

KINDERGARTEN REGISTRATION FOR CLEAR FORK SCHOOLS

THE CLEAR FORK ELEMENTARY SCHOOLS WILL BE HOLDING THEIR
KINDERGARTEN SCREENINGS ON APRIL 8th (Butler) AND
APRIL 9th (Bellville), BOTH AT
BUTLER VILLAGE HALL, 111 W ELM STREET, BUTLER

ALL KINDERGARTENERS MUST BE 5 YEARS OLD ON or BEFORE AUGUST 1, 2025

PRE-REGISTRATION IS REQUIRED AND CAN BE COMPLETED ON THE CLEAR FORK
WEB PAGE UNDER THE FINAL FORMS TAB. PLEASE COMPLETE EACH PAGE AND
DOWNLOAD THE REQUIRED DOCUMENTS LISTED.

***Birth Certificate**

***Shot Record (update as needed)**

***Custody Papers, if applicable**

***Residency Affidavit (provide documents OR have it notarized)**

**Your child must be fully immunized before school starts in the fall. The
required vaccines for school entry in the state of Ohio are:**

Dtap – 5 doses

Polio – 4 doses

Hepatitis B – 3 doses

MMR – 2 doses

Varicella (chickenpox) – 2 doses

Once you have completed all forms, contact your local elementary to
schedule your child's screening time.

Bellville Elementary
Mrs. McFerren
195 School Street
Bellville, Ohio 44813
419-886-3244

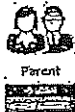
Butler Elementary
Mrs. Wilson
125 College Street
Butler, Ohio 44822
419-883-3451

FINALFORMS™

Parent registration

How do I sign up?

1. Go to: <https://clearforkvalley-oh.finalforms.com/>
2. Locate the parent icon and click **NEW ACCOUNT** below.



3. Type your **NAME**, **DATE OF BIRTH**, and **EMAIL**. Next, click **REGISTER**.

NOTE: You will receive an email within 2 minutes prompting you to confirm and complete your registration. If you do not receive an email, then check your spam folder. If you still cannot locate the FinalForms email, then email support@finalforms.com informing our team of the issue.

4. Check your email for an **ACCOUNT CONFIRMATION EMAIL** from the FinalForms Mailman. Once received and opened, click **CONFIRM YOUR ACCOUNT** in the email text.

FINALFORMS

Hello Clay Burnett,

Your FinalForms account with Demoville Local Schools (DRE) has been successfully created.

Please [click here to confirm your account](#) and complete your registration as a parent.

Thank you,
Demoville Local Schools (DRE) Administration

5. Create your new FinalForms password. Next, click **CONFIRM ACCOUNT**.
6. Click **REGISTER STUDENT** for your first child.

**KINDERGARTEN REGISTRATION
2025-2026**

Child's Full Name _____

Age _____

Female _____

Male _____

Birthdate _____
Month Day Year

Phone Number _____ Parent email: _____

Cell Number _____

Parents Name _____

Address _____

City _____

Zip _____

Preschool attended: _____

Address: _____

PLEASE RETURN THIS PAGE TO YOUR LOCAL ELEMENTARY AS SOON AS POSSIBLE. THIS ALLOWS US TO CONTACT YOU AS NEEDED AND TO KNOW WHO TO EXPECT FOR THE FALL.

If you do not live in the district, open enrollment starts on March 15 and the deadline is June 15. Forms can be found at any of the buildings in the district or at the Clear Fork Board Office. Forms will not be accepted before March 15 or after June 15.

**2025-26 CLEAR FORK VALLEY LOCAL SCHOOLS
Kindergarten**

TRANSPORTATION DEPARTMENT - BUS REQUEST FORM

To assist us in the safe transportation of your child, please complete the information below.
If any changes arise during the school year, call the Transportation Department at **419-886-3491**.

Please allow up to one week for bus routing to be completed.

You will be responsible for transporting your child(ren) until you receive confirmation from the Bus Garage.

PLEASE NOTE:

Clear Fork policy for ALL Kindergarten bus riders
An adult must be present when loading/unloading child(ren) at residence.

Transportation Needed
(Check one or both)

STUDENT NAME _____ GRADE K SCHOOL _____ AM _____ PM _____

STUDENT NAME _____ GRADE K SCHOOL _____ AM _____ PM _____

Please list additional student names/information if riding with siblings.

STUDENT NAME _____ GRADE _____ SCHOOL _____ AM _____ PM _____

STUDENT NAME _____ GRADE _____ SCHOOL _____ AM _____ PM _____

MEDICAL ALERTS _____

HOME ADDRESS _____ CITY _____ ZIP _____

PARENTS: _____ CONTACT # _____

PARENTS: _____ CONTACT # _____

IF UNABLE TO CONTACT PARENT(S), please provide additional contact information.

1ST CONTACT NAME _____ CONTACT # _____

2ND CONTACT NAME _____ CONTACT # _____

Please give a detailed description of the location of your home.

Example: Rt. 97 E. to Dill Rd. turn left, 2nd house on left, Red shutters

SIGNATURE OF PARENT
OR GUARDIAN: _____

DATE _____

Transportation is only provided to and from home address.

Transportation is **NOT** provided to child care or open enrollment

Return this form to Transportation Dept. or Elementary Building no later than May 1, 2025.