



Welcome to the Rondout Valley Central School District! REGISTRATION CHECKLIST

_____ **Completed registration packet**

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

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

https://www.rondout.k12.ny.us/departments/health_office

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

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

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

Parent/Guardian identification is required.

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

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

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



Dear Parent/Guardian:

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

PROOF OF RESIDENCY

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

Evidence may include:

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

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

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

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

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

Legal documentation from the court that granted the guardianship to be submitted with the affidavits.

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

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

PROOF OF AGE

Please provide documentation establishing your child's age.

Evidence may include:

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

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

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

EVIDENCE OF IMMUNIZATIONS & PHYSICAL

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

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

NOTICE OF RIGHTS REGARDING REFERRAL FOR EVALUATION FOR SPECIAL EDUCATION

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

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

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

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



REGISTRATION APPLICATION

STUDENT INFORMATION

SCHOOL YEAR: _____

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

PARENT INFORMATION

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

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

SCHOOL(S) PREVIOUSLY ATTENDED

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

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

CUSTODY INFORMATION

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

- Please inform your school of changes in custodial arrangements. -

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

Custody paperwork provided during registration? ☐ Yes ☐ No

Restrictions of contact and/or information: *Paperwork must be provided to Central Registration*

☐ No Restrictions for Parents/Guardians ☐ Custody Papers Specify Restriction ☐ Order of Protection

☐ Other Documentation, specify: _____ Expiration Date: _____

Person(s) Restricted: _____ Relationship to student: _____

SIBLING INFORMATION

Siblings Residing in the Home:

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

STUDENT SUPPORT SERVICES

Does the student have an IEP: ☐ Yes ☐ No

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

Please check any service the student currently receives:

☐ Remedial Reading

☐ Occupational Therapy

☐ School Counseling

☐ Remedial Math

☐ Physical Therapy

☐ Counseling from an Outside Agency

☐ ESOL

☐ Speech Therapy

Name of Agency: _____

STUDENT'S PHYSICIAN INFORMATION

Name:

Phone:

Name of Practice:

Address:

Allergies/Health Concerns: _____

Required Medications: _____

If physical is not within one year, date of upcoming appointment: _____

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

Name:

Cell:

Address:

Alt. Phone:

Relationship to student:

Permitted to pick up student: ☐ Yes ☐ No

Name:

Cell:

Address:

Alt. Phone:

Relationship to student:

Permitted to pick up student: ☐ Yes ☐ No

Print Name: _____ **Signature:** _____

Relationship to Student: _____ **Date:** _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

STUDENT’S NAME: _____
First Middle Last

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

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

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

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

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

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

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

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

Print Name: _____Signature: _____

Relationship to Student: _____Date _____



Rondout Valley

Central School District

RESIDENCY QUESTIONNAIRE

Name of LEA RONDOUT VALLEY CENTRAL SCHOOL DISTRICT

Name of Student _____

Birth date: _____ Grade _____

Complete Address _____

Name of School _____

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

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

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

Print Name of Parent, Guardian, or
Unaccompanied Youth

Signature of Parent, Guardian, or
Unaccompanied Youth

Date

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

Rondout Valley

Central School District



RONDOUT VALLEY CENTRAL SCHOOL DISTRICT TRANSPORTATION FORM

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

Change of Address? NO ☐ Yes ☐ proof of residency provided? _____

Student's Name _____ Date of Birth ____/____/____

Entering Gr: _____ School Building _____

Student Lives With:

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

Parent's Name(s) _____

Guardian/Relative's Name(s) _____

Physical Address _____

City

State

Zip Code

Mailing Address (if different from physical address):

City

State

Zip Code

Primary Parent

Parent

Guardian/Relative

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

Alternate point of contact in case of emergency: Name: _____

Relationship to Student: _____ Phone Number: _____



Rondout Valley

Central School District

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

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

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

School: _____ Grade: _____ Start Date: _____

Student's Name: _____

Date of Birth: _____

Parent/Guardian Name:

Name

Street Address

City State Zip code

Primary Contact Phone # _____

Email address _____

Child Care Provider:

Name

Street Address

City State Zip code

Site Phone # _____

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

BEFORE SCHOOL PICK UP

	Home	Child Care	No Transport
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

AFTER SCHOOL DROP OFF

	Home	Child Care	No Transport
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

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

Date

Signature of Parent/Guardian

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



Rondout Valley

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AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Previous School

Student's Name

Previous School's Address

Date of Birth mm / dd / yyyy

City State Zip Code

Entering Grade

Telephone

Fax

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

Reason for request: _____

Please forward the following information as soon as possible:

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

Date

Signature of Parent

Date

Signature of Rondout Valley Central School District Registrar (required)

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

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



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Central School District

MEDICAL INFORMATION

Name of School _____ Grade _____ ID# _____

Name of Student _____ Date of Birth _____ Gender _____
mm / dd / yyyy

Name of Parent/Guardian Completing Form _____

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

Physician's Name _____ Physician's Phone _____

Dentist's Name _____ Dentist's Phone _____

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

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

Parent/Legal Guardian Signature _____ Date _____

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



Rondout Valley

Central School District

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

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

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

Name _____ Phone _____ FAX _____

Name _____ Phone _____ FAX _____

Name _____ Phone _____ FAX _____

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

- ☐ Immunizations
- ☐ Health Appraisals
- ☐ Medication Orders
- ☐ Other: _____

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

☐ This authorization is valid until this date: _____.

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

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

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

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

Date

Signature of Parent or Guardian

Relationship

For medication and therapy administration in school:

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

Date

Signature of Parent or Guardian

Relationship

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION

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

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR IF AN AREA IS NOT ASSESSED INDICATE NOT DONE					
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	
School:				DOB:	
				Grade:	
				Exam Date:	
HEALTH HISTORY					
Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached			
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached			
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> Medication/Treatment Order Attached		Date of last seizure: <input type="checkbox"/> Seizure Care Plan Attached	
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached			
Risk Factors for Diabetes or Pre-Diabetes: <i>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.</i>					
BMI _____ kg/m2					
Percentile (Weight Status Category): <input type="checkbox"/> <5 th <input type="checkbox"/> 5 th -49 th <input type="checkbox"/> 50 th -84 th <input type="checkbox"/> 85 th -94 th <input type="checkbox"/> 95 th -98 th <input type="checkbox"/> 99 th and>					
Hyperlipidemia: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Done			Hypertension: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Done		
PHYSICAL EXAMINATION/ASSESSMENT					
Height:		Weight:		BP:	
				Pulse:	
				Respirations:	
Laboratory Testing		Positive Negative		Date	
TB- PRN		<input type="checkbox"/>		<input type="checkbox"/>	
Sickle Cell Screen-PRN		<input type="checkbox"/>		<input type="checkbox"/>	
Lead Level Required Grades Pre- K & K				Date	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g/dL}$					
<input type="checkbox"/> System Review and Abnormal Findings Listed Below					
<input type="checkbox"/> HEENT		<input type="checkbox"/> Lymph nodes		<input type="checkbox"/> Abdomen	
<input type="checkbox"/> Dental		<input type="checkbox"/> Cardiovascular		<input type="checkbox"/> Extremities	
<input type="checkbox"/> Neck		<input type="checkbox"/> Lungs		<input type="checkbox"/> Skin	
		<input type="checkbox"/> Genitourinary		<input type="checkbox"/> Neurological	
				<input type="checkbox"/> Speech	
				<input type="checkbox"/> Social Emotional	
				<input type="checkbox"/> Musculoskeletal	
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:				Diagnoses/Problems (list) ICD-10 Code*	
<input type="checkbox"/> Additional Information Attached				*Required only for students with an IEP receiving Medicaid	

