

of the MASTICS - MORICHES - SHIRLEY

Our rich history builds a promising future!

Kevin M. Coster *Superintendent of Schools* 

*William Floyd High School* Philip Scotto, Principal (631)874-1120/(631)874-1540(Fax)

August 2022

Dear Parent or Guardian:

**RE: PARENT PORTAL** 

In an effort to enhance communication and provide the most up-to-date and accurate information to families of the William Floyd School District, we are reaching out to encourage you to create your own Parent Portal account.

The Parent Portal makes it possible for a parent/guardian to view student attendance records, grades, progress reports, unofficial transcripts, and report cards online in real time. Parents/guardians may access Infinite Campus from any computer or wireless device (Smartphone, iPad, etc.) with Internet access.

Please note that High School report cards and interim progress reports <u>will only be made available online</u> through Infinite Campus Parent Portal. One final end-of-year report card will be mailed for your records.

NEW ACCOUNT: To request an Activation Key, please send an email to ParentSupport@wfsd.k12.ny.us and provide your name as well as your children's names and dates of birth so that we may complete your request.

FORGOT PASSWORD: Go to district website, click on Parent Portal, click on the HELP button, and then follow the directions for resetting your password.

If you do not have Internet access, please contact the High School Counseling Center at 631-874-1130; and they will make arrangements for a paper option. If you have already made this request, there is no need to contact us as we already have your information on file.

Thank you for your cooperation as we advance our technology and increase communication.

Sincerely,

Philip Scotto

Philip Scotto Principal



### WFHS ODD/EVEN CALENDAR 2022/2023 (ODD Start)

| September 2022     |                |           |           | October 2022 |    |           |           |           | November 2022 |           |     |          |           | December 2022 |           |           |  |           |           | January 2023 |           |           |  |           |           |           |           |           |
|--------------------|----------------|-----------|-----------|--------------|----|-----------|-----------|-----------|---------------|-----------|-----|----------|-----------|---------------|-----------|-----------|--|-----------|-----------|--------------|-----------|-----------|--|-----------|-----------|-----------|-----------|-----------|
| М                  | T              | W         | ΤH        | F            | _  | Μ         | Т         | W         | ΤH            | F         |     | М        | Т         | W             | ΤH        | F         |  | М         | Т         | W            | TH        | F         |  | М         | Т         | Ŵ         | TH        | F         |
|                    |                | 31        | 1         | <u>2</u>     | [ו | <u>3</u>  | <u>4</u>  | <u>5</u>  | <u>6</u>      | <u>7</u>  |     |          | <u>1</u>  | <u>2</u>      | <u>3</u>  | <u>4</u>  |  |           |           |              | <u>1</u>  | 2         |  | <u>2</u>  | <u>3</u>  | <u>4</u>  | <u>5</u>  | <u>6</u>  |
|                    |                | 1         | 2         | =            |    | 1         | 2         | X         | 3             | 4         |     |          | 10        | 1             | 2         | 3         |  |           |           |              | 8         | 9         |  | X         | 5         | 6         | 7         | 8         |
| <u>5</u>           | <u>6</u>       | 7         | <u>8</u>  | 9            |    | <u>10</u> | <u>11</u> | <u>12</u> | <u>13</u>     | <u>14</u> |     | <u>7</u> | 8         | <u>9</u>      | <u>10</u> | <u>11</u> |  | <u>5</u>  | <u>6</u>  | <u>7</u>     | <u>8</u>  | <u>9</u>  |  | <u>9</u>  | <u>10</u> | <u>11</u> | <u>12</u> | <u>13</u> |
| $\bar{\mathbf{x}}$ | $\overline{4}$ | 5         | 6         | 7            |    | X         | 5         | 6         | 7             | 8         |     | 4        | 5         | 6             | 7         | X         |  | 10        | 1         | 2            | 3         | 4         |  | 9         | 10        | 1         | 2         | 3         |
| 12                 | 13             | <u>14</u> | <u>15</u> | <u>16</u>    |    | <u>17</u> | <u>18</u> | <u>19</u> | <u>20</u>     | <u>21</u> |     | 14       | 15        | <u>16</u>     | <u>17</u> | <u>18</u> |  | <u>12</u> | <u>13</u> | <u>14</u>    | <u>15</u> | <u>16</u> |  | <u>16</u> | <u>17</u> | <u>18</u> | <u>19</u> | <u>20</u> |
| 8                  | 9              | 10        | 1         | 2            |    | 9         | 10        | 1         | 2             | 3         |     | 8        | 9         | 10            | 1         | 2         |  | 5         | 6         | 7            | 8         | 9         |  | X         | 4         | 5         | 6         | 7         |
| <u>19</u>          | <u>20</u>      | <u>21</u> | 22        | 23           |    | <u>24</u> | <u>25</u> | <u>26</u> | <u>27</u>     | <u>28</u> |     | 21       | 22        | 23            | <u>24</u> | 25        |  | <u>19</u> | <u>20</u> | <u>21</u>    | <u>22</u> | <u>23</u> |  | <u>23</u> | <u>24</u> | <u>25</u> | <u>26</u> | <u>27</u> |
| 3                  | 4              | 5         | 6         | 7            |    | 4         | 5         | 6         | 7             | 8         |     | 3        | 4         | x             | x         | x         |  | 10        | 1         | 2            | 3         | 4         |  | 8         | Reg       | ents      | Test      | X         |
| <u>26</u>          | 27             | <u>28</u> | 29        | <u>30</u>    |    | <u>31</u> |           |           |               |           |     | 28       | <u>29</u> | 30            |           |           |  | <u>26</u> | <u>27</u> | <u>28</u>    | <u>29</u> | <u>30</u> |  | <u>30</u> | <u>31</u> |           |           |           |
| x                  | x              | 8         | 9         | 10           |    | 9         |           |           |               |           |     | 5        | 6         | 7             |           |           |  | X         | X         | X            | X         | X         |  | 9         | 10        |           |           |           |
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| Fe | ebru<br>T | <b>ary</b> 2<br>W | 2 <b>023</b><br>Th |           |  | М         | Maro<br>T | ch 20<br>W | <b>)23</b><br>TH | F         |     | М         | <b>Ap</b><br>T | ril 20<br>W | )23<br>TH | F         | — L | М             | Ma<br>⊤       | <b>y 20</b> 2<br>W | 23<br>TH      | F             |     | М         | Jun<br>T  | e 202<br>W | 2 <b>3</b><br>TH | F         |
|----|-----------|-------------------|--------------------|-----------|--|-----------|-----------|------------|------------------|-----------|-----|-----------|----------------|-------------|-----------|-----------|-----|---------------|---------------|--------------------|---------------|---------------|-----|-----------|-----------|------------|------------------|-----------|
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|    | <u>7</u>  | <u>8</u>          | <u>9</u>           | <u>10</u> |  | <u>6</u>  | <u>7</u>  | <u>8</u>   | <u>9</u>         | <u>10</u> |     | <u>10</u> | <u>11</u>      | <u>12</u>   | <u>13</u> | <u>14</u> |     | 8             | <u>9</u>      | <u>10</u>          | <u>11</u>     | <u>12</u>     |     | <u>5</u>  | <u>6</u>  | <u>7</u>   | <u>8</u>         | <u>9</u>  |
|    | 5         | 6                 | 7                  | 8         |  | 9         | 10        | 1          | 2                | 3         |     | X         | 9              | 10          | 1         | 2         |     | 8             | 9             | 10                 | 1             | 2             |     | 6         | 7         | 8          | 9                | 10        |
| 3  | <u>14</u> | <u>15</u>         | <u>16</u>          | <u>17</u> |  | <u>13</u> | <u>14</u> | <u>15</u>  | <u>16</u>        | <u>17</u> |     | <u>17</u> | <u>18</u>      | <u>19</u>   | <u>20</u> | <u>21</u> |     | 15            | <u>16</u>     | <u>17</u>          | <u>18</u>     | <u>19</u>     |     | <u>12</u> | <u>13</u> | <u>14</u>  | <u>15</u>        | <u>16</u> |
|    | 10        | 1                 | 2                  | 3         |  | 4         | 5         | 6          | 7                | 8         |     | 3         | 4              | 5           | 6         | 7         |     | 3             | 4             | 5                  | 6             | 7             |     | 1         | 2         | Reg        | ents             | Tes       |
| )  | <u>21</u> | <u>22</u>         | <u>23</u>          | <u>24</u> |  | <u>20</u> | <u>21</u> | <u>22</u>  | <u>23</u>        | <u>24</u> |     | 24        | 25             | <u>26</u>   | 27        | 28        |     | 22            | 23            | 24                 | <u>25</u>     | 26            |     | <u>19</u> | <u>20</u> | <u>21</u>  | <u>22</u>        | <u>23</u> |
|    | X         | X                 | X                  | x         |  | 9         | 10        | 1          | 2                | 3         |     | 8         | 9              | 10          | 1         | 2         |     | 8             | 9             | 10                 | 1             | 2             |     | X         | Reg       | ents       | Test             | x         |
| 7  | <u>28</u> |                   |                    |           |  | 27        | <u>28</u> | <u>29</u>  | <u>30</u>        | <u>31</u> |     |           |                |             |           |           |     | <u>29</u>     | 30            | <u>31</u>          |               |               |     | <u>26</u> | <u>27</u> | <u>28</u>  | <u>29</u>        | <u>30</u> |
|    | <u>5</u>  |                   |                    |           |  | 4         | 5         | 6          | 7                | 8         |     |           |                |             |           |           |     | x             | 3             | 4                  |               |               |     |           |           |            |                  |           |
|    |           |                   |                    |           |  |           |           |            |                  | 1         | 1   |           |                |             |           |           |     |               |               |                    |               |               |     |           |           |            |                  |           |

