



## Welcome to the Rondout Valley Central School District! REGISTRATION CHECKLIST

\_\_\_\_\_ **Completed registration packet**

\_\_\_\_\_ **Student's proof of age** – Birth Certificate or other admissible documents listed on the next page if needed.

\_\_\_\_\_ **Student's immunization record and recent physical** - Please give the enclosed School Health Examination form to your doctor to complete and sign. It should include information from a physical conducted within one year from your student's start date. You might need to provide your doctor's office with written consent to fax the document to RVCSD Central Registration: 845-377-0977. Or, you can bring the original form to your registration appointment. "My Chart" reports are not admissible. For more information regarding physical and immunization requirements for new students, please refer to the Health Office webpage on our website:

[https://www.rondout.k12.ny.us/departments/health\\_office](https://www.rondout.k12.ny.us/departments/health_office)

\_\_\_\_\_ **Parent/Guardian's proof of residence within the Rondout Valley Central School District** – one photocopy of 2 proofs of residency.

See list of admissible documents on the next pages. If you cannot provide proof of residency in your name, please call the Central Registration office prior to registering your child (845-687-2400 ext. 4814). An additional form may be required.

\_\_\_\_\_ **Parent/Guardian's ID with name and picture** – one photocopy of original ID.

Parent/Guardian identification is required.

\_\_\_\_\_ **Student's recent report card (and transcript for high school students)** – one copy. Academic records are not required for registration, but they quicken the admission process.

\_\_\_\_\_ **IEP or 504 Plan** – Only applicable for students receiving special education services. If your child receives special education services by a district other than Rondout Valley, please provide one copy of your child's IEP or 504 Plan. It is not required for registration, but it quickens the admission process.

**When the registration packet is complete with required other documents  
drop off or Scan to: [bmarkle@rondout.k12.ny.us](mailto:bmarkle@rondout.k12.ny.us)  
ANY questions call 845-687-2400 ext. 4814**



Dear Parent/Guardian:

Welcome to the Rondout Valley Central School District! The following documents are required when registering your child in the district.

### **PROOF OF RESIDENCY**

Please submit evidence establishing your residency and your child's residency in the school district.

Evidence may include:

A copy of a residential lease, rental agreement, or proof of ownership of a house or condominium, such as a deed or mortgage statement

If you do not have the documentation listed above, the District will consider other forms of documentation. You must provide at least **two** other documents as verification of residency, which may include, but are not limited to:

- pay stub
- income tax form
- utility or other bills
- membership documents based upon residency (e.g., library cards)
- voter registration document(s)
- official driver's license, learner's permit, or non-driver identification
- state or other government issued identification
- documents issued by federal, state, or local agencies (e.g., local social service agency, etc.)
- evidence of custody of the child, including but not limited to, judicial custody orders or guardianship papers

If the student is age 17 or under and not living with a parent OR is living with a non-custodial parent, the District requires the parent/guardian(s) and person(s) in parental relation to the child to provide a **notarized** affidavit indicating that they are:

- 1) the person(s) in parental relation to the child, *over whom they have total and permanent custody and control*, and describing how they obtained total and permanent custody and control, whether through guardianship or otherwise; OR
- 2) the parent(s) with whom the child lawfully resides.

**The District will also accept and consider any additional evidence of custody of the child, including but not limited to judicial orders or guardianship papers**

Affidavits are provided on the Central Registration page of the District's website, <https://www.rondout.k12.ny.us/home>. Click on "Guardianship Documentation".

The District will also accept other proof, such as documentation indicating that the child resides with a sponsor with whom the child has been placed by a federal agency (i.e., foster care).

## PROOF OF AGE

Please provide documentation establishing your child's age.

Evidence may include:

- 1) a certified transcript of a birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth. *Information about replacing a birth certificate is available through the Village and Town Clerks where the birth occurred:*  
<https://ulstercountyny.gov/countyclerk/courtrecords.html>
- 2) Where such documentation is not available, a passport (including a foreign passport) may be used.

If the birth certificate or passport is not available, the District may consider certain other evidence, which has been in existence two years or more. An affidavit of age cannot be accepted as verification. Other evidence may include, but will not be limited to the following:

- official driver's license
- state or other government issued identification
- school photo identification with date of birth
- consulate identification card
- hospital or health records
- military dependent identification card
- documents issued by federal, state, or local agencies (e.g., local social service agency, etc.)
- court orders or other court-issued documents
- Native American tribal document
- records from non-profit international aid agencies and voluntary agencies

## EVIDENCE OF IMMUNIZATIONS & PHYSICAL

In accordance with New York State Department of Health Immunization Bureau's Immunization Requirements for School Entrance/Attendance (NYS Public Health Law), the District must receive evidence that your child has been immunized. These records are necessary to ensure your child's continued attendance. *Ulster County Department of Public Health Immunization Clinic provides immunizations for children ages 18 years and younger. Information:* <https://ulstercountyny.gov/health/health-department-clinics>

Additionally, please provide record of the most recent physical examination your student has received. New York State mandates that each new student entering a public school is required to have a physical examination upon entering the District. A physical completed no more than twelve months before the first day of the school year in question will meet this requirement.