Name:			DOB:	
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	Negative	Positive	Referral	
And girls grades 5 & 7	<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				
<input type="checkbox"/> Full Activity without restrictions including Physical Education and Athletics.				
<input type="checkbox"/> Restrictions/Adaptations Use the Interscholastic Sports Categories (below) for Restrictions or modifications				
<input type="checkbox"/> No Contact Sports Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling				
<input type="checkbox"/> No Non-Contact Sports Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field				
<input type="checkbox"/> Other Restrictions:				
<input type="checkbox"/> 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: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> Accommodations: Use additional space below to explain				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Brace*/Orthotic </div> <div> <input type="checkbox"/> Colostomy Appliance* </div> <div> <input type="checkbox"/> Hearing Aids </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Insulin Pump/Insulin Sensor* </div> <div> <input type="checkbox"/> Medical/Prosthetic Device* </div> <div> <input type="checkbox"/> Pacemaker/Defibrillator* </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Protective Equipment </div> <div> <input type="checkbox"/> Sport Safety Goggles </div> <div> <input type="checkbox"/> Other: </div> </div>				
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
MEDICATIONS				
<input type="checkbox"/> Order Form for Medication(s) Needed at School attached				
List medications taken at home:				
IMMUNIZATIONS				
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Record Attached </div> <div> <input type="checkbox"/> Reported in NYSIS </div> <div> Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>				
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

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

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

SCHOOL _____

GRADE _____

TO BE COMPLETED BY PARENT/GUARDIAN

Student Name _____ Birthdate _____

Parent/Guardian _____ Phone _____

Dentist's Name _____ Dentist's Phone _____

Physician's Name _____ Physician's Phone _____

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

Parent Signature: _____ Date: _____

DENTAL HEALTH INFORMATION (TO BE COMPLETED BY DENTIST)

Assessment Date: _____

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

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

Dental Professional Signature

Date

Print Name

OR

Office Stamp



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

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

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

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

Home Language Questionnaire (HLQ)

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

Please write clearly when completing this section.

STUDENT NAME:

First Middle Last

DATE OF BIRTH:

Month Day Year

GENDER:

☐ Male
☐ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name First Name Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

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

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

SCHOOL DISTRICT INFORMATION:

District Name (Number) & School

Address

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

Home Language Questionnaire (HLQ)—Page Two

Educational History

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

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

Yes* No Not sure

☐ ☐ ☐ *If yes, please explain: _____

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

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

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

☐ No ☐ Yes – Type of services received: _____

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

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

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

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

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

Signature of Parent or of Person in Parental Relation

Month: Day: Year:

Date

Relationship to student: ☐ Mother ☐ Father ☐ Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

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

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

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

MO. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

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

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL
ADMINISTRATION:

MO. DAY YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

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



Signature of Parent or Student

Date

Rondout Valley Central School District 4526 COMPUTER USE IN INSTRUCTION (or ACCEPTABLE USE POLICY)

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

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

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

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

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

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

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

Cross-ref:
5300, Code of Conduct
Adoption date: 4/13/21

(PLEASE PRINT)

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

Rondout Valley



student Last Name _____ Student First Name _____

Entering Grade Level _____

Building: (select or circle one)

Kerhonkson Elementary
Intermediate School
High School

Marbletown Elementary
Junior High School

RONDOUT VALLEY CENTRAL SCHOOL DISTRICT PARENT/ GUARDIAN AGREEMENT FORM

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

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

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

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

Parent/Guardian (print) _____

Signature: _____ Date: _____



RONDOUT VALLEY CENTRAL SCHOOL DISTRICT

PO Box 9, Accord, NY 12404

Dr. Joseph Morgan
Superintendent of Schools
(845) 687-2400 Ext. 4802

Mrs. Deanna Rosinski
School Business Official
(845) 687-2400 Ext. 4812

Mrs. Lisa I. Pacht
Assistant Superintendent of Schools & Operations
(845) 687-2400 Ext. 4805

Ms. Megan Braren
Director of Pupil Personnel Services
(845) 687-2400 Ext. 4863

Dear Parent/Guardian,

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

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

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

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

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

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

Child's Name: _____ Grade: _____

Parent Signature: _____ Date: _____

Parent Name (Print): _____



RONDOUT VALLEY CENTRAL SCHOOL DISTRICT

PO Box 9, Accord, NY 12404

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Ms. Megan Braren
Director of Pupil Personnel Services
(845) 687-2400 Ext. 4863

Dear Pre-Kindergarten Parent/Guardian,

We have the capability of sending phone calls, e-mails, and/or text messages to inform you of school delays, emergency closings, and upcoming events in the district. This is accomplished through an automated system which we use to contact parents, students, and staff. If you would like the district to register you for this service, please fill in this form and return it with your Universal Pre-Kindergarten application.

