

Phelps-Clifton Springs Central School District

Where students soar to success



To help you become a part of our Midlakes family please use this 2023-2024 Student Registration Checklist:

- ☐ **Completed Student Enrollment Packet** (with Housing Questionnaire)
- ☐ **Birth Certificate**
- ☐ **Parent/Guardian ID** (driver's license **or** passport **or** state issued photo identification)
- ☐ **Proof of Residency:**
 - If you own your residence, please bring a mortgage statement **or** a school tax bill **and** one utility bill provided in the last thirty days. All documents must list the guardian's name and address.
 - If you rent your residence, please bring a current signed bonafide lease **and** one utility bill provided in the last thirty days. All documents must list the guardian's name and address.
 - If you cannot provide proof of residency in your name, please call the District Office at 315-548-6420 for further assistance prior to registering your child. An additional form may be required, and student registration may be subject to the District Residency Official's approval.
- ☐ **Student Health Records:**
 - An original *Record of Immunization* from a doctor's office
 - A copy of the student's last doctor's physical results from a doctor's office, the physical must be dated within one year from the start of school
 - A *Dental Health Certificate* from a dentist's office
- ☐ **Student School Records:** Academic records are not required for registration; however, they greatly assist in the process.
 - The most recent report card
 - Transcript of past grades/scores
 - Students in grades 7th- 12th are requested to submit a schedule from the school last attended

The following documentation is required in certain circumstances (if applicable):

- ☐ **Any Custody Documents and/or Court Documents/Orders** as they relate to the student who is enrolling in the Phelps-Clifton Springs Central School District.
- ☐ **IEP or 504 Plans:**
 - If your student receives special education services via an IEP or accommodations per a 504 plan, please provide one copy of your student's plan.
 - IEP and 504 Plans are not required for registration; however, they greatly assist in the process.
- ☐ **Medicaid Documents:** If the student is Medicaid eligible, please request appropriate documents from the registrar.
- ☐ **McKinney-Vento STAC Form:** If you checked anything other than "In permanent housing" on the Housing Questionnaire, please request appropriate documents from the registrar.
- ☐ **Application for Free and Reduced Price School Meals/Milk:** If you wish to apply to see if you are eligible for the program, please request an application from the registrar.
- ☐ **Home Language Questionnaire:** If you entered anything other than "English" for Native Language on the Student Enrollment form, please request appropriate documents from the registrar.

If you have any questions or you have completed the registration checklist and have collected all the requested documents, please contact Laurie Schmitt in person at Pupil Support Office or via phone at 315-548-6310.

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the **student is not required to submit proof of residency** and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____ Grade: ____ ID#: ____
Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

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

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date

If **ANY** box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

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Student Enrollment Form

STUDENT INFORMATION

Name: First _____ Middle _____ Last _____ Birth Date: ____ / ____ / ____

Address: _____ City _____, NY ZIP _____

Grade Entering: _____ Gender: ☐ Male ☐ Female ☐ Non-Binary Native Language: _____

Is the student Hispanic, Latino, or of Spanish origin? ☐ Yes (Hispanic) ☐ No (Not Hispanic)

Ethnicity (choose one or more): ☐ African American/Black ☐ American Indian/Alaskan Native ☐ Asian
☐ Native Hawaiian/Pacific Islander ☐ White

PRIMARY PARENT/GUARDIAN INFORMATION*

Name: First _____ Middle _____ Last _____

Address: _____ City _____, NY ZIP _____

Relationship to Student: ☐ Legal Guardian ☐ Parent ☐ Stepparent Native Language: _____

Cell Phone: (____) _____ Work Phone: (____) _____ Home Phone: (____) _____

Phone number for ParentSquare communications (closures, emergency updates, etc): (____) _____

Receive Mailings: ☐ Yes ☐ No Access to SchoolTool Parent Portal: ☐ Yes ☐ No

E-mail: _____

Name: First _____ Middle _____ Last _____

Address: _____ City _____, State _____ ZIP _____

Relationship to Student: ☐ Legal Guardian ☐ Parent ☐ Stepparent Native Language: _____

Cell Phone: (____) _____ Work Phone: (____) _____ Home Phone: (____) _____

Phone number for ParentSquare communications (closures, emergency updates, etc): (____) _____

Receive Mailings: ☐ Yes ☐ No Access to SchoolTool Parent Portal: ☐ Yes ☐ No

E-mail: _____

OTHER PARENT/GUARDIAN INFORMATION*

Name: First _____ Middle _____ Last _____

Address: _____ City _____, State _____ ZIP _____

Relationship to Student: ☐ Legal Guardian ☐ Parent ☐ Stepparent Native Language: _____

Cell Phone: (____) _____ Work Phone: (____) _____ Home Phone: (____) _____

Phone number for ParentSquare communications (closures, emergency updates, etc): (____) _____

Receive Mailings: ☐ Yes ☐ No Access to SchoolTool Parent Portal: ☐ Yes ☐ No

E-mail: _____

Name: First _____ Middle _____ Last _____

Address: _____ City _____, State _____ ZIP _____

Relationship to Student: ☐ Legal Guardian ☐ Parent ☐ Stepparent Native Language: _____