If there is an unexpected school closing/snow day the schedule continues as indicated.

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# **William Floyd High School Bell Schedule**

| <b>Period 1 (44)</b> | 7:10  | -    | 7:54   |
|----------------------|-------|------|--------|
| <b>Period 2 (48)</b> | 7:58  | -    | 8:46   |
|                      | (Anno | unce | ments) |
| <b>Period 3 (44)</b> | 8:50  | -    | 9:34   |
| <b>Period 4 (44)</b> | 9:38  | -    | 10:22  |
| <b>Period 5 (44)</b> | 10:26 | -    | 11:10  |
| <b>Period 6 (44)</b> | 11:14 | -    | 11:58  |
| <b>Period 7 (44)</b> | 12:02 | -    | 12:46  |
| <b>Period 8 (44)</b> | 12:50 | -    | 1:34   |
| Extra Help (35)      | 1:38  | -    | 2:13   |



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Kevin M. Coster *Superintendent of Schools* 

*William Floyd High School* Philip Scotto, Principal (631)874-1120/(631)874-1540(Fax)

August 2022

#### Release of Student Information Under The No Child Left Behind Act

Dear Parent or Guardian,

Pursuant to §9528 of the Elementary and Secondary Education Act of 1965 (the "ESEA") (20 U.S.C. §7908), as amended by the No Child Left Behind Act, the William Floyd School District must disclose, upon request, the names, addresses, and telephone listings of high school students to military recruiters. The District must also notify parents of their right to request that information not be released without prior written parental or student consent.

Parents or students wishing to exercise their option to withhold such information without their prior written consent must sign and return the form below to their guidance counselor or assistant principal no later than October 15, 2022.

I am in receipt of notification from the District regarding release of student information under the No Child Left Behind Act. Please do not release the name, address, and telephone listing of the student identified below to military recruiters without my prior written consent.

Student's Name

Building

Grade

Signature of Parent or Student

Date



# HIGH SCHOOL BUS PARKING 2022-2023

#### North Side

Bus Route #'s 29 - 52 (in route # order)

CII Buses (3:15 & 5:15)

D/End Route #'s 1 & 2 will park on the north side

During Voting East Side Buses will use North Parking lot (by D.O.)