## NOTICE OF RIGHTS REGARDING REFERRAL FOR EVALUATION FOR SPECIAL EDUCATION

If you suspect that your child is in need of special education services or programs, you may refer your child to the District's Committee on Special Education for evaluation. The referral should be made to Megan Braren, Director of Pupil Personnel Services, Rondout Valley Central School District, PO Box 9 Accord, New York 12404. The New York State Education Department website has information regarding this process and your rights. A copy of the Parent Guide to Special Education may be obtained from the following websites or upon your written request to the Committee on Special Education Chairperson.

<http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>

<http://www.p12.nysed.gov/specialed/publications/policy/spanishparentguide.htm>

If you have any questions with respect to the foregoing, please contact the Pupil Personnel Services office at (845) 687-2400 ext. 4863.



## REGISTRATION APPLICATION

### STUDENT INFORMATION

**SCHOOL YEAR: 20\_\_\_\_\_ - 20\_\_\_\_\_**

<b>Student's Name:</b>		
<i>First</i>	<i>Middle</i>	<i>Last</i>
<b>Student's Address:</b>		Mailing address if different:
<b>Birth Date:</b> <i>mm / dd / yyyy</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	<b>Entering Grade:</b>
<b>Ethnic Origin:</b> (for statistical purposes only)	<b>2. Please select one or more races from the following:</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<b>1. Are you Hispanic/Latino?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

### PARENT INFORMATION

<b>Primary Phone:</b>		<b>Primary Email:</b>	
<b>Parent/Guardian Name:</b>		<b>Cell:</b>	
<i>First</i>		<i>Last</i>	
<b>Complete Address:</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
		<b>Home:</b>	
		<b>Work:</b>	
<b>Email Address:</b>		<b>Relationship to student:</b>	
<b>Parent/Guardian Employer:</b>		<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> relative <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____	
<b>Active Duty Armed Forces?</b> Branch:		Entry Date:	

  

<b>Parent/Guardian Name:</b>		<b>Cell:</b>	
<i>First</i>		<i>Last</i>	
<b>Complete Address:</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
		<b>Home:</b>	
		<b>Work:</b>	
<b>Email Address:</b>		<b>Relationship to student:</b>	
<b>Parent/Guardian Employer:</b>		<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> relative <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____ Pick up rights: yes ____ NO ____	
<b>Active Duty Armed Forces?</b> Branch:		Entry Date:	

### SCHOOL(S) PREVIOUSLY ATTENDED

Name of School	City/Town, State, Country	Grade(s)	Dates Attended

**Is this student currently suspended from his/her most recent school?**      **Yes**      **No**

## CUSTODY INFORMATION

**Information of Rights of Parent from the Family Education Rights and Privacy Act (FERPA):** An education agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding document relating to such matters as divorce, separation, or custody that specifically revokes the rights. (Authority: 20U.S.C 1232g)

**- Please inform your school of changes in custodial arrangements and provide legal paperwork as needed. -**

☐ Two Parents in Home    ☐ Divorced/Separated    ☐ Joint Custody    ☐ Single Parent    ☐ Sole Custody  
☐ Custody Transfer (i.e. Adoption)    ☐ Foster Placement (DDS-2999/3424 must be provided)    ☐ Unaccompanied Youth

Custody paperwork provided during registration?    ☐ No    ☐ Yes : \_\_\_\_\_

**Restrictions of contact and/or information:    provide legal paperwork as needed...see above (FERPA)**

☐ No Restrictions for Parents/Guardians    ☐ Custody Papers Specify Restriction    ☐ Order of Protection  
☐ Other Documentation, specify: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Person(s) Restricted: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

## SIBLING INFORMATION

**Siblings Residing in the Home:**

Last Name	First Name	Gender	DOB	Gr	Rondout Valley School
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X			
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X			
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X			
		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X			

## STUDENT SUPPORT SERVICES

Does the student have an IEP:    ☐ Yes    ☐ No    Does the student have a 504 Plan:    ☐ Yes    ☐ No

Please check any service the student currently receives:

☐ Remedial Reading    ☐ Occupational Therapy    ☐ School Counseling  
☐ Remedial Math    ☐ Physical Therapy    ☐ Counseling from an Outside Agency  
☐ ESOL    ☐ Speech Therapy    Name of Agency: \_\_\_\_\_

## STUDENT'S PHYSICIAN INFORMATION

<b>Name:</b>	<b>Phone:</b>
Name of Practice:	
Address:	
<i>Allergies/Health Concerns:</i> _____	
<i>Required Medications:</i> _____	
<i>If physical is not within one year, date of upcoming appointment:</i> _____	

## EMERGENCY CONTACT INFORMATION \* Parents/Guardians will be contacted first \*

<b>Name:</b>	<b>Cell:</b>
<b>Address:</b>	<b>Alt. Phone:</b>
	Relationship to student:
	Permitted to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No

  

<b>Name:</b>	<b>Cell:</b>
<b>Address:</b>	<b>Alt. Phone:</b>
	Relationship to student:
	Permitted to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ADDITIONAL EMERGENCY CONTACT INFORMATION

STUDENT’S NAME: \_\_\_\_\_  
First Middle Last

Name:	Cell:
Address:	Alt. Phone:
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone:
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone:
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone:
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone:
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone:
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone:
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone:
	Relationship to student:
	Permitted to pick up student: Yes No

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Date \_\_\_\_\_



**STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234**  
Office of P-12

Lisette Colón-Collins, Assistant Commissioner  
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594  
Brooklyn, New York 11217  
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB  
Albany, New York 12234  
(518) 474-8775 / Fax: (518) 474-7948

## Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:*  
*In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

**Please write clearly when completing this section.**

**STUDENT NAME:**

First Middle Last

**DATE OF BIRTH:**

Month Day Year

**GENDER:**

☐ Male  
☐ Female

**PARENT/PERSON IN PARENTAL RELATION INFO:**

Last Name First Name Relation to Student

HOME LANGUAGE CODE

### Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	_____ specify
	<input type="checkbox"/> Guardian(s)		_____ specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

### THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

**SCHOOL DISTRICT INFORMATION:**

**STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:**

District Name (Number) & School

Address

## Home Language Questionnaire (HLQ)—Page Two

### Educational History

8. Indicate the total number of years that your child has been enrolled in school \_\_\_\_\_

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes\*    No    Not sure

☐    ☐    ☐    \*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are?    ☐ Minor    ☐ Somewhat severe    ☐ Very severe

10a. Has your child ever been referred for a special education evaluation in the past?    ☐ No    ☐ Yes\* \*Please complete 10b below

10b. \*If referred for an evaluation, has your child ever received any special education services in the past?

☐ No    ☐ Yes – Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):

☐ Birth to 3 years (Early Intervention)    ☐ 3 to 5 years (Special Education)    ☐ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?    ☐ No    ☐ Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or of Person in Parental Relation

Month:    Day:    Year:  
\_\_\_\_\_  
Date

Relationship to student:    ☐ Mother    ☐ Father    ☐ Other: \_\_\_\_\_

### OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

### NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ORAL INTERVIEW NECESSARY:    ☐ No    ☐ Yes

\*\*DATE OF INDIVIDUAL  
INTERVIEW:

MO.    DAY    YR.

OUTCOME OF  
INDIVIDUAL  
INTERVIEW:

☐ ADMINISTER NYSITELL  
☐ ENGLISH PROFICIENT  
☐ REFER TO LANGUAGE PROFICIENCY TEAM

### NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE OF NYSITELL  
ADMINISTRATION:

MO.    DAY    YR.

PROFICIENCY LEVEL  
ACHIEVED ON  
NYSITELL:

☐ ENTERING    ☐ EMERGING    ☐ TRANSITIONING    ☐ EXPANDING    ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:





# Rondout Valley

Central School District

## RESIDENCY QUESTIONNAIRE

Name of LEA RONDOUT VALLEY CENTRAL SCHOOL DISTRICT

Name of Student \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade \_\_\_\_\_

Complete Address \_\_\_\_\_

Name of School \_\_\_\_\_

**The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.**

**Where is the student currently living?** (Please check one box.)

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): \_\_\_\_\_
- ☐ In permanent housing (check here if you own, lease, or share housing)

\_\_\_\_\_  
**Print Name** of Parent, Guardian, or  
Unaccompanied Youth

\_\_\_\_\_  
**Signature** of Parent, Guardian, or  
Unaccompanied Youth

\_\_\_\_\_  
Date

P.O. Box 9, 122 Kyserike Rd Accord, NY 12404

# Rondout Valley

Central School District



## RONDOUT VALLEY CENTRAL SCHOOL DISTRICT TRANSPORTATION FORM

☐ New Student ☐ Returning Student ☐ family established in district ☐ new account  
☐ Transfer Student Using school transportation? Yes or No  
If no list other form of transportation? \_\_\_\_\_

Change of Address? NO ☐ Yes ☐ proof of residency provided? \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Entering Gr: \_\_\_\_\_ School Building \_\_\_\_\_

### *Student Lives With:*

Parents (Together) Parents (Separate) Grandparent Guardian(s) Relative(s)

Parent's Name(s) \_\_\_\_\_

Guardian/Relative's Name(s) \_\_\_\_\_

Physical Address \_\_\_\_\_

City

State

Zip Code

Mailing Address (if different from physical address):

City

State

Zip Code

Primary Parent

Parent

Guardian/Relative

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

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

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

Alternate point of contact in case of emergency: Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone Number: \_\_\_\_\_



# Rondout Valley

Central School District

## ANNUAL CHILD CARE TRANSPORTATION APPLICATION FOR STUDENTS IN GRADES K-8

Only complete this form if day care transportation is requested to/from commercial or private day care.

Per NYS ED Law §3635: Child care transportation will end when your student completes eighth grade.  
Students will attend the building assigned to their home address.

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Start Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Parent/Guardian Name:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip code

Primary Contact Phone # \_\_\_\_\_

Email address \_\_\_\_\_

### Child Care Provider:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip code

Site Phone # \_\_\_\_\_

Place a check (✓) in the appropriate boxes. You must make a selection for each day of the week for both pick up & drop off.  
THIS SCHEDULE WILL PERTAIN TO THE INSTRUCTIONAL SCHOOL DAY ONLY

### BEFORE SCHOOL PICK UP

	Home	Child Care	No Transport
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

### AFTER SCHOOL DROP OFF

	Home	Child Care	No Transport
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

My signature certifies that I am the parent/legal guardian of the above student and authorized to request transportation to/from the location(s) listed above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

- The transportation requested must be on a "regular basis" meaning that the student's weekly schedule is the same for the entire school year.
- The student must board and disembark the bus from established stops.
- In accordance to NYS ED Law §3635, it is district policy to enroll students in the building assigned to their home address. Transportation to and from childcare will end when your student completes 8<sup>th</sup> grade.



