



OSSINING UNION FREE SCHOOL DISTRICT

Park Early Childhood Center
22 Edward Street
Ossining, New York 10562
Telephone: (914) 762-5850
Fax:(914) 941-2042

Ossining Children Center
32 State St.
Ossining, New York 10562
Telephone: (914) 941-0230
Fax:(914) 923-1027

Melisa Stoller
Assistant Principal

Howard Milbert
Executive Director

January, 2021

Dear Parents,

Welcome to Park School and Pre-Kindergarten. Our relationship will set the stage for a successful educational journey in the Ossining School District. Pre-Kindergarten will prove to be a year of growth emotionally, socially and academically. We are committed to working with you to ensure that your child has a healthy and happy first experience in our school district.

Students are enrolled to attend Park School or our partner, the Ossining Children's Center. Students are placed in classes of 18 children with one teacher and one teaching assistant. Each class will be balanced by gender, ratio, ethnicity, English proficiency, special services, and screening results.

In addition, Pre-Kindergarten represents the first entrance into the District's Dual Language program. An application to this program is included in our online registration. Selection for Dual Language is made by lottery, creating balanced classes for English-speaking and Spanish-speaking children. Dual Language is only at the Park School location. You will be notified about this program in your placement letter which you will receive in August.

September will be here before we know it. **We look forward to completing the Online registration process** with you and welcome your questions and participation.

Sincerely,

Melisa Stoller
Assistant Principal

Howard Milbert
Executive Director

Park Early Childhood Center

Registration 2021-2022

The Park Early Childhood Center houses Pre-Kindergarten and Kindergarten. Official registration within the School District is required to attend Park School. The process of registration requires several steps:

- Completing an online application.
- After completing an online application making an appointment to review your information
- Attending a screening appointment for your child, scheduled at the Main Office. This information will be shared with you via e-mail
- Be aware that in the month of May new proofs of residencies will be required

Where can I find the application?

Applications are available on Park School's website <http://park.ossiningufsd.org/> Registrations will be available online on **January 7th, 2021**. As soon as you complete the application online, call the school to schedule an appointment to review the application's completion. After reviewing the online information with a staff member, you will receive your final appointment to complete the last step of the registration. If you have any questions you can reach the Main Office by calling 762-5850 and speaking with Ms. Frida Nuñez at Ext 6301 or Marcia Velasquez at Ext 6302.

Pre-Kindergarten

Parent Information Night	March 9, 2021	6:00 PM
Dual Language Night	March 15 th , 2021	6:00 PM

Dual Language Program

Placement in the Dual Language program begins in Pre-Kindergarten. There are many more applicants than openings, so we hold a Lottery to determine which children will enter the program. Be sure to highlight your interest in being considered for Dual Language by completing and submitting a Dual Language Program Online application.

Placement

Classroom assignments are carefully considered. We do not accept request for teachers. We make every effort to place your child with one friend, **but that is not always possible**. Placement announcements are as follows:

All Placement letters for Pre-K will be mailed in late August 2021

Bus Orientation

Pre-Kindergarten children are invited to take a ride on our buses during Bus Orientation. The date and time for the Bus Orientation will be announced in the summer.

Park Early Childhood Center

State-Funded Pre-Kindergarten Guidelines 2021-2022

The Ossining Pre-Kindergarten program is a New York State-funded program. Any child residing in Ossining, who will be four years old on or before December 1, 2021 is eligible for Pre-Kindergarten. The Pre-Kindergarten funding and guidelines enable Park School to register 288 children as follows:

- 45% students selected according to need
- 55% selected by lottery (including those attending the collaborating early childhood center)
- 234 Students will attend Park Early Child School Center
- 54 students will attend Ossining Children Center

If applications exceed 288 a lottery will occur after March 1 . We encourage families to complete all applications by that date. **Incomplete applications will not be accepted.**

New York State Pre-Kindergarten guidelines require collaboration with a community-based organization in the delivery of Pre-Kindergarten services. Based on the Pre-Kindergarten funding requirements, a pre-determined number of children will receive all Pre-Kindergarten instruction and services at the Ossining Children Center rather than at Park School.

All registrations for Pre-Kindergarten are conducted through Park School regardless of the site where Pre-K services will be delivered. You will be asked to complete an application and attend a screening appointment in the spring.

Should you have any questions, please call the Main Office at Park School, and we will be happy to help.