#### East Side

9:30 AM & 3:56 PM

WF Academy Buses A - E

<u>1:34 PM</u>

Spec Ed Buses A - K

<u>2:13 PM</u>

Spec Ed Late Buses

3:13 PM

Spec Ed Late Buses

<u>5:00 PM</u>

Spec Ed Late Bus

Long Island Shuttle Buses

**DSS Buses** 

### South Side

Bus Route #'s 1 – 28 (in route # order)

Regular 2:13, 3:13, 5:00 pm Late Buses

"Splits for Testing"

WFSD Transportation

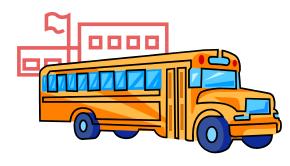
Durham School Services

First Student Bus Co

(631)874-1305

(631)479-2178

(631) 803-8767





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Kevin M. Coster *Superintendent of Schools* 

David Beggins Assistant Superintendent for Business

August 2022

Dear Parent/Guardian:

The daily transportation of children to and from school is the perfect opportunity to establish expectations for good conduct, responsible citizenship, and to teach and enforce the rules of safety. The William Floyd School District urges all parents to escort their children to and from bus stops in order to ensure a safe, orderly climate before and after school. Parents are partners in the educational process. On the bus, as in school, self-control and appropriate behavior is expected at all times.

During the first few weeks of school and until a more precise pick-up time has been established, students should be at their bus stops 45 minutes prior to the start of the school day. As a reminder, the 2022-23 start and end times for each school are as follows:

- William Floyd High School: 7:10 am 1:36 pm
- Floyd Academy: 9:39 am 4:05 pm
- William Floyd Middle School: 8:00 am 2:28 pm
- William Paca Middle School: 8:00 am 2:28 pm
- William Floyd Elementary School: 8:20 am 2:38 pm
- Nathaniel Woodhull Elementary School: 8:20 am 2:38 pm
- John S. Hobart Elementary School: 9:15 am 3:33 pm
- Moriches Elementary School: 9:15 am 3:33 pm
- Tangier Smith Elementary School: 9:15 am 3:33 pm
- William Floyd Learning Center: 9:15 am 3:33 pm
- Center for Interim Instruction (CII): 3:15 pm 5:15 pm

In addition, you may visit our website at www.wfsd.k12.ny.us and click on the transportation information link to find everything you will need to know about student, parent and district roles and responsibilities with respect to the transportation of our children. You will also be able to reference the district's transportation policy and have a handy list of important contact numbers. The email address for the Transportation Department is transportation@wfsd.k12.ny.us. If you do not have access to the internet, please contact our transportation department at (631) 874-1305 or your specific school and copies will be sent to you.

It is important to remember that parents, children, bus drivers and the district are all responsible in maintaining standards of conduct and safety on school buses. For the 2022-23 school year, First Student will be providing transportation for our in-district students to and from district buildings and Durham School Services will transport all cross district and out-of-district students. School buses may use video cameras to ensure the continued safety of our students. Please take the time to review the information contained on the transportation section of the district's website and reinforce these serious guidelines with your children. We cannot stress enough the importance of these rules and our mutual responsibility for enforcing them in an effort to not only keep your child safe, but to protect all students riding the school bus.

Should you have any specific transportation concerns regarding bus numbers, bus stops, etc., please contact the Transportation Office at (631) 874-1305. Thank you for your ongoing cooperation in this important matter.

Sincerely,

David Beggers

David Beggins Transportation Supervisor





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Kevin M. Coster *Superintendent of Schools* 

Estimado Padre / Tutor:

Agosto 2022

El transporte diario de los niños hacia y desde la escuela es la oportunidad perfecta para establecer expectativas de buena conducta, ciudadanía responsable y para enseñar y hacer cumplir las reglas de seguridad. El Distrito Escolar William Floyd insta a todos los padres a que acompañen a sus hijos hacia y desde las paradas de autobús para garantizar un clima seguro y ordenado antes y después de la escuela. Los padres son socios en el proceso educativo. En el autobús, como en la escuela, se espera el autocontrol y el comportamiento apropiado en todo momento.

Durante las primeras semanas de clases y hasta que se haya establecido una hora más precisa para recogerlos, los estudiantes deben estar en sus paradas de autobús 45 minutos antes del comienzo del día escolar.

Además, puede visitar nuestro sitio web en www.wfsd.k12.ny.us y hacer clic en el enlace de información de transporte para encontrar todo lo que necesita saber sobre los roles y responsabilidades de los estudiantes, los padres y el distrito con respecto al transporte de nuestros niños. También podrá consultar la política de transporte del distrito y tener una lista útil de números de contacto importantes. Si no tiene acceso a Internet, comuníquese con nuestro departamento de transporte al (631) 874-1305 o con su escuela específica y se le enviarán copias.

Es importante recordar que los padres, los niños, los conductores de autobuses y el distrito son responsables de mantener los estándares de conducta y seguridad en los autobuses escolares. Para el año escolar 2022-23, First Student proporcionará transporte para nuestros estudiantes dentro del distrito hacia y desde los edificios del distrito y los Servicios Escolares de Durham transportarán a todos los estudiantes del distrito y fuera del distrito. Los autobuses escolares pueden usar cámaras de video para garantizar la seguridad continua de nuestros estudiantes. Tómese el tiempo para revisar la información contenida en la sección de transporte del sitio web del distrito y refuerce estas pautas serias con sus hijos. No podemos enfatizar lo suficiente la importancia de estas reglas y nuestra responsabilidad mutua de hacerlas cumplir en un esfuerzo no solo para mantener seguro a su hijo, sino también para proteger a todos los estudiantes que viajan en el autobús escolar.

Si tiene alguna inquietud específica sobre el transporte con respecto a los números de autobús, paradas de autobús, etc., comuníquese con la Oficina de Transporte al (631) 874-1305. Gracias por su continua cooperación en este importante asunto.

Atentamente,

Danie Begger

David Beggins Superintendente adjunto de empresas





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Kevin M. Coster *Superintendent of Schools* 

August 2022

#### Re: Canine Drug Sweep and Locker Search at School

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Dear Parent/Guardian:

Illegal drug possession and use by school-age students is dangerous. To defeat this problem, parents and school districts must work together. On our end, the district will remain vigilant at all times to prevent illegal drugs from entering our schools and to administer appropriate discipline to students who bring drugs in. Strict enforcement of anti-drug rules is absolutely essential to protect the health, safety and welfare of students and school personnel.

