover proporcionarán transporte para su estudiante de kindergarten hacia y desde la escuela, si vive en un área de transporte. Por favor revise los siguientes procedimientos y políticas con respecto a los servicios de transporte escolar.

Por favor, infórmenos del lugar donde recogerán y dejarán a su hijo/a. Desaconsejamos recoger o dejar en más de un lugar, ya que esto genera confusión y posibles peligros. Los padres son responsables del transporte en cualquier momento que el niño no vaya a su parada regular de autobús.

En el pasado, las familias estaban limitadas a ciertas guarderías basadas en su escuela de asistencia. *Debido a la reconfiguración de nuestras escuelas primarias por nivel de grado para el año escolar 2019-20, ahora podremos transportar a su hijo/a a cualquier escuela desde guarderías dentro del distrito.* Si su hijo/a va a la guardería diariamente, llame al departamento de transporte con el nombre, la dirección y el número de teléfono del proveedor de la guardería. Al igual que con cualquier planificación de rutas, cada situación debe considerarse individualmente. Llámenos antes del 1 de julio si está inscrito o planea inscribirse en una guardería.

Un padre u otro adulto designado debe estar en la parada del autobús antes de la hora de entrega para recoger a su niño de kindergarten. Los conductores de autobuses de Dover protegen mucho a nuestros niños y *no permiten que un niño de kindergarten salga del autobús sin supervisión.* Si su hijo/a va a ser dejado con una niñera, por favor hable con la niñera. En interés de la seguridad de su hijo/a, la niñera debe estar dispuesto a cumplir con este requisito.

De acuerdo con la política de la escuela, el distrito escolar no garantiza el transporte a los estudiantes inscritos a través de la inscripción abierta de otro distrito. Los padres de estudiantes de inscripción abierta deben planear proporcionar su propio transporte. Esto se aplica a los proveedores de guardería también.

Si vive en un área rural y su parada de autobús está en su casa, asegúrese de que su dirección esté claramente marcada por la carretera y que pueda verse fácilmente desde cualquier dirección. Si esto crea una dificultad para usted, comuníquese con nuestra oficina de transporte al 330-364-7109.

La oficina de transporte está abierta todo el año. Si tiene alguna pregunta o inquietud sobre el transporte, no dude en llamar a nuestra oficina.

Sinceramente,

Colin Eichel  
Supervisor de Mantenimiento / Transporte

*A Distinguished History and a Dynamic Future*

## Dover City Schools Transportation Information

School \_\_\_\_\_ School Year \_\_\_\_\_

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Student's Address \_\_\_\_\_

- If you live in a rural area, your house number must be on your mailbox

Mother's Name \_\_\_\_\_

Mother's Workplace \_\_\_\_\_

Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Workplace \_\_\_\_\_

Phone Number \_\_\_\_\_

Directions for Driver \_\_\_\_\_

Allergies: \_\_\_\_\_

Do other children in your household ride the bus? If so, what is the bus number?

Name of Sibling \_\_\_\_\_ Bus Number \_\_\_\_\_

Office Use: Student will be transported to school by:

Walker \_\_\_ Bus \_\_\_ Parent to Transport \_\_\_

## Información de transporte de las escuelas de la ciudad de Dover

Escuela \_\_\_\_\_ Año escolar \_\_\_\_\_

Nombre del estudiante \_\_\_\_\_

Número de teléfono \_\_\_\_\_

La dirección del estudiante \_\_\_\_\_

- Si usted vive en una zona rural, su número de casa debe estar en su buzón de correo.

Nombre de la madre del estudiante \_\_\_\_\_

Lugar de trabajo de la madre \_\_\_\_\_

Número de teléfono de la madre \_\_\_\_\_

Nombre del padre del estudiante \_\_\_\_\_

Lugar de trabajo del padre \_\_\_\_\_

Número de teléfono del padre \_\_\_\_\_

Instrucciones para el conductor \_\_\_\_\_

\_\_\_\_\_

Alergias \_\_\_\_\_

¿Otros niños de su casa viajan en el autobús? Si es así, ¿cuál es el número de autobús?

Nombre de hermano/a \_\_\_\_\_

Número de autobús \_\_\_\_\_

Uso de la oficina: El estudiante será transportado a la escuela por:

Caminante \_\_\_\_\_ Autobús \_\_\_\_\_ Padre para transportar \_\_\_\_\_



**Dover City Schools  
Child Development Questionnaire**

Parents, In an effort to ensure a successful transition to kindergarten please complete each question as accurately as possible. Some questions require **SOMETIMES, RARELY, NEVER** responses while others require short answer responses.

**PLEASE BRING THE COMPLETED FORM TO YOUR SCHEDULED DATE/TIME.**

<b>Student Name:</b>
<b>Person completing the questionnaire/relationship to student:</b>

<b>READ EACH QUESTION CAREFULLY AND</b> <b>1. CHECK THE BOX THAT BEST DESCRIBES YOUR CHILD'S BEHAVIOR <i>and</i></b> <b>2. CHECK THE LAST COLUMN IF THE BEHAVIOR IS A CONCERN</b>				
Question	Most of the Time	Sometimes	Rarely or Never	Check if this is a concern.
1. Does your child look at you when you talk to him/her?				
2. Does your child cling to you more than you expect?				
3. Does your child like to be hugged or cuddled?				
4. Does your child talk and/or play with adults he/she knows well?				
5. When upset, can your child calm down in 15 minutes?				
6. Can your child settle him/herself down after periods of exciting activity?				
7. Does your child seem happy?				
8. Does your child cry, scream, or have tantrums for long periods of time?				
9. Is your child interested in things around him/her such as people, toys, and food?				
10. Does your child go to the bathroom by him/herself? (Reminders and help with wiping are okay.)				
11. Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items?				