OSSINING UNION FREE SCHOOL DISTRICT

Mr. Jim Minihan
Director of Transportation

PROCEDURES FOR TRANSPORTATION CHANGES

If you are making changes to your child's transportation you must come into the transportation office and file a Bus Stop Change Request form.

The deadline for all requests, to be in place for the start of the 2021-2022 school year is August 6, 2021. Late requests will not go into effect until Monday September 20, 2021.

All late requests will be handled on a "first come first served" basis. Once all the available seats on a bus have been taken, no more requests will be honored unless space becomes available.

All questions should be directed to the Transportation Department at: 914-941-7700



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OSSINING, NEW YORK 10562

Ossining Union Free School District
400 Executive Boulevard, Ossining, New York, 10562
www.ossiningufsd.org
(914)941-7700 x1345

NEW STUDENT REGISTRATION

Welcome to the Ossining Union Free School District. In order to safeguard the health of your child/children, to place your child/children in the most appropriate program, and to conform with New York State law and District Policy, we will need certain information and records. In order to complete the enrollment process, this information and the District's registration packet must be completed and submitted to the District Registrar. The registration packet may be obtained from the District's website or from the District Registrar.

These documents must be submitted at the time of registration in order for the District to make a timely determination as to the student's entitlement to attend District schools.

1. **Documentation of age** - In order to determine, for instance, the programming needs of your child/children, you will need to provide proof of age by providing an original or certified transcript of a birth certificate or record of baptism (including an original or certified transcript of a foreign birth certificate or record of baptism) giving the date of birth.

Where the above are not available, the School District may consider certain other documents/records in existence two years or more to determine age. One or more of these documents may be necessary. The documents are 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 (for instance, local social services agency, Federal Office of Refugee Resettlement)
- court orders or other court-issued documents
- Native American tribal document
- records from non-profit international aid agencies and voluntary agencies

Note: The School District may need to verify these documents/records



2. Proof of Residency is required. *According to NY State Law. In order to register your child/children in the School District, you must be physically domiciled at your address within the School District's geographic boundaries.*

You should provide at least one (1) item from Section A AND three (3) items from Section B; if you cannot provide an item from Section A, you will need to provide four (4) items from Section B.

Section A	Section B
<p>1) Copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement</p> <p>2) a statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share property within the district</p> <p>3) such other statement by a third-party establishing parent(s) or person(s) in parental relation physical presence in the School District</p> <p><i>Note: The Ossining School District reserves the right to contact any individual who provides a statement attesting to the physical presence in the School District of the parent(s) or persons(s) in parental relation to the student requesting enrollment.</i></p>	<p>1) pay stub</p> <p>2) income tax form(s)</p> <p>3) Utility bill or other bills (e.g., power company, cable, National Grid, etc.).</p> <p>4) membership documents that are based upon residency (e.g., library cards)</p> <p>5) voter registration document(s)</p> <p>6) official driver's license, learner's permit or non-driver identification</p> <p>7) documents issued by federal, state or local agencies (for instance, local social services agency, federal Office of Refugee Resettlement)</p> <p>8) evidence of custody of the child/children, including, but not limited to judicial custody orders or guardianship papers</p> <p>9) Other forms of documentation and/or information establishing parent(s) or person(s) in parental relation physical presence in the School District.</p>

If you have any questions regarding the fulfillment of the District's residency requirements or are homeless, please contact the District Registrar.

3. Report Card (most recent) from the school the student is currently enrolled. Note: For high school students, please provide a transcript with all grade levels attended as well as a schedule of current courses the student has taken within the current year. If applicable, please provide copy of IEP, 504 Accommodation Plan, or other applicable documents. A release for education records from the former school (if any) will need to be completed.

4. Immunizations: Details of all public health requirements are outlined in the registration packet. The school nurse will review and approve immunization records prior to the enrollment of new students.

5. Parent(s)/Guardian(s) shall provide proper proof of parental relationship - The School District may require the parent(s) or person(s) in parental relation to provide the School District with an affidavit either: (1) indicating that they are the parent(s) with whom the child/children lawfully resides; or (2) indicating that they are the person(s) in parental relation to the child/children, over whom they have a total and permanent custody and control, and describing how they obtained total and permanent custody and control, whether through guardianship or otherwise. The School District may also accept other proof, such as documentation indicating that the child/children resides with a sponsor with whom the child/children has been placed by a federal agency. Please contact the District Registrar for additional information.