The purpose of this letter is to notify you, in advance, about a cooperative initiative between the district and the Suffolk County Police Department that will be conducted during the upcoming 2022-2023 school year. The district will invite the Suffolk County Police Department into the high school on one or more occasions during the school year for the purpose of having the Canine Narcotics Unit conduct a sweep of students' lockers. During these visits, drug-sniffing police dogs will pass by students' lockers and will alert their handlers if they detect the presence of a prohibited substance at a particular locker. If this occurs, school officials will then conduct a thorough search of the locker(s) targeted by the dogs, and all the contents within the targeted locker(s). If illegal drugs and/or other unlawful or unauthorized substances or items<sup>1</sup> are found in a student's locker, the student to whom that locker is assigned will be held accountable. In addition to being subject to suspension from school, any student who possesses illegal drugs, weapons or other unlawful items in his or her locker should expect to be arrested by the police, if probable cause is evident, which enforces an aggressive, pro-arrest policy under these circumstances.

Our state and federal courts have previously upheld the legality of locker searches on grounds that school lockers remain at all times the property of the district, and therefore, that students have no legitimate expectation of privacy with respect to anything they store within their lockers. The district's legal authority to search lockers is outlined within the district's "Student Search and Seizure Policy," No. 7440. This policy was recently updated and approved by the district's Board of Education; specific rules regarding locker searches are as follows:

- The school district owns all lockers, locks, combinations and/or keys to all lockers within school facilities.
- Students do not have any right or expectation of privacy with respect to anything stored within school lockers. Accordingly, school officials reserve the right to access and/or search any student's locker and anything stored within, at any time, with or without prior notice, and with or without reasonable suspicion to believe that evidence of a violation of school rules and/or the law may be found within.
- The sole purpose of being able to lock school lockers is to prevent the theft of property stored within.
- Students have no right to lock school-owned lockers with personally-owned locks. If this occurs, the school district has the right to remove them.
- Students are solely responsible for items contained within their school assigned lockers. Students are prohibited from disclosing their locker combinations and/or allowing other students to share their lockers.
- Students must immediately notify the building principal or assistant principal if their lockers do not function properly and/or cannot be properly secured.

<sup>&</sup>lt;sup>1</sup>Once a search is undertaken for drugs, neither law enforcement nor school personnel will turn a blind eye to other unauthorized or unlawful substances found within a student's locker.

The canine drug sweeps by the police will not be announced in advance, and students will not be permitted to leave their classrooms while a canine drug sweep is in progress except in an actual emergency. Under no circumstances will students be permitted to retrieve items from their lockers while a canine drug sweep is in progress.

Additionally, please understand that any drug sweeps conducted by the police shall be in addition to any locker searches conducted by school officials. The district reserves the right at all times to search district lockers assigned to students, with or without prior notice, and with or without cause to suspect that a search may turn up evidence of a violation of school rules and/or the law in a particular student's locker.

It is our sincere desire that no drugs or other unauthorized or unlawful items whatsoever will be found during these canine drug sweeps, or at other times during the year. Our primary goal is to deter students from using or bringing illegal drugs (and/or other unlawful or unauthorized items) into the high school, not to subject students to arrest and school discipline.

Please take this opportunity to have a discussion with your child(ren) about this cooperative initiative between the district and the police, even if you believe that your child(ren) would never engage in such activity. First and foremost, counsel your child(ren) to refrain from illegal drug use. Please stress, however, that if they cannot or will not refrain from drug activity, they will be subject to school discipline and/or arrest if illegal drugs and/or other unauthorized or unlawful items are found in their locker at school.

If you have any questions, please contact William Floyd High School Principal Philip Scotto at (631) 874-1124. You will <u>not</u> be required to identify yourself if you choose to make an inquiry, simply tell the receptionist that you "have a question about the canine drug sweep and locker search initiative."

Sincerely,

Kevin M. Coster Superintendent of Schools

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**BOARD OF EDUCATION** 

#### 2022-2023 <u>Counselor Caseload</u> Counseling Dept. Phone: (631) 874-1130 <u>Fax: (631) 874-1246</u>

Ext. #

Siebert, Ashley A-BONGA 1445 Scanlon, Arianna **BONH-COLE** 1871 Joseph, Laura 1629 COLF-ES Nardone, Stephanie 1842 **ET-HAI** Bascelli, Lauren 1236 HAJ-KE TBD **KF-MARU** 1645 Brewer, Kerry MARV-N 1841 Nunziata, Laura 1128 O-PI Ericksen, Amanda **PJ-RYA** 1685 DeNunzio, Danielle **RYB-TORRER** 1129 Garner, Dana TORRES-Z 1131 William Floyd Academy TBD 1199 **Department Secretaries** 

Duffy, JanOffice Assistant1178Ellen ConnerOffice Assistant/Registrar A-G1145Moeller, LindaOffice Assistant/Registrar H-O1346Monahan, DebbieOffice Assistant/Registrar P-Z1689Merys EspinozaSpanish Speaking Office Assistant1681Senecal, SharonSenior Office Assistant1680

Social Workers Larson, Emilie Transitional Housing Social Worker 1889 9<sup>th</sup> A-K Galfano, Kathleen 1711 9<sup>th</sup> L-Z Kmiotek, Michelle 1709 Jumper, Kat 10<sup>th</sup>-12<sup>th</sup> A-DUC 1688 10<sup>th</sup>-12<sup>th</sup> DUD-LOP Searing, Jackie 1952 10<sup>th</sup>-12<sup>th</sup> LOQ-RIS Kristiansen, Rebecca 1218 10<sup>th</sup> -12<sup>th</sup> RIT-Z DeFeo, Darlene 1640

<u>Secretary Breakdown:</u> Ellen – D. Garner, L. Nunziata Debbie – A. Scanlon, L. Joseph Linda – D. DeNunzio, A. Ericksen Sharon – S. Nardone, A. Siebert, E. Larson Jan – K. Brewer, L. Bascelli, Social Workers



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Kevin M. Coster Superintendent of Schools Tina Stone, BSN, RN *Lead Nurse* 

Dear Parent or Guardian:

New York State Education Law mandates that each child in grades Pre-K or Kindergarten, 1,3,5,7, 9,11 and all students entering the district, have a health examination, preferably by the family physician. Your health care provider should submit a statement regarding the health status of your child within 30 days of starting school. A form provided for this purpose is available at the health office in each school and on the district website. If a private physical is not received within 30 days, the school physician shall examine the student and parents will be notified of any medical findings requiring further evaluation.

