

WELCOME TO KINDERGARTEN

Overton Public Schools

WELCOME!

We are so excited for you and your child to join our school community here at Overton Public Schools! Within this Kindergarten Transition Packet, you will find helpful information to assist you and your child to have a smooth transition into Kindergarten. In the next two columns, you will find a list of documents that are included and contact information. Once again, welcome to Overton Public Schools!

OUR MISSION

The mission of Overton Public Schools is to provide opportunities for everyone to be Engaged, Empowered, and Enlightened.

WHAT'S INCLUDED

Enrollment Information
Letter from Miss Paitz
Essential Entrance Skills List
School Supply List

CONTACT

Superintendent

Mark Aten
mark.aten@overtoneagles.org

Principal

Brian Fleischman
brian.fleischman@overtoneagles.org

School Counselor

Jody Skallberg
jody.skallberg@overtoneagles.org

Kindergarten Teacher

Maddie Paitz
maddie.paitz@overtoneagles.org

ENROLLMENT INFORMATION AND MORE

Enrollment dates: June 6-10th from 8 a.m. to noon. Please enter through the south entrances where you will meet with either Mr. Fleischman or Miss Skallberg.

Kindergarten Enrollment Requirements: Students must be 5 years of age by July 31 to be allowed to attend Kindergarten. If your child turns 5 between August 1st and October 15th, you may request your child be assessed on their readiness for Kindergarten work. There is paperwork that must be completed prior to this assessment. You will need to contact the school to receive and complete the Written Request for Consideration of Early Kindergarten Entrance. The testing will take place this summer on a date to be determined. **All students will need a Kindergarten physical, shot records, and a birth certificate for kindergarten enrollment.**

If you have any questions about registration/enrollment please contact Miss Skallberg at 308-987-2424 or jody.skallberg@overtoneagles.org

Transportation: Please contact Mr. Aten at 308-987-2424 prior to August 1st.

Breakfast: Served from 7:40 a.m. to 8:00 a.m.

Drop Off: Doors to the school are open at 7:40 a.m. until 8:15 a.m.

Dismissal times: K-4 doors open Monday-Thursday at 3:20 p.m. and 2:20 p.m. on Fridays.

A LETTER FROM

Miss Paitz

Dear Parent/Guardian,

My name is Maddie Paitz and I will be your child's Kindergarten teacher for the 2022-2023 school year! I am originally from Pleasanton, Nebraska. I graduated from the University of Nebraska at Kearney in 2020, with endorsements in Elementary and K-6 Special Education. In addition to teaching Kindergarten, I am an assistant coach for the high school volleyball team. This will be my 2nd year of teaching. I'm so excited to begin this new adventure with your child!

As I am looking forward to teaching your child this upcoming school year, I've provided information to assist you and your child. To help prepare your child for Kindergarten, on the following page, you will find a list of "Essential Entrance Skills" for your child to work towards for the beginning of Kindergarten. Please work with your child on these areas, but also note that we continue to grow in these areas throughout the school year.

If you have any questions or concerns, please feel free to contact me at maddie.paitz@overtoneagles.org or 308-987-2424 ext. 118.

Miss Paitz



ESSENTIAL ENTRANCE 'SKILLS

OVERTON KINDERGARTEN

Personal and Social Development

- Practices good manners
- Keeps hands off of others
- Shares and takes turns
- Obeys quickly and cheerfully
- Works and plays well with others
- Uses appropriate voice levels
- Puts on & ties shoes
- Put on and fasten own coat

Work Habits

- Works quietly
- Follows directions
- Works carefully and neatly
- Makes good use of time
- Works independently
- Has good listening skills

Basic Concepts

- Knows whole name
- Print first name
- Knows parents name
- Phone number
- Address
- Birthday
- Colors
- Shapes

Language Arts

- Speaks in complete sentences
- Enjoys listening to stories
- Developing left to right movement
- Alphabet recognition (75%)
- Letter sounds (50%)

Math

- Counts to 20
- Can recognize numerals to 20



KINDERGARTEN SUPPLY LIST

2 Large Boxes of Kleenex

4 Glue Sticks

2 Boxes of 10-Count Washable Markers

1 Box of 24-Count Crayons

#2 Pencils

Kids Scissors

2 Big Erasers

Paint Shirt

Plastic Pencil Box

School Bag (without rollers)

P.E. Shoes

Headphones (Aux Jack)

3 Dry Erase Markers

Please put your child's name on all their supplies.

Thank you!



Dear Parents of a future Kindergarten student,

Congratulations on this exciting time in you and your child's life! In preparation for Kindergarten, Nebraska Law requires that you provide certain documents to the school. These are required BEFORE entrance into school the first day. However, it would be helpful if they could be sent to the school as soon as they become available. You can make your physical appointments any time now. I would encourage you to avoid the summer rush. Enclosed please find the necessary forms,.

- 1) School Immunization and Physical Record
- 2) Application for certified Birth Certificate
- 3) List of Public Immunization Clinics

As the school nurse for your child, I will be conducting screenings on each student to assure that vision and hearing are adequate for learning. Also, I will be monitoring for any illness or injury. This is a very exciting time for all of us and we look forward to a fun school year.