# Rondout Valley

Central School District

## AUTHORIZATION FOR RELEASE OF INFORMATION

\_\_\_\_\_  
Name of Previous School

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Previous School's Address

\_\_\_\_\_  
Date of Birth mm / dd / yyyy

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Entering Grade

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

Permission is hereby given to the Rondout Valley Central School District to receive information from you and/or release information to you regarding the above-named student.

Reason for request: \_\_\_\_\_

Please forward the following information as soon as possible: (circle) email or fax preferred.

- ☐ Official Administrative Records: Name, Address, Birth Date, Grade Level
- ☐ Birth Certificate
- ☐ Immunizations and Most Recent Physical
- ☐ Attendance Records & Disciplinary Reports
- ☐ Grade K-6 students – Current Report Card
- ☐ Grade 7-12 students – Cumulative Academic Record
- ☐ Grade 9-12 – Unofficial Transcript
- ☐ NYS Assessments and/or Standardized Test Scores
- ☐ Current IEP or 504 Plan (if applicable)
- ☐ All Reports & Assessments Associated with Special Education (if applicable)
- ☐ ENL Reports and NYSESLAT Scores (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Rondout Valley Central School District Staff

Please forward records to: School Building inquiring for records – or -  
Rondout Valley Central School District  
PO Box 9 Accord, NY 12404  
Telephone: (845) 687-2400 ext. 4814  
bmarkle@rondout.k12.ny.us

Parents, guardians, or students 18 and over may receive a copy of these records and have them interpreted or have an opportunity for a hearing to challenge the contents of these records.

## **Rondout Valley Central School District**

### **4526 COMPUTER USE IN INSTRUCTION (or ACCEPTABLE USE POLICY)**

The Board of Education is committed to optimizing student learning and teaching. The Board considers student access to a computer network, including the Internet, to be a powerful and valuable educational and research tool, and encourages the use of computers and computer-related technology in district classrooms for the purpose of advancing and promoting learning and teaching.

The computer network can provide a forum for learning various software applications and through online databases, bulletin boards and electronic mail, can significantly enhance educational experiences and provide statewide, national, and global communication opportunities for staff and students.

All users of the district's computer network and the Internet must understand that use is a privilege, not a right, and that use entails responsibility. The district reserves the right to control access to the Internet for all users of its computers and network. The district may either allow or prohibit certain kinds of online activity, or access to specific websites.

Regulations and handbooks, to be developed by the Superintendent, in consultation with the Director of Technology and building principals, will provide specific guidance on this, as well as rules governing the use and security of the district's computer network. All users of the district's computer network and equipment shall comply with this policy and regulation. Failure to comply may result in disciplinary action as well as suspension and/or revocation of computer access privileges.

The Superintendent shall be responsible for designating a Director of Technology to oversee the use of district computer resources. The Director of Technology will prepare in-service programs for the training and development of district staff in computer skills, and for the incorporation of computer use in appropriate subject areas.

With increased concern about identity theft, unwarranted invasion of privacy and the need to protect personally identifiable information, prior to students being directed by staff to use any cloud-based educational software/application, staff must get approval from the Director of Technology and the Data Privacy Officer. The Data Privacy Officer will determine if a formal contract is required or if the terms of service are sufficient to address privacy and security requirements, and if parental permission is needed.

The Superintendent, working in conjunction with the designated purchasing agent for the district, the Director of Technology and the instructional materials planning committee, will be responsible for the purchase and distribution of computer software and hardware throughout district schools.

#### Cross-ref:

5300, Code of Conduct

Adoption date: 6/2/2022

## **Rondout Valley Central School District**

### **4526-R COMPUTER USE IN INSTRUCTION REGULATION**

The following rules and regulations govern the use of the district's computer network system and access to the Internet.

#### I. Administration

- The Superintendent of Schools shall designate a Director of Technology to oversee the district's computer network.
- The Director of Technology shall monitor and examine all network activities, as appropriate, to ensure proper use of the system.
- The Director of Technology shall be responsible for disseminating and interpreting district policy and regulations governing use of the district's network at the building level with all network users.
- The Director of Technology shall provide employee training for proper use of the network and will ensure that staff supervising students using the district's network provide similar training to their students, including providing copies of district policy and regulations governing use of the district's network.
- The Director of Technology shall ensure that all disks and software loaded onto the computer network have been scanned for computer viruses.
- The Data Privacy Officer will review staff requests to use 'cloud-based' educational software/applications to ensure that personally identifiable information (PII) is protected in accordance with district standards prior to student use.
- All student agreements to abide by district policy and regulations and parental consent forms shall be kept on file.

All staff will complete the required annual Information Privacy and Security Awareness training.

#### II. Internet Access

- Students will be provided Internet access for district-owned devices while on the district network. Students will be provided with individual access accounts. Students may have Internet access: for educational purposes only. Student Internet access may be restricted depending on the grade level.
- Students will be prohibited from: accessing social networking sites, purchasing or selling anything online, and accessing personal email services; Students are not to participate in chat rooms.
- Students in grades 5-12 will have an individual email address.

#### III. Acceptable Use and Conduct

- Access to the district's computer network is provided for educational purposes and research consistent with the district's mission and goals and fulfilling job responsibilities.
- Use of the district's computer network is a privilege, not a right. Inappropriate use may result in the suspension or revocation of that privilege.
- Each individual in whose name an access account is issued is responsible at all times

for its proper use.