In addition to the physical examination, the law also requires other screenings during the school year. These include: height and weight screening each physical year, vision screening in grades PK or K, 1,3,5,7 and 11; hearing screening in grades PK or K, 1,3,5,7 and 11; and a spinal screening to detect scoliosis (a curvature of the spine) for girls in grades 5 and 7, and boys in grade 9. New entrants are required to have all screenings, regardless of their grade. Upon completion of the screenings, you will be notified by letter if any further examination or follow-up by your family physician is indicated.

The School Nurse is responsible for the *FIRST AID* care of school children who are injured or become ill while under school supervision. *FIRST AID* is treatment for the protection of life and comfort of a child until authorized treatment is secured. The parent is responsible for securing additional medical care if necessary. *The school nurse will NOT dispense any medication to students unless he/she has a doctor's written order on file giving <u>specific</u> <i>instructions to do so.* It will be necessary for a new doctor's order to be submitted to the school nurse each school year. Forms are available in the nurse's office and on the district website for this purpose. This also applies to *all* over-thecounter medications (ex. Tylenol, Advil, etc).

Students who are ill should not be in school. It is unfair to the students and to all others he/she comes in contact with. If the student is unable to attend school, please phone the Attendance Office and notify them. Upon returning to school, the student must bring a written excuse, signed by the parent stating the cause of absence and dates. For extended absences, a physician's statement will be required.

The school district policy is that if a student is well enough to attend school, he/she should be well enough to participate in all activities including Physical Education class. Should your doctor advise against Physical Education class participation, a signed note from your doctor is required to be on file in the Health Office. The student will then be excused from participation for the specified period of time but will be required to attend the class. Reassignment out of the class will be approved by the Athletic Director and the Nurse when it is deemed necessary for the safety of the students.

After notification by the School Health Office, children who are leaving school because of illness or injury may be picked up by the parent or adult parent designee. All students leaving school early because of illness or injury should be signed out through the office of the School Nurse. Any person picking up a student MUST show photo identification before the student will be released.

OFFICE OF THE SCHOOL NURSE

107-RV21



John S. Hobart Elementary School Nurse: 874-1248/874-1910(Fax)

*Tangier Smith Elementary School Nurse: -874-1345/874-1374(Fax)* 

*William Floyd Middle School Nurse: 874-5555/874-5558(Fax)*  Moriches Elementary School Nurse: 874-1402/874-1948(Fax)

William Floyd Elementary School Nurse: 874-1270/874-1884(Fax)

William Floyd High School East Nurse: A-Le: 874-1139/874-1209(Fax) West Nurse: Li-Z: 874-1259/874-1548(Fax) Floyd Academy Office: 874-1795/874-1317(Fax) Nathaniel Woodhull Elementary School Nurse: 874-1303/874-1599(Fax)

> William Floyd Learning Center Nurse: 874-1914/874-1835(Fax)

William Paca Middle School Nurse: 874-1418/874-1411(Fax)

| Student Grade: |
|----------------|
|----------------|

#### WILLIAM FLOYD SCHOOL DISTRICT William Flovd High School – RETURN TO TEACHER OR NURSE A.S.A.P.

|                                                        | ·                                            | 0                                           | - RETURN TO TH                                                | EACHER OR NUR<br>D.O.B.:                                      | SE A.S.A.P.                                                  |  |  |  |  |  |  |
|--------------------------------------------------------|----------------------------------------------|---------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------|--|--|--|--|--|--|
|                                                        |                                              |                                             |                                                               |                                                               |                                                              |  |  |  |  |  |  |
|                                                        |                                              |                                             |                                                               |                                                               | Home Phone:                                                  |  |  |  |  |  |  |
| Name                                                   |                                              | Relationship to Student                     | Employer                                                      | Business Hours                                                | Cell and/or Work#                                            |  |  |  |  |  |  |
|                                                        |                                              |                                             |                                                               |                                                               |                                                              |  |  |  |  |  |  |
|                                                        |                                              |                                             |                                                               |                                                               |                                                              |  |  |  |  |  |  |
|                                                        |                                              |                                             |                                                               |                                                               |                                                              |  |  |  |  |  |  |
| The following ind<br>reached. I unders<br>information. | dividuals have perm<br>tand that all previou | ission to pick up my<br>sly submitted emerg | v child <u>in case of emerger</u><br>gency release names will | ncy (must be 18 years of a<br>be deleted when the nurse i     | ge or older), if I cannotbe<br>s provided with new           |  |  |  |  |  |  |
| Relationship to<br>Student                             | Nam                                          | e                                           | Address                                                       | Telephone#                                                    | Cell #                                                       |  |  |  |  |  |  |
|                                                        |                                              |                                             |                                                               |                                                               |                                                              |  |  |  |  |  |  |
|                                                        |                                              |                                             |                                                               |                                                               |                                                              |  |  |  |  |  |  |
|                                                        |                                              |                                             |                                                               |                                                               |                                                              |  |  |  |  |  |  |
| If the results of y school physician                   |                                              | ation have not been<br>child.               | received from your fami                                       | o the district are required t<br>ily physician within 30 day. | o have a physical examination.<br>s of beginning school, the |  |  |  |  |  |  |
| Health History                                         |                                              |                                             |                                                               |                                                               |                                                              |  |  |  |  |  |  |
|                                                        |                                              |                                             | T                                                             | elephone No.:                                                 |                                                              |  |  |  |  |  |  |
|                                                        |                                              |                                             |                                                               | ery? Yes / No (circle o                                       |                                                              |  |  |  |  |  |  |
| Specify:                                               |                                              |                                             |                                                               |                                                               |                                                              |  |  |  |  |  |  |
| •                                                      | •                                            |                                             | previously reported?                                          | · · · · · · · · · · · · · · · · · · ·                         |                                                              |  |  |  |  |  |  |
|                                                        | -                                            | -                                           |                                                               |                                                               |                                                              |  |  |  |  |  |  |
| •                                                      | l taking any medic                           |                                             | ·                                                             |                                                               |                                                              |  |  |  |  |  |  |
|                                                        |                                              |                                             |                                                               |                                                               |                                                              |  |  |  |  |  |  |
|                                                        |                                              |                                             |                                                               |                                                               |                                                              |  |  |  |  |  |  |
|                                                        |                                              |                                             |                                                               |                                                               | ld be aware of? Yes / No                                     |  |  |  |  |  |  |
| Explain any                                            | restrictions?                                |                                             |                                                               |                                                               |                                                              |  |  |  |  |  |  |
| 8. Does your cl                                        | hild have any sibli                          | ings in other distri                        | ct buildings? Yes / No                                        | (circle one)                                                  |                                                              |  |  |  |  |  |  |
| Parent Signa                                           | ture:                                        |                                             |                                                               | Date:_                                                        |                                                              |  |  |  |  |  |  |