If you have any questions or concerns, please contact the school at 987-2424.

Very sincerely,

Joanie Gehrt, RN

School Nurse

Name of Student (Last / First / Middle)

Grade

School

PHYSICAL EXAMINATION

(to be completed by a physician, physician's assistant, or nurse practitioner)

Height _____ Neck _____ Mouth/Teeth _____
 Weight _____ Lungs _____ Abdomen _____
 BP _____ Eyes _____ Spine _____
 Pulse _____ Ears _____ Scoliosis _____
 Heart _____ Skin _____ Extremities _____
 Urinalysis results _____ Hgb/Hct results _____

Hearing Test (please circle) Normal / Abnormal

Left Ear	Right Ear	Hz
dB	dB	500
dB	dB	1000
dB	dB	2000
dB	dB	400

Comments _____

List any additional information regarding this student that may affect safety or optimal performance in school: _____

A School Vision Evaluation is required for all children within six months prior to entering Nebraska schools for the first time (includes beginner grades including Kindergarteners, transfers, and other students new to Nebraska) [NE revised Statute 79-214]

Vision Test (please circle) Normal / Abnormal

Required Tests	Pass	Fail	Recommendations	Vision	Glasses / Contacts / Neither
Amblyopia				Right eye @ Far (20')	20 / _____ aided / unaided
Strabismus				Left eye @ Far (20')	20 / _____ aided / unaided
Internal Eye Health					
External Eye Health				Right eye @ Near (16")	20 / _____ aided / unaided
Visual Acuity				Left eye @ Near (16")	20 / _____ aided / unaided

Provider's Signature _____ Date _____

DENTAL EXAMINATION (optional)

Is oral hygiene adequate Yes / No Number of fillings present _____ Number of restorations needed _____

Recommendations: _____

Dentist's Signature _____ Date _____

WAIVER of PHYSICAL and/or VISION EXAMINATION

I, the parent/guardian of _____, do not feel it necessary for he/she to
Name of Child
 a physical and/or vision examination and therefore exercise my right to waiver his/her physical and/or vision examination.

Parent/Guardian Signature _____ Date _____

Name of Student (Last / First / Middle)

Grade

School

PHYSICAL EXAMINATION

(to be completed by a physician, physician's assistant, or nurse practitioner)

Height _____ Neck _____ Mouth/Teeth _____
 Weight _____ Lungs _____ Abdomen _____
 BP _____ Eyes _____ Spine _____
 Pulse _____ Ears _____ Scoliosis _____
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Hearing Test (please circle) Normal / Abnormal

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Recommendations: _____

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I, the parent/guardian of _____, do not feel it necessary for he/she to
Name of Child
 a physical and/or vision examination and therefore exercise my right to waiver his/her physical and/or vision examination.

Parent/Guardian Signature _____ Date _____

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

The Office of Vital Records has been registering births for persons born in Nebraska since 1904.

PLEASE TYPE OR PRINT LEGIBLY

Full name at birth _____
(If adopted, list adoptive name)

Month, day, and year of birth _____

City or town of birth _____ County of birth _____

Father's full name _____
(If adopted, list adoptive father's name)

Mother's full maiden name _____
(If adopted, list adoptive mother's name)

Is this the record of an adopted person? Yes No

For what purpose is this record to be used? _____

If this is not your record, how are you related to the person named on the record? _____

Delayed Birth Certificate - Legislation passed in 1941 provides for the filing of delayed birth certificates for persons who were born prior to 1904 OR for persons whose births were not recorded at the time of birth.

Is this a delayed birth certificate? Yes No

WARNING: Section 71-649, Nebraska Revised Statutes: It is a felony to obtain, possess, use, sell, furnish, or attempt to obtain any vital record for purposes of deception.

SIGNATURE OF REQUESTOR _____

Type or print name _____

Street Address _____

City, State, Zip _____

Daytime Telephone Number: _____

Email Address: _____

Today's Date _____

(Please enclose a photocopy of your photo ID [i.e. current driver's license] when mailing in this request).

FOR OFFICE USE ONLY

Check MO Cash

Amount Received _____

Date Received _____

By Whom Received _____

PROOF OF IDENTIFICATION;

DL STATE ID OTHER

Fees are subject to change without notice. Please call our 24-hour recorded message at (402) 471-2871 to verify fees.

Number of certified copies _____ x \$17.00 each = \$ _____ Total
 (Please make checks payable to Vital Records)

Mail to:
 Vital Records
 PO Box 95065
 Lincoln, NE 68509-5065

Bring to:
 Vital Records
 1033 O Street, Suite 130
 Lincoln, NE 68508-3621

(Please enclose a stamped, self-addressed business size envelope.)