Cell Phone: (____) _____ Work Phone: (____) _____ Home Phone: (____) _____

Phone number for ParentSquare communications (closures, emergency updates, etc): (____) _____

Receive Mailings: ☐ Yes ☐ No Access to SchoolTool Parent Portal: ☐ Yes ☐ No

E-mail: _____

**Parents/Guardians will be contacted in the order listed above from top to bottom.*

*Does the student have any parent/guardian who is active duty armed forces? ☐ Yes ☐ No

If yes, who is active duty? _____ Which Branch: _____ Entry Date: ____ / ____ / ____

SCHOOLS 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

SIBLINGS AT HOME INFORMATION

First Name	Last Name	Date of Birth	Gender
		/ /	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary
		/ /	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary
		/ /	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary
		/ /	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary

CUSTODY & CONTACT

Please select one of the following custody arrangements:

☐ 50/50 ☐ Foster Placement (DDS-2999/324 must be provided) ☐ Joint Custody ☐ Legal Guardian
☐ Sole Custody ☐ Temporary Custody ☐ Unaccompanied Youth

Restrictions of Contact and/or Information:

☐ No Restrictions for Parents/Guardians ☐ Custody Papers Specify Restrictions ☐ Order of Protection
☐ Other Documentation, specify: _____ Expiration Date: ____/____/____
Person(s) Restricted: _____ Relationship to Student: _____

*Custody and/or Restrictions of Contact paperwork must be provided during registration.
Please inform your school of any changes along with updated paperwork.*

STUDENT SUPPORT SERVICES

Has your student ever been identified as having a disability (CSE or CPSE)? ☐ Yes ☐ No

If yes, please describe: _____

Does your student have an IEP? ☐ Yes ☐ No Does your student have a 504 Plan? ☐ Yes ☐ No

Please describe any Special Education Services that your child has received (i.e. speech, occupational therapy, physical therapy, resource, special class, and remedial instruction): _____

Is your student eligible for migrant services?

☐ Yes ☐ No

Is your student eligible for free/reduced lunch?

☐ Yes ☐ No ☐ Unsure

Has your child received any other services (i.e. gifted/talented and/or English as a Second Language)?

☐ Yes ☐ No If Yes, please describe: _____

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Authorized Individuals

STUDENT INFORMATION

Name of Student: First _____ Middle _____ Last _____

Date of Birth: ____/____/____ Grade: _____

EMERGENCY CONTACTS (BEYOND PARENT/GUARDIAN) *

Name: First _____ Last _____

Relationship to Student: ☐ Emergency Contact ☐ Sitter/Day Care Provider

Address: _____ City _____, State _____ ZIP _____

Cell Phone: (____) _____ Work Phone: (____) _____ Home Phone: (____) _____

☐ Check here to authorize that the student may be picked up from school in case of illness or an emergency.

Name: First _____ Last _____

Relationship to Student: ☐ Emergency Contact ☐ Sitter/Day Care Provider

Address: _____ City _____, State _____ ZIP _____

Cell Phone: (____) _____ Work Phone: (____) _____ Home Phone: (____) _____

☐ Check here to authorize that the student may be picked up from school in case of illness or an emergency.

Name: First _____ Last _____

Relationship to Student: ☐ Emergency Contact ☐ Sitter/Day Care Provider

Address: _____ City _____, State _____ ZIP _____

Cell Phone: (____) _____ Work Phone: (____) _____ Home Phone: (____) _____

☐ Check here to authorize that the student may be picked up from school in case of illness or an emergency.

Name: First _____ Last _____

Relationship to Student: ☐ Emergency Contact ☐ Sitter/Day Care Provider

Address: _____ City _____, State _____ ZIP _____

Cell Phone: (____) _____ Work Phone: (____) _____ Home Phone: (____) _____

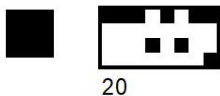
☐ Check here to authorize that the student may be picked up from school in case of illness or an emergency.

____/____/____

Date

Signature of Parent or Guardian

*Please note that parents and guardians will be contacted first. Emergency contacts above will be contacted in the order they are listed from top to bottom.



2023-2024
Student Digital Resources

Student _____ District PHELPS-CLIFTON SPRINGS CENTRAL

Collecting an accurate picture of the digital resources for our New York students will greatly help educators to better serve our students and families. In order to accomplish this, the New York State Education Department is asking parents to complete a Digital Equity survey (for each student in the family) in grades Kindergarten - Grade 12. This survey will provide information on student access to devices and internet access in their places of residence. To assist us in this process, **please answer each question below** and follow any additional instructions provided for submitting or returning the survey. Thank you for your time and cooperation.

Use blue or black ink.