6. Please contact The District Registrar, at (914) 941-7700 x1345 to set up an appointment to enroll the student(s). The office of the District Registrar is located at 400 Executive Boulevard, Ossining, New York.

PLEASE BE ADVISED THAT IN ORDER FOR YOUR CHILD/CHILDREN TO ATTEND THE OSSINING UNION FREE SCHOOL DISTRICT, YOU AND YOUR CHILD/CHILDREN MUST BE RESIDENTS OF THE SCHOOL DISTRICT.

Section 210.45 of the Penal Law of the State of New York prohibits the making of a false written statement. Therefore, your statements contained in your registration application must be true and accurate. If the School District determines at any time that you are not a resident of the School District, your child/children will be excluded from the School District. Further, you will be liable to the School District for payment of tuition from their date of enrollment through their date of exclusion, as well as the costs of collection.



OSSINING UNION FREE SCHOOL DISTRICT
 OSSINING, NEW YORK 10562

FOR SCHOOL USE ONLY		Version 1.2013
STUDENT ID#: _____		
DATE OF ENTRY: _____		
SCHOOL/PROGRAM: _____		
ETHCD _____	ELL _____	D/L _____ CSE _____ CPSE _____
RCCD _____ HLSTAC _____ DSS2999 _____		

PUPIL REGISTRATION FORM

_____ Gender: M/F DOB ____/____/____
Last name First name Middle Name

_____ City _____ State _____ Zip _____
Address Apt#

Ethnicity: Hispanic/Latino or of Spanish origin? Yes No
 Race: (Choose all that apply)
 (A) Asian (H) Black or African American (N) Native Hawaiian or Other Pacific Islander (I) American Indian/Alaskan Native (W) White

PREVIOUS SCHOOL INFORMATION

Schools Attended	Grade <i>(Last Completed)</i>	Dates To/From <i>(most recent first)</i>	City/State/Country	Special Programs <i>(ESL, Special Education, etc.)</i>

PARENT/GUARDIAN INFORMATION

Parent Guardian 1: Please circle one: Mr. Mrs. Ms. Dr./Mrs. Dr./Mr.
 Last Name: _____ First Name: _____ Relationship: _____
 Address: _____
 Email Address: _____
 Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____
 DOB: _____ Marital Status: Married Divorced Separated Widowed
 Mail copies of grades and other student correspondence: Yes No

Parent Guardian 2: Please circle one: Mr. Mrs. Ms. Dr./Mrs. Dr./Mr.
 Last Name: _____ First Name: _____ Relationship: _____
 Address: _____
 Email Address: _____
 Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____
 DOB: _____ Marital Status: Married Divorced Separated Widowed
 Mail copies of grades and other student correspondence: Yes No

PREVIOUS ADDRESS INFORMATION

Dates To/From <i>(most recent first)</i>	Address	City/State/Zip/Country



**OSSINING UNION FREE SCHOOL DISTRICT
OSSINING, NEW YORK 10562**

List other school-aged or pre-school children living in student's household:

Name	Date of Birth	School	Grade

Student resides with:

- Both Parents
 Mother Only
 Father Only
 Mother/Step-Father
 Father/Step-Mother
 Foster Parents
 Other (See Special Home Circumstance Section Below)

This questionnaire is intended to address the McKinney-Vento Homeless Assistance Improvements Act 42, U.S.C. 11435. Your responses to this questionnaire will help our district determine which services your child may be eligible to receive.

1. Is your current address a temporary living arrangement? Yes No
 2. If so, is this temporary living arrangement due to loss of housing or economic hardship? Yes No

IF you answered YES to the above questions, please complete the remainder of this form
 If you answered NO, please continue to the next section.

Please check the box that best describes where this student currently lives:

- In a shelter In a motel or hotel In a transitional housing program
 In a car, trailer or campsite In a single room In a rented garage due to loss of housing
 In a rented trailer/motor home on private property Awaiting foster placement
 Temporarily with an adult that is not the parent/legal guardian of child, due to loss of housing
 Temporarily in another family's house or apartment due to loss of housing
 Other place unfit for human habitation
 NONE OF THESE CHOICES APPLY

COMPLETE IF A SINGLE PARENT, LEGAL GUARDIAN, FOSTER PARENT OR AGENCY

If separated or divorced, other parent will have the right to visit student in school and have access to student's records unless we have a legal document indicating otherwise. Please indicate any restriction in the area below and provide a copy of legal document, if applicable.