- All network users will be issued a login name and password. Passwords must be changed periodically. All network users are expected to abide by the generally accepted rules of network etiquette. This includes being polite and using only appropriate language. Abusive or sexual language or images, vulgarities and swear words are all inappropriate.
- Network users identifying a security problem on the district's network must notify the appropriate teacher, administrator or Director of Technology. Under no circumstance should the user demonstrate the problem to anyone other than to the district official or employee being notified.
- Any network user identified as a security risk or having a history of violations of district computer use guidelines may be denied access to the district's network.

#### IV. Prohibited Activity and Uses

The following is a list of prohibited activity concerning use of the district's computer network. Violation of any of these prohibitions may result in discipline or other appropriate penalty, including suspension or revocation of a user's access to the network.

- Using the network for commercial activity, including advertising.
- Infringing on any copyrights or other intellectual property rights, including copying, installing, receiving, transmitting, or making available any copyrighted software on the district computer network.
- Using the network to receive, transmit or make available to others obscene, offensive, or sexually explicit material.
- Using the network to receive, transmit or make available to others' messages that are racist, sexist, abusive or harassing to others.
- Using another user's account or password.
- Attempting to read, delete, copy or modify the electronic mail (e-mail) of other system users and deliberately interfering with the ability of other system users to send and/or receive email.
- Forging or attempting to forge e-mail messages.
- Engaging in vandalism. Vandalism is defined as any malicious attempt to harm or destroy district equipment or materials, data of another user of the district's network or of any of the entities or other networks that are connected to the Internet. This includes, but is not limited to, creating and/or placing a computer virus on the network.
- Using the network to send anonymous messages or files.
- Using the network to receive, transmit or make available to others a message that is inconsistent with the district's Code of Conduct.
- Revealing the personal address, telephone number or other personal information of oneself or another person.
- Taking pictures, recording audio or videos without the permission of all parties.
- Using the network for sending and/or receiving personal messages.
- Intentionally disrupting network traffic or crashing the network and connected systems.
- Installing personal software, hardware or using removable media devices on the district's computers and/or network. Using district computing resources for commercial or financial gain or fraud.
- Stealing data, equipment, or intellectual property.
- Gaining or seeking to gain unauthorized access to any files, resources, or computer or

- phone systems, or vandalize the data of another user.
- Wastefully using finite district resources.
- Changing or exceeding resource quotas as set by the district without the permission of the appropriate district official or employee.
- Using the network while access privileges are suspended or revoked.
- Using the network in a fashion inconsistent with directions from teachers and other staff and generally accepted network etiquette.

#### V. No Privacy Guarantee

All users using the district's computer network should not expect, nor does the district guarantee privacy for electronic mail (e-mail) or any use of the district's computer network. The district reserves the right to access and view any material stored on district equipment, district-owned cloud services or any material used in conjunction with the district's computer network.

#### VI. Sanctions

All users of the district's computer network and equipment are required to comply with the district's policy and regulations governing the district's computer network. Failure to comply with the policy or regulation may result in disciplinary action as well as suspension and/or revocation of computer access privileges.

In addition, illegal activities are strictly prohibited. Any information pertaining to or implicating illegal activity will be reported to the proper authorities. Transmission of any material in violation of any federal, state and/or local law or regulation is prohibited. This includes, but is not limited to materials protected by copyright, threatening or obscene material or material protected by trade secrets. Users must respect all intellectual and property rights and laws.

#### VII. District Responsibilities

The district makes no warranties of any kind, either expressed or implied, for the access being provided. Further, the district assumes no responsibility for the quality, availability, accuracy, nature, or reliability of the service and/or information provided. Users of the district's computer network and the Internet use information at their own risk. Each user is responsible for verifying the integrity and authenticity of the information that is used and provided.

The district will not be responsible for any damages suffered by any user, including, but not limited to, loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence or the errors or omissions of any user. The district also will not be responsible for unauthorized financial obligations resulting from the use of or access to the district's computer network or the Internet.

Further, even though the district may use technical or manual means to regulate access and information, these methods do not provide a foolproof means of enforcing the provisions of the district policy and regulation.

Adoption date: 6/2/2022



**(PLEASE PRINT)**

\_\_\_\_\_  
**Student Last Name**

\_\_\_\_\_  
**Student First Name**

**Student Grade Level** \_\_\_\_\_

**Building** (select or circle one)

High School

Intermediate school

Junior High School

Kerhonkson Elementary

Marbletown Elementary

**RONDOUT VALLEY CENTRAL SCHOOL DISTRICT  
PARENT/ GUARDIAN AGREEMENT FORM**

I have read and understand the Rondout Valley Central School District Acceptable Use Policy regarding use of the District's computer system. By signing this User Agreement form, I give approval for my child to be permitted access to the Rondout Valley Central School District's computer systems.

I understand that my child's access to the network is designed solely for educational purposes and research consistent with the district's mission and goals.

I authorize the Rondout Valley School District's staff to monitor any communications to or from my child on the District's network and Internet.

I further understand that any violation of the provisions in the Acceptable Use Policy, including but not limited to, copyright violation, online bullying, inappropriate use of any technological device, inappropriate email and/or use of the Internet, etc., by my child will result in counseling, disciplinary action, and/or possible legal action.