**READ EACH QUESTION CAREFULLY AND**

- 1. CHECK THE BOX THAT BEST DESCRIBES YOUR CHILD'S BEHAVIOR *and***
- 2. CHECK THE LAST COLUMN IF THE BEHAVIOR IS A CONCERN**

Question	Most of the Time	Sometimes	Rarely or Never	Check if this is a concern.
12. Do you and your child enjoy mealtimes together?				
13. Does your child do what you ask him/her to do?				
14. Does your child seem <i>more</i> active than other children his/her age?				
15. Does your child sleep at least 8 hours in a 24-hour period?				
16. Does your child use words to express what he/she needs?				
17. Does your child use words to describe his/her feelings and feelings of others, such as, "I'm happy," "I don't like that," or "She's sad"?				
18. Does your child move from one activity to the next with little difficulty, such as from playtime to mealtime?				
19. Does your child explore new places, such as a park or a friend's home?				
20. Does your child hurt him/herself on purpose?				
21. Does your child follow rules (at home, at child care, at preschool)?				
22. Does your child destroy or damage things on purpose?				
23. Does your child stay away from dangerous things, such as fire and moving cars?				
24. Does your child show concern for other people's feelings? For example, does he/she look sad when someone is hurt?				

**READ EACH QUESTION CAREFULLY AND**

**1. CHECK THE BOX THAT BEST DESCRIBES YOUR CHILD'S BEHAVIOR *and***

**2. CHECK THE LAST COLUMN IF THE BEHAVIOR IS A CONCERN**

Question	Most of the Time	Sometimes	Rarely or Never	Check if this is a concern.
25. Do <i>other</i> children like to play with your child?				
26. Does <i>your child</i> like to play with other children?				
27. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?				
28. Does your child take turns and share when playing with other children?				
29. Does your child take the lead role when playing with friends?				
30. Does your child help at home to clean up his/her toys, games, etc.?				
31. Does your child remember nursery rhymes and songs?				
32. Does your child look at books?				
33. Does your child color or paint?				
34. Does your child use scissors?				
35. Does your child experience nightmares?				
36. Does your child zip their clothing independently?				
37. Does your child button their clothing independently?				
38. Does your child tie his/her shoes independently?				
39. Does your child try to find a solution to a problem (for example, use a basket to carry blocks rather than carrying one block at a time)?				
40. Does your child use playground equipment?				

**PLEASE READ EACH QUESTION CAREFULLY AND PROVIDE A SHORT ANSWER.**

<b>Question</b>	<b>Short Answer</b>
41. How many minutes/ hours per day does your child spend using a screen - phone, tablet, computer, television, etc.?	
42. Has anyone ever expressed concerns about your child's behavior?	
43. Has your child ever received therapy (speech/language, occupational therapy, etc.) If yes, list the type of therapy, dates, and a contact person with phone number.	
44. Has your child attended Preschool? If yes, list the name of the preschool and how long your child has attended.	
45. Is there anything that worries you about your child? If so, please explain:	
46. What things do you enjoy most about your child?	

**Dover City Schools  
Preschool Survey**

Parents: To help your child best transition to kindergarten, we are requesting a survey to help our staff get to know your child. Please share this survey with your child's preschool provider.

In giving this survey to your child's preschool provider you are agreeing to your child's developmental progress being shared between your preschool provider and Dover City Schools.

<b>Student Name:</b>	<b>Preschool Name:</b>
<b>Person completing Survey:</b>	<b>Number of years child has been in attendance:</b>
<b>Separates from caregiver</b>	
<b>Sits and attend to story/activity</b>	
<b>Shares with peers</b>	
<b>Speech is understandable</b>	
<b>Appropriate response to conflict/challenge</b>	
<b>Maintains appropriate personal space</b>	
<b>Asks and answers questions/engages in conversations with peers/adults</b>	
<b>Write his/her name</b>	
<b>Uses the bathroom independently</b>	
<b>Can zip/button to put on coat independently</b>	
<b>Follows multiple step directions</b>	
<b>Packs and unpacks backpack independently</b>	
<b>Other:</b>	

**Las escuelas de la ciudad de Dover  
Encuesta preescolar**

Padres, en un esfuerzo por garantizar una transición exitosa al kindergarten, estamos pidiendo a los preescolares que completen una encuesta sobre la etapa de desarrollo de cada estudiante. Esta información ayudará al personal de Dover a conocer a su hijo/a. Comparta esta encuesta con el proveedor de preescolar de su hijo/a.

Al entregar esta encuesta al proveedor de preescolar de su hijo/a, usted acepta que el progreso del desarrollo de su hijo/a se comparta entre su proveedor de preescolar y las escuelas de la ciudad de Dover.

<b>Student Name:</b>	<b>Preschool Name:</b>
<b>Person completing Survey:</b>	<b>Number of years child has been in attendance:</b>
<b>Separates from caregiver</b>	
<b>Sits and attend to story/activity</b>	
<b>Shares with peers</b>	
<b>Speech is understandable</b>	
<b>Appropriate response to conflict/challenge</b>	
<b>Maintains appropriate personal space</b>	
<b>Asks and answers questions/engages in conversations with peers/adults</b>	
<b>Write his/her name</b>	
<b>Uses the bathroom independently</b>	
<b>Can zip/button to put on coat independently</b>	
<b>Follows multiple step directions</b>	
<b>Packs and unpacks backpack independently</b>	
<b>Other:</b>	