Legal custody of child is with _____ Is there a joint custody arrangement? _____

List any restrictions other parent has regarding child _____

List type and date of legal document provided _____

IF YOU ARE A GUARDIAN PLEASE COMPLETE THE FOLLOWING

Name of child's natural parent(s) _____ Address or whereabouts _____

Official Document indicating custody and restrictions, etc., if any _____

If you are a Foster Parent or Foster Care Agency you must complete the following or registration will be held until all missing information is provided. Also, a DSS-3999 Form and a letter verifying information below are required or registration will be held.

Name of Foster Parent(s) _____

Name of Agency _____ Agency Code # _____

Agency Address _____ Type of Agency _____

Case Worker and/or Social Worker _____ Phone _____

DSS Case # _____ CIN# _____ CB# _____

Date child was placed at current location _____ Date at previous location _____



HEALTH HISTORY FORM

Student's Name _____ Date of Birth _____ Phone _____

Allergies Food: _____
 Bees/Insects: _____ Medications: _____
 Other: _____

If the student has any of the following please check/supply dates:

	Yes	No		Yes	No
Asthma			Lyme Disease		
Cancer			Operations		
Chicken Pox			Physical Disabilities/Handicaps		
Crohn's/Ulcerative Colitis			Pneumonia		
Diabetes			Rheumatic Fever		
Ear Problems/Hearing Loss			Scars		
Epilepsy/Seizures			Scoliosis		
Fractures/Broken Bones			Serious Injuries		
Hay Ever, recurrent			Sickle Cell Trait/Disease		
Head Injury			Speech Problem		
Heart disease/Marfan's/Murmur			Tuberculosis		
Kidney Disease			Other Diseases		

If you answered "yes" to any of the conditions listed above, please explain in the space below:

Does your child take any medication? _____ If yes, what and when? _____

Does your child wear eyeglasses? _____ If yes, when? _____

List any special concerns that the teacher should be aware of (i.e. health, social, academic)

Social (shy, etc.) _____

Academic (reading assistance, gifted and talented, etc.) _____

Child's Physician _____ Phone (____) _____

Child's Dentist _____ Phone (____) _____

EMERGENCY CONTACTS

1. _____ Relationship _____

Cell Phone (____) _____ Work Phone (____) _____

2. _____ Relationship _____

Cell Phone (____) _____ Work Phone (____) _____

I authorize the Ossining Union Free School District to share information from my child's health records with staff as needed for his/her support while at school.

Signature of Parent/Guardian _____ Date _____ Relationship _____



**OSSINING UNION FREE SCHOOL DISTRICT
OSSINING \, NEW YORK 10562**

Note: This guide is for information purposes only. It does not take the place of child's doctor reviewing his/her immunization record and OUFSD school nurse approving the immunization record provided at registration. For schedule footnotes and further information, refer to the PVC chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) ²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older	3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap) ³		Not applicable	1 dose	
Polio vaccine (IPV/OPV) ⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older	4 doses or 3 doses if the 3rd dose was received at 4 years or older	3 doses
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose		2 doses	
Hepatitis B vaccine ⁶	3 doses	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years	
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses		1 dose
Meningococcal conjugate vaccine (MenACWY) ⁸		Not applicable	Grades 7, 8, 9 and 10: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses			Not applicable
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses			Not applicable



Parent or Guardian Section

O.W.L. Net - Computer Network Acceptable Use Policy:

I, _____ have read the guidelines in the
Ossining Union Free School District Computer Network Acceptable Use Policy. I have discussed the
rights and responsibilities with my child.

I give permission for my child to have access to the Ossining Union Free School District Network, the
Internet and e-mail.

Parent / Guardian Signature

Student Signature if over 3rd grade

District Code of Conduct Policy:

I, _____, and my child have received a copy of the
Ossining Union Free School District CODE OF CONDUCT Summary. I understand that the
OUPSD CODE OF CONDUCT applies to all students in the school district.