Thank you,
Superintendent Dr. Joseph Morgan

Parent/Guardian Name _____
Student Name _____

I would like the Rondout Valley Central School District to send me notifications about:

- Emergency Closings/Delays _____
- Upcoming Community Events _____

Please list information below regarding how you would like to receive the reminders. I prefer to receive notifications through a(n):

- Phone call @ _____ @ _____
- E-mail @ _____ @ _____
- Text message @ _____ @ _____

Should you have any questions, please contact Ms. Randi Chase in the Technology Office at the following phone number: **845-687-2400 extension 4851.**

- All access by a user ID and password are the responsibility of the person to whom the user ID is assigned. The user's ID and password must remain confidential and must not be shared with anyone else.
- Due to the sensitivity of the information available to parents through SchoolTool Parent Portal it is necessary for parents to sign this form agreeing to keep information confidential and to keep their password confidential.
- Parents will only be able to see information that pertains to their child(ren) and therefore agree to not use anyone else's password.
- It is the Parent's responsibility to change his/her password immediately if they believe someone else has obtained it.
- In order to prevent unauthorized use, the user shall log off of SchoolTool when finished using it.

I/We understand that my/our access to the SchoolTool data and information systems is for the sole purpose of viewing and tracking my/our child(ren)'s records and progress. Breach of confidentiality, may result in suspension or revocation of access privileges and other penalties as authorized by Law. The Rondout Valley District reserves the right to terminate this agreement at any time if abuse is evident.

I have read the above and agree to comply with this agreement and the conditions herein outlined.

(If both parents/guardians are requesting access to our parent portal, each parent/guardian must sign and date this form.)

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Please note there are two (2) pages to this document.

For Office Use Only

	Initials of Individual Verifying & Entering Data	Building	Date
Identification Verified			
Entered into SchoolTool			
Once information is entered return completed form to IT			

SCHOOLTOOL PARENT/GUARDIAN PORTAL USE FORM

This request for Parent Portal Account form is to be used to request a Parent Portal account. Be assured that this site is secure and only verified parents/guardians and authorized school personnel will be able to access your child's information. For Security purposes you MUST return this completed form to any Rondout School IN PERSON.

	Student 1	Student 2	Student 3
School			
Last Name			
First Name			
Birthdate			
Grade			

Parent/Guardian Requesting Access

Name: _____

E-mail address: _____

Daytime phone number: _____

Name: _____

E-mail address: _____

Daytime phone number: _____

Please check one:

- ☐ I am registering for the first time
- ☐ Update my information in the Rondout Parent Portal
- ☐ Add another student to my existing Parent Portal account

•Each parent, student, or person granted access to data and information holds a position of trust and must preserve the security and confidentiality of the information he/she uses.

- Parent will access data solely in regard to their child.
- Parent will not make or permit unauthorized use of any information.
- Parent will not enter, change, delete or add data.

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

Rondout Valley

Central School District



ATHLETIC FORM

Students in grades 7-12

DATE: _____

CURRENT INFORMATION

Name of Student: _____

Age: _____

Home Address: _____

Date of Birth: _____

Grade: _____

Parent/Guardian: _____

Year entered 9th Grade: _____

Phone: (H) _____ (W) _____ (C) _____

Date of Move: _____ Date of Transfer to Rondout Valley HS: _____

Reason for Transfer: _____

PREVIOUS INFORMATION

Home Address: _____

Parent/Guardian: _____

School: _____

School Address: _____

Years Attended: _____

ATHLETIC PARTICIPATION RECORD

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

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

7 th .	_____	_____
-------------------	-------	-------

8 th .	_____	_____
-------------------	-------	-------

9 th .	_____	_____
-------------------	-------	-------

10 th .	_____	_____
--------------------	-------	-------

11 th .	_____	_____
--------------------	-------	-------

12 th .	_____	_____
--------------------	-------	-------

Expected Date of Graduation: _____