**Parent /Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Year : 2022 - 2023**

**Grade:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**iPad or Chromebook Model:**

**Serial #:**

**Asset Tag #:**

## Rondout iPad and Chromebook Procedures

- The Rondout iPad or Chromebook you have been given is yours to use as long as you are a student in the Rondout Valley Central School District subject to your compliance with all rules established by the District regarding such use.
- Your use and possession of the iPad or Chromebook is a privilege that is subject to revocation if deemed by the District.
- Routine care (keeping it safe and clean) of the iPad or Chromebook is the responsibility of the student. Never use chemicals on the screen.
- Only district owned and approved apps are to be installed on the iPad or Chromebook.
- If repairs are necessary, the iPad or Chromebook must be repaired through the Rondout Technology Department so as not to void our warranty.
- The student will not permit any other person to possess or use the iPad or Chromebook.
- No stickers, writing or other paraphernalia may be placed/attached on the iPad, Chromebook or iPad case.
- The Rondout Valley asset tag is to remain on the iPad or Chromebook at all times.
- Personal business such as music, games, or personal email is not allowed.
- When classes are in session you must bring your iPad or Chromebook to school every day and it should be fully charged.
- The iPad or Chromebook, including its contents, may be subjected to inspection at any time by the District.
- If your iPad or Chromebook is lost, stolen, or broken, you will report it immediately to a school building administrator.
- At the end of the school year, the iPad or Chromebook, all chargers, charging cables, and case must be returned in good working condition.
- You will be financially responsible for items that are not returned or which are damaged as a result of neglect or abuse.
- Jail breaking or modifying the iPad or Chromebook security is not allowed. Students will be subjected to disciplinary action and will be responsible for any damages that might occur.
- The iPad case and cover provided by RVCSD must remain on the iPad at all times.
- If I leave the District, I will return the iPad to the Technology Department.

Should there be any questions regarding this form please contact 845-687-2400, ext. 4842.

I agree to comply with all of the above terms and conditions of iPad use.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Parent/Guardian's Name** \_\_\_\_\_

P.O. Box 9, 122 Kyserike Rd Accord, NY 12404

# Rondout Valley



Central School District

## ATHLETIC FORM

Students in grades 7-12

DATE: \_\_\_\_\_

### CURRENT INFORMATION

Name of Student: \_\_\_\_\_

Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Year entered 9<sup>th</sup> Grade: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Date of Move: \_\_\_\_\_ Date of Transfer to Rondout Valley HS: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

### PREVIOUS INFORMATION

Home Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

Years Attended: \_\_\_\_\_

\_\_\_\_\_

### ATHLETIC PARTICIPATION RECORD

Grade	Sport(s) and Level(s)	School
-------	-----------------------	--------

_____	_____	_____
-------	-------	-------

7 <sup>th</sup> .	_____	_____
-------------------	-------	-------

8 <sup>th</sup> .	_____	_____
-------------------	-------	-------

9 <sup>th</sup> .	_____	_____
-------------------	-------	-------

10 <sup>th</sup> .	_____	_____
--------------------	-------	-------

11 <sup>th</sup> .	_____	_____
--------------------	-------	-------

12 <sup>th</sup> .	_____	_____
--------------------	-------	-------

Expected Date of Graduation: \_\_\_\_\_



PO BOX 9  
ACCORD, NY 12404  
(845) 687-2400

Joseph Morgan, Ed.D.  
Superintendent  
Ext. 4803

Lisa I. Pacht  
Assistant Superintendent  
Ext. 4805

Meg Braren  
Assistant Superintendent  
Ext. 4863

Alyssa Hasbrouck  
School Business Official  
Ext. 4812

Nicole Kappes-Levine  
Director of DEI  
Ext. 4114

#### OPTIONAL

No action is necessary if you grant permission for your child's name/photograph to be used as described below.

Dear Parent/Guardian,

Our district likes to celebrate student's achievements, activities, and opportunities by sharing them with our community. We do this in many ways, such as (but not limited to) school and/or district newsletters, the district's website, and the district's official social media sites.

Parents who **OBJECT** to the use of their child's name and/or photograph being used must send written notification to their child's building principal. Notification should be received by October 1 and must be updated yearly. Unless otherwise directed, prior year's permission will be in effect until this date. Returning this form to your child's building principal will serve as written notification that you **OBJECT** to the use of your child's name and/or photograph being used.

**Please complete the following ONLY if you DENY permission for your child to be included.**

- ☐ **I OBJECT** to the use of my child's name only, but a photograph/video alone is fine.
- ☐ **I OBJECT** to both my child's photograph/video and his/her name being used for any of the above uses.