Parent / Guardian Signature

Student Signature if over 3rd grade



OSSINING UNION FREE SCHOOL DISTRICT
OSSINING, NEW YORK 10562

**Federal Family and Educational Rights Privacy Act (FERPA)
CONSENT TO RELEASE STUDENT INFORMATION/EDUCATION RECORDS**

I, _____, eligible student or parent or legal guardian of
_____, hereby consent to the disclosure and release of the education records of
Name of student

_____, all general education, NYS assessment reports, special education records and evaluations,
Name of student
Individual Education Plan (IEP) or similar, medical, psychological, and disciplinary records of the aforementioned student.

I authorize this disclosure be made by:

Previous School: _____

Address: _____
Street City State Zip Code

I consent to this disclosure and release for the following purpose(s): _____

(e.g., new enrollment of student, transfer of student)

Please allow disclosure of all above mentioned records and release copies of the records listed above to: the Ossining Union Free School District (herein after referred to as the "receiver of records").

This release is valid for three hundred and sixty four days from the date of its execution.

I understand that by signing this release I am waiving my right to nondisclosure of my student child's education records as guaranteed by the Federal Family and Educational Rights Privacy Act ("FERPA"), 20 U.S.C. §1232g. I understand that I have the right not to consent to disclosure of my student child's education records to a third party. I understand that I have the right to receive a copy of my student child's education records upon my request and to a copy of the records released pursuant to this release upon request.

Please send all documentation to:

- Ossining UFSD, Committee on Special Education, 400 Executive Blvd, Ossining NY 10562
- Park Early Childhood Center, 22 Edward Street, Ossining, NY 10562 (Grades PK & K)
- Brookside School, 30 Ryder Road, Ossining, NY 10562 (Grades 1 & 2)
- Claremont School, 2 Claremont Road, Ossining, NY 10562 (Grades 3 & 4)
- Roosevelt School, 190 Croton Avenue, Ossining, NY 10562 (Grade 5)
- AMD Middle School, 100 Van Cortlandt Avenue, Ossining, NY 10562 (Grades 6 to 8)
- Ossining High School, 29 South Highland, Ossining, New York 10562 (Grades 9 to 12)

Parent/Guardian Signature

Date

Print Parent/Guardian Name

Relationship to Student

Ossining Union Free School District, 400 Executive Boulevard, Ossining, NY 10562 (914) 941-7700 x1345

Ossining Union Free School District

Park Early Childhood Center

Pre-Kindergarten Program

Language Proficiency Profile

Student's Name: _____

Date of Birth : _____

Gender: F

M

1. What language(s) does your child hear/speak at home? _____English Other_____

2. What language(s) does your child use to communicate with you? _____English Other_____

3. Do you believe your child needs help in learning to speak/read/write/listen in English?



How will children be selected for Pre-K Dual Language Program?

All incoming Pre-K students who wish to be considered for the Dual Language Program must complete a separate application included in the Pre-K registration packet. A lottery will be held to ensure a balance of English language learners and native speakers of English.

How can I learn more about the Dual Language Program?

There will be an informational meeting on:

March 15th, 2021

6:00 PM

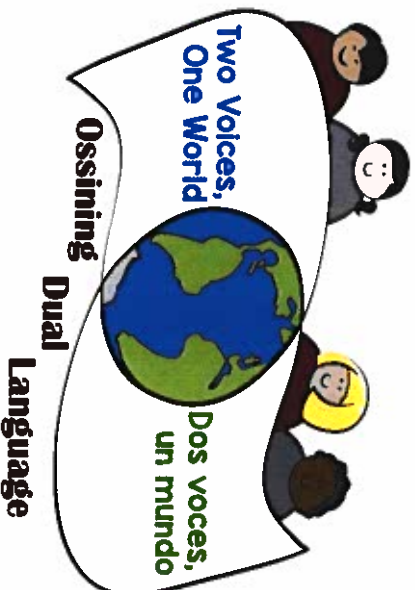
At

Park Early Childhood Center

Additional information on our

webpage:

<https://ossiningufsd.org/departments/enl-program/>



Ossining Union Free School District

Park Early Childhood Center

22 Edward Street

Ossining, NY 10562

(914) 762-5850



The Ossining Union Free School District

Dual Language Program

“Two Voices, One World, Dos Voces, Un Mundo”

at

Pre-Kindergarten



Melisa Stoller
Assistant Principal

Nancy de la Cruz-Arroyo,
Director of Bilingual, ENL & Funded Programs

ndalacruzarrayo@ossiningusd.org
(914) 941-7700, ext. 1415



What is Dual Language?