of the MASTICS - MORICHES - SHIRLEY

Our rich history builds a promising future!

Kevin M. Coster Superintendent of Schools Tina Stone, BSN, RN *Lead Nurse* (631)-874-1546

#### **NOTICE REGARDING DENTAL EXAMINATION**

Dear Parent:

New York State requires public schools to request dental certificates of all students enrolling in the district, and those in grades Pre-K, K, 1, 3, 5, 7, 9 and 11.

Dental certificates must be signed by a dentist who is licensed to practice in New York State and must contain a report of a comprehensive dental exam performed on your child.

Please have your child's dentist complete the certificate below and return this form to the school nurse upon entrance to school, or within 30 days.

You may contact me at 631-874-1546 if you have any questions or concerns regarding this matter.

Sincerely,

Tina Stone, BSN, RN William Floyd School District Lead Nurse

#### EXAMINER'S CERTIFICATION OF DENTAL EXAMINATION

| This student                                                              | , in grade                                                                                                                                                                   | had a                                                                         |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| complete dental examination on                                            | .(date).                                                                                                                                                                     |                                                                               |
| Treatment needed?: Yes                                                    | No                                                                                                                                                                           |                                                                               |
| Recommendations and Remarks:                                              |                                                                                                                                                                              | <u>Stamp</u>                                                                  |
| Examiner's Signature and Star                                             | Date                                                                                                                                                                         |                                                                               |
| 105 RV-19                                                                 |                                                                                                                                                                              |                                                                               |
|                                                                           | WF                                                                                                                                                                           |                                                                               |
| <b>John S. Hobart Elementary School</b><br>Nurse - 874-1248/874-1910(Fax) | <b>Moriches Elementary School</b><br>Nurse - 874-1402/874-1948(Fax)                                                                                                          | <b>Nathaniel Woodhull Elementary School</b><br>Nurse - 874-1303/874-1599(Fax) |
| <b>Tangier Smith Elementary School</b><br>Nurse - 874-1345/874-1374(Fax)  | William Floyd Elementary School<br>Nurse - 874-1270/874-1884(Fax)                                                                                                            | <b>William Floyd Learning Center</b><br>Nurse - 874-1914/874-1835(Fax)        |
| William Floyd Middle School<br>Nurse - 874-5555/874-5558(Fax)             | <b>William Floyd High School</b><br>East Nurse - A-Le - 874-1139/874-1209(Fax)<br>West Nurse -Li-Z - 874-1259/874-1548(Fax)<br>Floyd Academy Office - 874-1795/874-1317(Fax) | <b>William Paca Middle School</b><br>Nurse - 874-1418/874-1411(Fax)           |