***If you return this form with neither of the above boxes checked, it will be understood that permission has been granted.***

Child's Name: \_\_\_\_\_

Child's School: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Rondout Valley

Central School District

## MEDICAL INFORMATION

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ ID# \_\_\_\_\_

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
mm / dd / yyyy

Name of Parent/Guardian Completing Form \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ / \_\_\_\_\_  
(Home address) (Primary phone) (Secondary Phone)Parent/Guardian Name \_\_\_\_\_ / \_\_\_\_\_  
(Home address if different than above) (Primary phone) (Secondary Phone)

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Phone \_\_\_\_\_

1. Any known allergies to foods, bee/insect stings, latex, medicines, environmental, etc.? <input type="checkbox"/> Describe reaction: (local swelling, hives, face swelling) _____ <input type="checkbox"/> Are emergency medications required? <b>Yes No</b>	Yes	No
2. Sustained any injury or illness which required medical attention and/or hospitalization or surgery? If yes, your child may need to be cleared with a medical doctor's note to participate in sports/gym.	Yes	No
3. Is your child under a physician's care now for any existing problem? If yes, please explain below.	Yes	No
4. Absence or loss of function for eye, kidney, testicle, or other organ?	Yes	No
5. Requires any ongoing medication at home or school? Please list below.	Yes	No
6. Has asthma? If yes, are emergency meds required? <b>Yes No</b>	Yes	No
7. Had seizures, concussion, loss of consciousness, or has a neurological condition?	Yes	No
8. Has diabetes?	Yes	No
9. Has recurrent headaches? Explain below (frequency, intensity, any medication).	Yes	No
10. Complained of chest pain or fainting during physical exertion?	Yes	No
11. Has heart disease, murmur, or irregular heart beat?	Yes	No
12. Wears orthodontic braces? <input type="checkbox"/> Is a specialized mouthpiece from an orthodontist required for sports/PE? <b>Yes No</b>	Yes	No
13. Had any teeth capped or replaced artificially?	Yes	No
14. Wears glasses? <input type="checkbox"/> For sports? <b>Yes No</b> <input type="checkbox"/> If yes, are glasses impact resistant? <b>Yes No</b> <input type="checkbox"/> Contact lenses? <b>Yes No</b> If yes, how long?	Yes	No
15. Wears hearing aid devices? If yes, type?	Yes	No
16. Is there any medical condition or restriction which may be made worse by playing sports/PE?	Yes	No
17. Required by medical doctor to wear brace/support device to play sports/PE?	Yes	No
IF ANSWER IS YES TO ANY OF THE QUESTIONS ABOVE, EXPLAIN BY NUMBER AND GIVE DATE OF OCCURRENCE: _____ _____		

I certify that the above information is true and accurate and understand that it will be relied upon by the Rondout Valley Central School District. If medication is prescribed (only valid for current school year) on the health appraisal form completed by the health care provider, I authorize the school nurse to administer the prescribed medication as directed by the health care provider. I authorize the school nurse to contact the health care provider regarding information on this form and the health appraisal form for one calendar year from the date I signed below.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director.



# Rondout Valley

Central School District

Your healthcare provider will require this release of information form to share protected medical information with the school district. Please sign below to assist your school nurse in obtaining the information required by New York state for your child to attend school. If your child requires medication in school, please also sign the permission below.

## AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, \_\_\_\_\_ authorize my child's healthcare provider(s) listed below to release the medical records of my child, \_\_\_\_\_, to the district's medical officer and school nurse:

Name \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

The healthcare provider may disclose the following protected health information in order for my child to be in compliance with New York state mandated requirements for school attendance and medication administration in school:

- ☐ Immunizations
- ☐ Health Appraisals
- ☐ Medication Orders
- ☐ Other: \_\_\_\_\_

☐ This authorization is valid for my child's entire enrollment in the Rondout Valley Central School District.

☐ This authorization is valid until this date: \_\_\_\_\_.

I acknowledge that I have the right to revoke this authorization at any time by sending written notification to the privacy officer at my healthcare provider's office and to the district's Central Registration office.

I understand that the revocation of this authorization is not effective if the healthcare provider or district has used the authorization for disclosure of the protected health information before receiving my written revocation notice.

I understand that any protected health information disclosed as a result of this authorization to anyone not covered by the state and federal privacy laws and regulations may be subject to re-disclosure and may no longer be protected by federal or state law.

I understand that my child's treatment is not dependent on my agreement to release or withhold information.

Date

Signature of Parent or Guardian

Relationship

### For medication and therapy administration in school:

I give permission for my child to receive medication or therapy as prescribed by my healthcare provider.

Date

Signature of Parent or Guardian

Relationship

### YOU MAY REFUSE TO SIGN THIS AUTHORIZATION

This authorization will be placed in student's health record and a copy is available upon request.

<b>REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM</b> <b>TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR</b> <b>IF AN AREA IS NOT ASSESSED INDICATE NOT DONE</b>					
<b>Note:</b> NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).					
<b>STUDENT INFORMATION</b>					
Name				Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
School:				DOB:	
				Grade:	
				Exam Date:	
<b>HEALTH HISTORY</b>					
<b>Allergies</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached			
<b>Asthma</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached			
<b>Seizures</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> Medication/Treatment Order Attached		Date of last seizure: <input type="checkbox"/> Seizure Care Plan Attached	
<b>Diabetes</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached			
<b>Risk Factors for Diabetes or Pre-Diabetes:</b> <i>Consider screening for T2DM if BMI% &gt; 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.</i>					
<b>BMI</b> _____ kg/m2					
<b>Percentile (Weight Status Category):</b> <input type="checkbox"/> <5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> -49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> -84 <sup>th</sup> <input type="checkbox"/> 85 <sup>th</sup> -94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> -98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and>					
<b>Hyperlipidemia:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Done			<b>Hypertension:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Done		
<b>PHYSICAL EXAMINATION/ASSESSMENT</b>					
<b>Height:</b>		<b>Weight:</b>		<b>BP:</b>	
				<b>Pulse:</b>	
				<b>Respirations:</b>	
<b>Laboratory Testing</b>		<b>Positive</b> <b>Negative</b>		<b>Date</b>	
TB- PRN		<input type="checkbox"/>		<input type="checkbox"/>	
Sickle Cell Screen-PRN		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Lead Level Required Grades Pre- K &amp; K</b>				<b>Date</b>	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 5$ $\mu\text{g/dL}$					
<input type="checkbox"/> <b>System Review and Abnormal Findings Listed Below</b>					
<input type="checkbox"/> HEENT		<input type="checkbox"/> Lymph nodes		<input type="checkbox"/> Abdomen	
<input type="checkbox"/> Dental		<input type="checkbox"/> Cardiovascular		<input type="checkbox"/> Extremities	
<input type="checkbox"/> Neck		<input type="checkbox"/> Lungs		<input type="checkbox"/> Back/Spine	
		<input type="checkbox"/> Genitourinary		<input type="checkbox"/> Skin	
				<input type="checkbox"/> Neurological	
				<input type="checkbox"/> Speech	
				<input type="checkbox"/> Social Emotional	
				<input type="checkbox"/> Musculoskeletal	
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:				Diagnoses/Problems (list) <span style="float: right;">ICD-10 Code*</span>	
<input type="checkbox"/> Additional Information Attached				*Required only for students with an IEP receiving Medicaid	