The Dual Language Program is a choice program available by lottery to all families of incoming Pre-Kindergarten students. Students enrolled in the Dual Language Program will receive the district's complete grade-level curriculum through the child's home language and second language -Spanish- in full day Pre-Kindergarten.

The major goals of the dual language program are for students to attain high levels of academic achievement, to develop oral proficiency and literacy in a second language, and to promote cross-cultural interactions.



What will the classes look like?

In Pre-Kindergarten, there are five dual language classes each comprised of 18 students, 50% of whom are native English speakers and 50% Spanish-speaking students. At the Pre-K level, the teacher is a fluent speaker of both English and Spanish. There will also be a Teaching Assistant in each class. An inherent strength of this model is that, with both native Spanish and English speakers learning together, students will reinforce and accelerate each other's second language acquisition.

How will the Pre-Kindergarten Instruction take place?

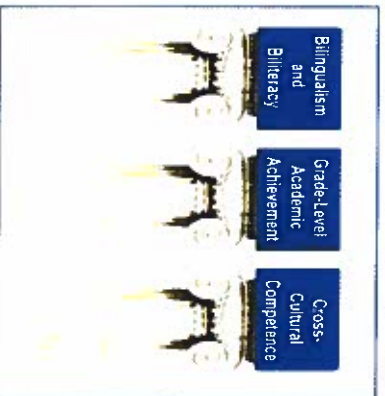
For most instruction, children will be placed in mixed language groups where they will experience language arts, science, social studies and math. The language of instruction will follow a pattern of literacy in English and content (science, social studies, math) in Spanish in Week 1; and literacy in Spanish and content in English in Week 2. The day will be enhanced by specialty area study in Art, Music, Gross Motor and Dramatic Play with various consultant educators.



What are the additional features of the Pre-Kindergarten Dual Language Program?

- The Dual Language Program has a number of affirming social goals for participating students. These include:
- Promoting positive interactions between English and native Spanish speaking children through cooperative learning opportunities;
- Creating an environment of cultural and linguistic equity in classrooms where both proficiency in English and Spanish is valued;
- Building a shared culture among children and their families through celebrations, music and performing arts;
- Commitment to the Dual Language Program through graduation (12th grade) with the opportunity to graduate with the NYS Seal of Biliteracy.

Three Pillars of Dual Language Education





Pre Kindergarten Dual Language Entry Lottery

It is understood that the PreKindergarten One-Way and Two-Way Dual Language Programs are in high demand and that we are requesting, at this early age, a commitment from families for academic longevity in this program. If the capacity of Park Early Childhood Center's Dual Language program is insufficient to enroll all prospective students, then we will determine the students by conducting a fair and equitable selection process. That process will use a randomized method for identifying the students. The method will be transparent and follow a clearly defined process.

This year and subsequent years 108 students will be chosen from those students who have been admitted to the Pre-Kindergarten program at Park School. The lottery for Dual Language will occur following the general admission lottery for Pre-K students. Eligible students must have completed an application at the time of registration that indicates preference for a Dual Language placement for their child, and it is suggested that parents attend an overview meeting. **The meeting this year for Prekindergarten is scheduled for Monday, March 15th, 2020 at 6:00 p.m.**

Consideration will be given to children who have a same-household sibling already enrolled in the Dual Language program. This is meant to offer siblings opportunities to practice their bilingual skills at home. **If a child is selected for participation in the Dual Language program and he/she has a sibling in a non-Dual Language class in a higher grade, the sibling is not guaranteed entry to the program.**

The success of the Dual Language program rests on creating a cohort that achieves a balance of language groups. **The One-Way classroom requires special placement of 100% Spanish dominant children deemed English Language Learners (based on assessment).** These students will be chosen from those eligible and interested children. **The Two-Way classroom requires placement of 50% English Language Learners (based on assessment) and 50% non-English Language Learners.**

The protocol for the general lottery for Dual Language classrooms will be as follows:

1. **Siblings of students already in the program will be assigned before** students who have no siblings in the program.
2. **Two lists will be created - one of Spanish-dominant students identified as English Language Learners (based on assessment), and one of non-English language learners.**
3. **Each English Language Learner student applicant will be assigned a random number. Twins will be treated as one application.** They will be assigned the same number. If their number is pulled, both children will be accepted.
4. **The random number will be matched to the enrollment document to determine ranking order.**
5. The process will then be repeated for students *who are not* English Language Learners.
6. Students will be placed in balanced classrooms based on ranking order within their language group.