| то                                                                                                                                                                                                                              | REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM<br>TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR |                                                                    |            |                                    |                                                            |                                                                                         |                                                     |                         |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------|--|--|--|--|--|--|
| 10                                                                                                                                                                                                                              | IF AN AREA IS NOT ASSESSED INDICATE NOT DONE                                                                              |                                                                    |            |                                    |                                                            |                                                                                         |                                                     |                         |  |  |  |  |  |  |
| Note: NYSED red                                                                                                                                                                                                                 | quires a ph                                                                                                               | ysica                                                              | l exam fo  | r new entrar                       | nts and studen                                             | its in Grades Pr                                                                        | e-K or K, 1, 3, 5,                                  | 7, 9 & 11; annually for |  |  |  |  |  |  |
| interscholastic                                                                                                                                                                                                                 | sports; ar                                                                                                                | d wo                                                               | - · ·      |                                    |                                                            | •                                                                                       | •                                                   | ial Education (CSE) or  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                 |                                                                                                                           |                                                                    | Comm       |                                    |                                                            | l education (CP                                                                         | SE).                                                |                         |  |  |  |  |  |  |
| Name                                                                                                                                                                                                                            |                                                                                                                           |                                                                    |            | 5100                               | ENT INFORM                                                 | ATION                                                                                   | Sex: 🗆 M 🗆 F                                        | DOB:                    |  |  |  |  |  |  |
| Name                                                                                                                                                                                                                            |                                                                                                                           |                                                                    |            |                                    |                                                            |                                                                                         |                                                     | DOB.                    |  |  |  |  |  |  |
| School:                                                                                                                                                                                                                         |                                                                                                                           |                                                                    |            |                                    |                                                            |                                                                                         | Grade:                                              | Exam Date:              |  |  |  |  |  |  |
|                                                                                                                                                                                                                                 | 1                                                                                                                         |                                                                    |            | H                                  | EALTH HISTO                                                | RY                                                                                      |                                                     |                         |  |  |  |  |  |  |
| Allergies 🗆 No Type:                                                                                                                                                                                                            |                                                                                                                           |                                                                    |            |                                    |                                                            |                                                                                         |                                                     |                         |  |  |  |  |  |  |
| □ Yes, indicate typ                                                                                                                                                                                                             | e 🗆 N                                                                                                                     | Medication/Treatment Order Attached Anaphylaxis Care Plan Attached |            |                                    |                                                            |                                                                                         |                                                     |                         |  |  |  |  |  |  |
| Asthma 🗆 No 🔹 Intermittent 🗆 Persistent 🗆 Other :                                                                                                                                                                               |                                                                                                                           |                                                                    |            |                                    |                                                            |                                                                                         |                                                     |                         |  |  |  |  |  |  |
| □ Yes, indicate typ                                                                                                                                                                                                             | na Care Plan At                                                                                                           | tached                                                             |            |                                    |                                                            |                                                                                         |                                                     |                         |  |  |  |  |  |  |
| Seizures INO Type: Date of last seizure:                                                                                                                                                                                        |                                                                                                                           |                                                                    |            |                                    |                                                            |                                                                                         |                                                     |                         |  |  |  |  |  |  |
| □ Yes, indicate type □ Medication/Treatment Order Attached □ Seizure Care Plan Attached                                                                                                                                         |                                                                                                                           |                                                                    |            |                                    |                                                            |                                                                                         |                                                     |                         |  |  |  |  |  |  |
| Diabetes 🗆 No Type: 🗆 1 🗆 2                                                                                                                                                                                                     |                                                                                                                           |                                                                    |            |                                    |                                                            |                                                                                         |                                                     |                         |  |  |  |  |  |  |
| □ Yes, indicate type □ Medication/Treatment Order Attached □ Diabetes Medical Mgmt. Plan Attached                                                                                                                               |                                                                                                                           |                                                                    |            |                                    |                                                            |                                                                                         |                                                     |                         |  |  |  |  |  |  |
| <b>Risk Factors for Diabetes or Pre-Diabetes:</b> Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors:<br>Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes. |                                                                                                                           |                                                                    |            |                                    |                                                            |                                                                                         |                                                     |                         |  |  |  |  |  |  |
| BMIkg/mi                                                                                                                                                                                                                        | 2                                                                                                                         |                                                                    |            |                                    |                                                            |                                                                                         |                                                     |                         |  |  |  |  |  |  |
| Percentile (Weight                                                                                                                                                                                                              | Status Ca                                                                                                                 | tego                                                               | ry): 🗆     | <5 <sup>th</sup> □ 5 <sup>tl</sup> | <sup>h</sup> -49 <sup>th</sup> □ 50 <sup>t</sup>           | <sup>th</sup> -84 <sup>th</sup> 🛛 85 <sup>th</sup>                                      | <sup>h</sup> -94 <sup>th</sup> □ 95 <sup>th</sup> - | 98 <sup>th</sup>        |  |  |  |  |  |  |
| Hyperlipidemia:                                                                                                                                                                                                                 | □ No [                                                                                                                    | ] Yes                                                              | s 🗆 No     | t Done                             | Hypert                                                     | tension: 🗆 No 🗆 Yes 🗆 Not Done                                                          |                                                     |                         |  |  |  |  |  |  |
|                                                                                                                                                                                                                                 |                                                                                                                           |                                                                    | Р          | HYSICAL EX                         | AMINATION/                                                 | ASSESSMENT                                                                              |                                                     |                         |  |  |  |  |  |  |
| Height:                                                                                                                                                                                                                         | Wei                                                                                                                       | sht:                                                               |            | BP:                                |                                                            | Pulse:                                                                                  |                                                     | Respirations:           |  |  |  |  |  |  |
| Laboratory Testing                                                                                                                                                                                                              | g Posit                                                                                                                   | ive l                                                              | Negative   | Date                               | legr                                                       | List Other Pertinent Medical Concerns concussion, mental health, one functioning organ) |                                                     |                         |  |  |  |  |  |  |
| TB- PRN                                                                                                                                                                                                                         |                                                                                                                           |                                                                    |            |                                    | (0.8.0                                                     |                                                                                         |                                                     |                         |  |  |  |  |  |  |
| Sickle Cell Screen-PRN                                                                                                                                                                                                          | I 🗆                                                                                                                       |                                                                    |            |                                    |                                                            |                                                                                         |                                                     |                         |  |  |  |  |  |  |
| Lead Level Required                                                                                                                                                                                                             | Grades Pre                                                                                                                | K & I                                                              | к          | Date                               |                                                            |                                                                                         |                                                     |                         |  |  |  |  |  |  |
| □ Test Done □ Le                                                                                                                                                                                                                | ad Elevated                                                                                                               | <u>&gt;</u> 5 µ                                                    | ug/dL      |                                    |                                                            |                                                                                         |                                                     |                         |  |  |  |  |  |  |
| System Review a                                                                                                                                                                                                                 | nd Abnori                                                                                                                 | nal Fi                                                             | indings Li | sted Below                         |                                                            |                                                                                         |                                                     |                         |  |  |  |  |  |  |
| □ HEENT [                                                                                                                                                                                                                       | HEENT Lymph nodes                                                                                                         |                                                                    |            |                                    |                                                            | Extremities                                                                             | [                                                   | □ Speech                |  |  |  |  |  |  |
| Dental Cardiovascular                                                                                                                                                                                                           |                                                                                                                           |                                                                    |            | 🗆 Back/Spi                         | ne                                                         | 🗆 Skin                                                                                  | [                                                   | □ Social Emotional      |  |  |  |  |  |  |
| □ Neck □                                                                                                                                                                                                                        | 🗌 Lungs                                                                                                                   |                                                                    |            | 🗆 Genitour                         | inary                                                      | Neurologica                                                                             | al                                                  | Musculoskeletal         |  |  |  |  |  |  |
| Assessment/Abno                                                                                                                                                                                                                 | ormalities N                                                                                                              | oted                                                               | /Recomm    | endations:                         |                                                            | Diagnoses/Problems (list) ICD-10                                                        |                                                     |                         |  |  |  |  |  |  |
|                                                                                                                                                                                                                                 |                                                                                                                           |                                                                    |            |                                    |                                                            |                                                                                         |                                                     |                         |  |  |  |  |  |  |
| Additional Inform                                                                                                                                                                                                               | nation Atta                                                                                                               | ched                                                               |            |                                    | *Required only for students with an IEP receiving Medicaid |                                                                                         |                                                     |                         |  |  |  |  |  |  |