Name:			DOB:	
<b>SCREENINGS</b>				
<b>Vision</b>	<b>Right</b>	<b>Left</b>	<b>Referral</b>	<b>Notes</b>
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
<b>Hearing</b>	<b>Right dB</b>	<b>Left dB</b>	<b>Referral</b>	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Scoliosis</b> Required for boys grade 9	<b>Negative</b>	<b>Positive</b>	<b>Referral</b>	
And girls grades 5 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		
<b>Recommendations:</b>				
<b>RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK</b>				
<input type="checkbox"/> <b>Full Activity</b> without restrictions including Physical Education and Athletics.				
<input type="checkbox"/> <b>Restrictions/Adaptations</b> Use the Interscholastic Sports Categories (below) for Restrictions or modifications				
<input type="checkbox"/> <b>No Contact Sports</b> <b>Includes:</b> baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling				
<input type="checkbox"/> <b>No Non-Contact Sports</b> <b>Includes:</b> archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field				
<input type="checkbox"/> <b>Other Restrictions:</b>				
<input type="checkbox"/> <b>Developmental Stage for Athletic Placement Process ONLY</b> Grades 7 & 8 to play at high school level <b>OR</b> Grades 9-12 to play middle school level sports Student is at <b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> <b>Accommodations:</b> Use additional space below to explain				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Brace*/Orthotic         </div> <div> <input type="checkbox"/> Colostomy Appliance*         </div> <div> <input type="checkbox"/> Hearing Aids         </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Insulin Pump/Insulin Sensor*         </div> <div> <input type="checkbox"/> Medical/Prosthetic Device*         </div> <div> <input type="checkbox"/> Pacemaker/Defibrillator*         </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Protective Equipment         </div> <div> <input type="checkbox"/> Sport Safety Goggles         </div> <div> <input type="checkbox"/> Other:         </div> </div>				
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
<b>MEDICATIONS</b>				
<input type="checkbox"/> <b>Order Form for Medication(s) Needed at School attached</b>				
List medications taken at home:				
<b>IMMUNIZATIONS</b>				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Record Attached         </div> <div> <input type="checkbox"/> Reported in NYSIS         </div> <div>           Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No         </div> </div>				
<b>HEALTH CARE PROVIDER</b>				
Medical Provider Signature:			<b>Date:</b>	
Provider Name: <i>(please print)</i>			Stamp:	
Provider Address:				
Phone:				
Fax:				
<b>Please Return This Form To Your Child's School When Entirely Completed.</b>				





## DENTAL HEALTH CERTIFICATE

New York State Education Law Article 19 § 903 states a Dental Health Certificate is requested to be furnished by the student at the same time that a Health Appraisal is required and must:

- be signed by a licensed dentist
- be no older than the 12 months prior to the beginning of the current school year; therefore, the certificate must be dated after September 1<sup>st</sup> of the previous school year
- describe the dental health condition at the time of the exam
- state that student is in fit condition of dental health to permit school attendance

SCHOOL \_\_\_\_\_

GRADE \_\_\_\_\_

### TO BE COMPLETED BY PARENT/GUARDIAN

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

I authorize my child's dental care provider(s) to release the dental information requested on this form per New York State Education Law Article 19 § 903 to the school nurse and district medical officer and authorize the school nurse/district medical officer to contact the dental provider regarding information on this form for one calendar year from the date I signed.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DENTAL HEALTH INFORMATION (TO BE COMPLETED BY DENTIST)

Assessment Date: \_\_\_\_\_

- ☐ Visible fillings and/or restoration(s) present: \_\_\_\_ Yes \_\_\_\_ No
- ☐ Untreated caries present: \_\_\_\_ Yes \_\_\_\_ No
- ☐ Treatment Urgency: \_\_\_\_ No obvious problem found  
\_\_\_\_ Dental care recommended  
\_\_\_\_ Urgent care needed

Student is in fit condition of dental health to attend school: \_\_\_\_ Yes \_\_\_\_ No *If No, Plan of Action:* \_\_\_\_\_

\_\_\_\_\_  
Dental Professional Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

OR

\_\_\_\_\_  
Office Stamp