- 7. After the total number of students to be accepted has been reached, the remaining students will automatically be put on a waiting list based on the ranking which will be used to fill any vacancies during the school year. This waiting list will be discontinued in June.**
8. Notification of placement will occur during summer mailings.

If your child is not selected for the Dual Language Program in Pre-Kindergarten, you will have the opportunity to enter a new lottery upon entry to Kindergarten at Park School, or upon entry to first grade at Brookside School. Applications for Kindergarten entry will be sent home in March of the Pre-K year.



**OSSINING UNION FREE SCHOOL DISTRICT
PRE-KINDERGARTEN PROGRAM**

TWO-WAY DUAL LANGUAGE PROGRAM APPLICATION FOR ENGLISH SPEAKERS
2021-2022

Child's Name: _____ DOB: _____ Gender: **M** **F**

Ethnicity: **African-American** **Asian** **Caucasian** **Hispanic** **Other:** _____

Parent's Name: _____

Address: _____

Home Telephone: _____ Cellular/Alternate: _____

Where was your child born? _____

What language does your child speak at home? _____

What language does mother speak at home? _____

What language does father speak at home? _____

Is there another child in your family currently attending Ossining's Dual Language program? **Yes** **No**

Sibling's Name _____ Grade _____

Does your child receive services through the Committee for Pre-School Special Education (CPSE)? **Yes** **No**

If so, what services does your child receive? _____

Children are selected for participation in the dual language program through a lottery process. Fifty percent of the class will be Spanish dominant; the remaining 50% will be English dominant. Once selected through the lottery, families are asked keep their child in the program through 12th grade. Your signature indicates your commitment to the program this year, if selected, and in the future.

Parent Signature: _____

Date: _____

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: 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).

STUDENT INFORMATION

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication	<input type="checkbox"/> Environmental

Asthma <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____	

Seizures <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type: _____	Date of last seizure: _____

Diabetes <input type="checkbox"/> No	<input type="checkbox"/> Medication/Treatment Order Attached	<input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
<input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____	Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:
 Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI _____ kg/m2 Percentile (Weight Status Category): <5th 5th-49th 50th-84th 85th-94th 95th-98th 99th and >

Hyperlipidemia: No Yes Hypertension: No Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
Lead Level Required Grades Pre- K & K			Date	<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 $\mu\text{g/dL}$				<input type="checkbox"/> Other: _____

System Review and Exam Entirely Normal

Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____

Additional Information Attached

Name:	DOB:
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SCREENINGS

Vision	Right	Left	Referral	Notes
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				
Hearing	Right dB	Left dB	Referral	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Scoliosis Required for boys grade 9 And girls grades 5 & 7	Negative	Positive	Referral	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:		Trunk Rotation Angle:		

Recommendations:

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

Full Activity without restrictions including Physical Education and Athletics.

Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications

No Contact Sports **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling

No Non-Contact Sports **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field

Other Restrictions:

Developmental Stage for Athletic Placement Process ONLY
 Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports
 Student is at **Tanner Stage:** I II III IV V

Accommodations: Use additional space below to explain

<input type="checkbox"/> Brace*/Orthotic	<input type="checkbox"/> Colostomy Appliance*	<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Insulin Pump/Insulin Sensor*	<input type="checkbox"/> Medical/Prosthetic Device*	<input type="checkbox"/> Pacemaker/Defibrillator*
<input type="checkbox"/> Protective Equipment	<input type="checkbox"/> Sport Safety Goggles	<input type="checkbox"/> Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: _____

MEDICATIONS

Order Form for Medication(s) Needed at School attached

List medications taken at home:

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IMMUNIZATIONS

Record Attached Reported in NYSIS Received Today: Yes No

HEALTH CARE PROVIDER

Medical Provider Signature:	Date:
Provider Name: <i>(please print)</i>	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child's School When Entirely Completed.

Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / / Sex: Male Female Will this be your child's first visit to a dentist? Yes No
Month Day Year

School: Name Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

Ossining UFSD
Health Services

Section 2. To be completed by the Dentist

I. The Dental Health condition of _____ on _____ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp) Dentist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

Yes No Caries Experience/Restoration History - Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

Yes No Untreated Caries - Does this child have an open cavity? [At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

Yes No Dental Sealants Present

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.