| Name:                                                                |                                                                                                                       |       |                  |               |           |                      | DOB:                 |  |  |  |  |  |  |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------|------------------|---------------|-----------|----------------------|----------------------|--|--|--|--|--|--|
| SCREENINGS                                                           |                                                                                                                       |       |                  |               |           |                      |                      |  |  |  |  |  |  |
| Vision (w/correction if p                                            | prescribed)                                                                                                           |       | Right            | Lef           | t         | Referral             | Not Done             |  |  |  |  |  |  |
| Distance Acuity                                                      |                                                                                                                       | 20    | )/               | 20/           |           | 🗆 Yes 🗆 No           |                      |  |  |  |  |  |  |
| Near Vision Acuity                                                   |                                                                                                                       | 20    | )/               | 20/           |           |                      |                      |  |  |  |  |  |  |
| Color Perception Screening                                           | g 🗌 Pass 🗌 Fai                                                                                                        | il    |                  |               |           |                      |                      |  |  |  |  |  |  |
| Notes                                                                |                                                                                                                       |       |                  |               |           |                      |                      |  |  |  |  |  |  |
| Hearing Passing indicated Hz; for grades 7 & 11 also                 |                                                                                                                       |       | •                | cies: 500, 10 | 000, 200  | 0, 3000, 4000        | Not Done             |  |  |  |  |  |  |
| Pure Tone Screening                                                  | ure Tone Screening Right 🗆 Pass 🗆 F                                                                                   |       |                  |               | Referr    | al 🗆 Yes 🗆 No        |                      |  |  |  |  |  |  |
| Notes                                                                |                                                                                                                       |       |                  | 1             |           |                      |                      |  |  |  |  |  |  |
| Scoliosis Screen Boys ir                                             | grade 9, and Girls in                                                                                                 |       | Negative         | Posit         | ive       | Referral             | Not Done             |  |  |  |  |  |  |
| grades 5 & 7                                                         |                                                                                                                       |       |                  |               |           | 🗆 Yes 🛛 No           |                      |  |  |  |  |  |  |
|                                                                      |                                                                                                                       |       |                  |               |           |                      |                      |  |  |  |  |  |  |
| RECOMMENDA                                                           | TIONS FOR PARTICI                                                                                                     | ΡΑΤ   | ION IN PHYSIC    | CAL EDUCA     | TION/S    | PORTS/PLAYGRO        | UND/WORK             |  |  |  |  |  |  |
| 🗌 Student may partici                                                | pate in all activities w                                                                                              | vitho | out restriction  | s.            |           |                      |                      |  |  |  |  |  |  |
| □ Student is restricted                                              | from participation in                                                                                                 | n:    |                  |               |           |                      |                      |  |  |  |  |  |  |
| -                                                                    | asketball, Competitive                                                                                                |       | -                | ng, Downhil   | l Skiing, | Field Hockey, Footb  | all, Gymnastics, Ice |  |  |  |  |  |  |
| Hockey, Lacro                                                        | sse, Soccer, and Wrest                                                                                                | tling |                  |               |           |                      |                      |  |  |  |  |  |  |
| Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. |                                                                                                                       |       |                  |               |           |                      |                      |  |  |  |  |  |  |
|                                                                      | 🗆 Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. |       |                  |               |           |                      |                      |  |  |  |  |  |  |
| Other Restrictions                                                   | :                                                                                                                     |       |                  |               |           |                      |                      |  |  |  |  |  |  |
|                                                                      |                                                                                                                       |       |                  |               |           |                      |                      |  |  |  |  |  |  |
| Developmental Stage f<br>the high school intersch                    |                                                                                                                       |       |                  | •             |           |                      | • •                  |  |  |  |  |  |  |
| Tanner Stage: 🗆 I 🛛                                                  |                                                                                                                       |       | Age of Firs      | st Menses (   | if applic | able) :              |                      |  |  |  |  |  |  |
| Other Accommodat                                                     | ions*: (e.g. Brace, or                                                                                                | thot  | ics, insulin pun | np. prostec   | tic. spor | ts goggle, etc.) Use | additional space     |  |  |  |  |  |  |
|                                                                      | eck with athletic gov                                                                                                 |       |                  |               |           |                      |                      |  |  |  |  |  |  |
| athletic competitions.                                               | -                                                                                                                     |       |                  |               |           |                      |                      |  |  |  |  |  |  |
|                                                                      |                                                                                                                       |       |                  |               |           |                      |                      |  |  |  |  |  |  |
|                                                                      |                                                                                                                       |       |                  |               |           |                      |                      |  |  |  |  |  |  |
|                                                                      | antion (a) No ordered at C                                                                                            | - la  | MEDICAT          | IONS          |           |                      |                      |  |  |  |  |  |  |
|                                                                      | cation(s) Needed at So                                                                                                | cnoo  | ol Attached      |               |           |                      |                      |  |  |  |  |  |  |
|                                                                      | IMMUNIZATIONS                                                                                                         |       |                  |               |           |                      |                      |  |  |  |  |  |  |
| Record Attached Reported in NYSIIS                                   |                                                                                                                       |       |                  |               |           |                      |                      |  |  |  |  |  |  |
|                                                                      |                                                                                                                       | Н     | IEALTH CARE I    | PROVIDER      |           |                      |                      |  |  |  |  |  |  |
| Medical Provider Signature                                           | 2:                                                                                                                    |       |                  |               |           |                      |                      |  |  |  |  |  |  |
| Provider Name: (please pri                                           | int)                                                                                                                  |       |                  |               |           |                      |                      |  |  |  |  |  |  |
| Provider Address:                                                    |                                                                                                                       |       |                  |               |           |                      |                      |  |  |  |  |  |  |
| Phone:                                                               |                                                                                                                       |       | Fax:             |               |           |                      |                      |  |  |  |  |  |  |
|                                                                      | Please Return This                                                                                                    | s Foi | rm To Your Ch    | nild's Schoo  | ol When   | Completed.           |                      |  |  |  |  |  |  |