



WYNFORD ELEMENTARY SCHOOL
3300 HOLMES CENTER ROAD
BUCYRUS, OH 44820

(419)562-4619 FAX: (419)563-2905

EVERY CHILD...EVERY DAY...EVERY DREAM...IS OUR PASSION!

Nelle Nutter, Principal

Andy Schiefer, Asst. Principal

February 26, 2016

Dear Parents/Guardians and Wynford Community Members,

The Wynford Local School District will be conducting Kindergarten Screening on Thursday, April 14th and Friday, April 15th at the Elementary Building.

Children who will be 5 years old on or before August 1, 2016 are required by law to register and be screened. The screening process includes assessments in the following areas: vision, hearing, speech/language and general academic readiness skills.

If you have a child that will be eligible, please complete and return the attached form or call Mrs. Shifley at (419)562-4619 between 8:30 a.m.-3:30 p.m. to schedule a specific screening time. When you call the office, you will need the following information: child's full name, home address, phone number, date of birth, preferred screening date/ time and district of residence. If you know of a family who has not received this screening information, please encourage them to call Mrs. Shifley or download it from the school website. (www.wynford.k12.oh.us)

April 14th and 15th will be the only screening sessions that will be held for Wynford students. You must register for screening prior to Wednesday, April 6th.

When you come for your scheduled screening appointment in April, you will need to bring the following documentation:

- **Birth Certificate or Legal Proof of Age**
- **Custody Papers if applicable**
- **Immunization record**
 - DTaP – 5 doses
 - Polio – 4 doses
 - MMR – 2 doses
 - Hepatitis B – 3 doses
 - Varicella (chicken pox) – 2 doses

Please let us know if you have any questions or concerns as you prepare for this exciting journey with your child. *We look forward to meeting the members of the Wynford Class of 2029!*

Yours in Education,

Nelle Nutter
Wynford Elementary Principal



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Please return this form to Wynford Elementary

Kindergarten Registration

Child's Name: _____

Child's Street Address: _____

City, State and Zip Code: _____

Child's Sex: Male or Female Child's Birthdate: ____ / ____ / ____

Parent/Guardian Names: _____

Parent/Guardian Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____

County of Residence: _____

District of Residence: _____

By returning this form an appointment will be made for you, you do not need to call the office for an appointment. You will receive a confirmation letter with your time and date.

I prefer a morning appointment (state date and time): _____

I prefer an afternoon appointment (state date and time): _____

I could come any time: _____

The screening sessions will begin at the following times: 8:30 a.m., 10:00 a.m., 12:30 p.m. and 2:00 p.m. The screening process takes approximately one hour; screening results will be given at the end of the session. For this reason, it is required that at least one parent or guardian attends the screening.