Summary of the School Immunization Rules and Regulations

Student Age Group	Required Vaccines
Ages 2 through 5 years enrolled in a school based program not licensed as a child care provider	<p>4 doses of DTaP, DTP, or DT vaccine</p> <p>3 doses of Polio vaccine</p> <p>3 doses of Hib vaccine or 1 dose of Hib given at or after 15 months of age</p> <p>3 doses of pediatric Hepatitis B vaccine</p> <p>1 dose of MMR or MMRV given on or after 12 months of age</p> <p>1 dose of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted.</p> <p>4 doses of pneumococcal or 1 dose of pneumococcal given on or after 15 months of age</p>
Students entering school (Kindergarten or 1 st Grade depending on the school district's entering grade)	<p>3 doses of DTaP, DTP, DT, or Td vaccine, one given on or after the 4th birthday</p> <p>3 doses of Polio vaccine</p> <p>3 doses of pediatric Hepatitis B vaccine or 2 doses of adolescent vaccine if student is 11-15 years of age</p> <p>2 doses of MMR or MMRV vaccine, given on or after 12 months of age and separated by at least one month</p> <p>2 doses of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. If the child has had varicella disease, they do not need any varicella shots.</p>
Students entering 7 th grade	<p>Must be current with the above vaccinations</p> <p>AND receive</p> <p>1 dose of Tdap (contain Pertussis booster)</p>
Students transferring from outside the state at any grade	<p>Must be immunized appropriately according to the grade entered.</p>

Source: Nebraska Immunization Program, Nebraska Department of Health and Human Services. . For additional information, call 402-471-6423.

The School Rules & Regulations are available on the internet: <http://www.hhs.state.ne.us/reg/t173.htm> (Title 173: Control of Communicable Diseases - Chapter 3; revised and implemented 2011)
 Updated 5/2015



**COMMUNITY ACTION PARTNERSHIP
OF MID-NEBRASKA
PUBLIC IMMUNIZATION CLINICS
CLINICAS PÚBLICAS DE VACUNACIÓN**

***IMMUNIZATIONS for CHILDREN AND ADULTS:** Children Enrolled in Medicaid or Medicaid Managed Care, Children and Adults without Insurance or have insurance that does not pay for vaccinations.

VACUNAS para NIÑOS Y ADULTOS: Niños Inscritos en Medicaid o Atención Administrada de Medicaid, Niños y Adultos Sin Seguro Médico o tienen Seguro Médico que no cubre el costo de vacunas.

***MUST BRING PREVIOUS SHOT RECORDS**
DEBEN TRAER RÉCORDS PREVIO DE VACUNAS

***ADMINISTRATIVE FEE SUGGESTED DONATION: \$19 per vaccine**
PARA el COSTO ADMINISTRATIVO SUGERIMOS una DONACIÓN de \$19.00 por cada vacuna

***Please bring: Children's Current Medicaid WellCare or NE Total Care or United Health Care card**
Por Favor traiga la tarjeta corriente de Medicaid del Niño/a de WellCare o NE Total Care o United Health

CHILDREN MUST BE ACCOMPANIED BY THEIR PARENT OR GUARDIAN
NIÑOS DEBEN SER ACOMPAÑADOS POR SUS PADRES O GUARDIÁN

NO ONE WILL BE TURNED AWAY DUE TO THE INABILITY TO PAY
NADIE SERÁ rechazado por la incapacidad de no poder pagar.

IMMUNIZATION CLINICS: BY APPOINTMENT ONLY
CLÍNICAS de VACUNACIÓN: SOLAMENTE POR CITA

Buffalo County Kearney-16 West 11th St. (behind the First Tier Bank), **308-865-5675** or **308-325-3169**
2nd and 4th Monday of every Month from 9:00 AM-12:00 PM & 1:00 PM-5:00 PM
Condado de Buffalo Kearney- 16 W 11th St. (atrás del Banco FirstTier), **308-865-5675** o **308-325-3169**
El Segundo (2) y Cuarto (4) lunes de cada mes, de 9:00 AM-12:00 PM Y 1:00-5:00 PM

Dawson County Lexington-931 W. 7th St., **308-324-5733** or **308-325-3169** or **308-325-3436**
1st and 3rd Monday of every month 10:00-12:00 P.M. and 1:00-4:00 P.M.
Condado de Dawson Lexington-931 Oeste Calle 7, **308-324-5733** o **308-325-3169** o **308-325-3436**
El primer (1) y tercer (3) lunes de cada mes 10:00-12:00 P.M. y 1:00-4:00 P.M.

Phelps County Holdrege- Phelps Memorial Hospital 1215 Tibbals; **308-865-5675** or **308-325-3169**
4th Thursday of every month from 2:00-4:00 P.M. Except for Nov. & Dec. 2:00-4:00 P.M. that combined clinic will be held on the 1st Thursday of December. By appointment
Condado de Phelps Holdrege- Hospital Phelps Memorial, 1215 Tibbals; **308-865-5675** o **308-325-3169**
El Cuarto (4) jueves de cada mes de 2:00-4:00 P.M. Con excepción del mes de noviembre y diciembre, esas 2 clínicas serán combinadas para el primer jueves del mes de diciembre 2:00-4:00 P.M. Con cita previa