- | | |
|---|--|
| 1. Did the school district issue your child a dedicated school or district owned device for their use during the school year? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 2. What is the device your child uses most often to complete learning activities away from school? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.) | <input type="radio"/> Desktop <input type="radio"/> Chromebook
<input type="radio"/> Laptop <input type="radio"/> Smartphone
<input type="radio"/> Tablet <input type="radio"/> No Device |
| 3. Who is the provider of the primary learning device identified in question 2? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork) | <input type="radio"/> School <input type="radio"/> Personal <input type="radio"/> No Device |
| 4. Is the primary learning device (identified in question 2) shared with anyone else in the household? | <input type="radio"/> Shared <input type="radio"/> Not Shared <input type="radio"/> No Device |
| 5. Is the primary learning device (identified in question 2) sufficient for your child to fully participate in all learning activities away from school? | <input type="radio"/> Yes <input type="radio"/> No |
| 6. Is your child able to access the Internet in their primary place of residence? | <input type="radio"/> Yes <input type="radio"/> No |
| 7. What is the primary type of internet service used in your child's primary place of residence? | <input type="radio"/> Residential Broadband <input type="radio"/> Dial Up
<input type="radio"/> Cellular <input type="radio"/> DSL
<input type="radio"/> Mobile HotSpot <input type="radio"/> Other
<input type="radio"/> Community Wi-Fi <input type="radio"/> None
<input type="radio"/> Satellite |
| 8. In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment uploads, without interruptions caused by slow or poor internet performance? | <input type="radio"/> Yes <input type="radio"/> No |
| 9. What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence? | <input type="radio"/> Availability <input type="radio"/> Other
<input type="radio"/> Cost <input type="radio"/> None |

Student ID

District ID


N Y 4 3 1 3 0 1 0 0 0 0

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Records Release Request

STUDENT INFORMATION

Name of Student: First _____ Middle _____ Last _____

Date of Birth: ____/____/____ Last Grade Enrolled: _____ Estimated Start Date*: ____/____/____

**To Previous Schools: please do not drop student from enrollment until notified of a start date*

PREVIOUS SCHOOL INFORMATION

Name of Previous School: _____

Previous School's Address: _____

City _____ State _____ ZIP _____

Previous School's Phone: (____) _____ Previous School's Fax: (____) _____

PERMISSION

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

/ /

Date

Signature of Parent, Guardian, or Unaccompanied Youth

DIRECTIONS FOR PREVIOUS SCHOOLS

The student named above is registering in our school district. Please forward the following information as soon as possible so that we may do our best to prepare for them:

- Administrative Records: Name, address, birth date, grade level, etc.
- Attendance Records
- Birth Certificate
- Current IEP or 504 Plan (if applicable)
- Disciplinary Reports
- Free/Reduced Lunch Paperwork
- Grade K-6 students – Recent report card, AIS reports, RTI or IST paperwork, counseling notes
- Grade 7-12 students – Cumulative Academic Record
- Grade 9-12 students – Unofficial Transcript
- Standardized Test Data including, but not limited to, New York State Assessments
- All reports and assessments associated with Special Education (if applicable)
- All reports and assessments associated with ENL services (if applicable)

Please send records to:

Students K-6	Students 7-12	Students with Disabilities
Kim Maher Phelps-Clifton Springs CSD 1500 State Route 488 Clifton Springs, NY 14432 Phone: (315) 548-6700 Fax: (315) 548-6709 Scan: kmaher@midlakes.org	Laurie Schmitt Phelps-Clifton Springs CSD 1554 State Route 488 Clifton Springs, NY 14432 Phone: (315) 548-6310 Fax: (315) 548-6309 Scan: lschmitt@midlakes.org	Jessica Givens Phelps-Clifton Springs CSD 1550 State Route 488 Clifton Springs, NY 14432 Phone: (315) 548-6440 Fax: (315) 548-6449 Scan: jgivens@midlakes.org

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 µg/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"/> Back/Spine	
<input type="checkbox"/> Neck		<input type="checkbox"/> Lungs		<input type="checkbox"/> Genitourinary	
				<input type="checkbox"/> Extremities	
				<input type="checkbox"/> Skin	
				<input type="checkbox"/> Neurological	
				<input type="checkbox"/> Speech	
				<input type="checkbox"/> Social Emotional	
				<input type="checkbox"/> Musculoskeletal	
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:				Diagnoses/Problems (list) ICD-10 Code*	
<input type="checkbox"/> Additional Information Attached				*Required only for students with an IEP receiving Medicaid	

Name:				DOB:	
SCREENINGS					
Vision (w/correction if prescribed)	Right	Left	Referral	Not Done	
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Near Vision Acuity	20/	20/		<input type="checkbox"/>	
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/>	
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.				Not Done	
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Notes					
Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7		Negative	Positive	Referral	Not Done
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK					
<input type="checkbox"/> Student may participate in all activities without restrictions. <input type="checkbox"/> Student is restricted from participation in: <div style="margin-left: 20px;"> <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> Other Restrictions: </div>					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level. Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V Age of First Menses (if applicable) : _____					
<input type="checkbox"/> Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for Medication(s) Needed at School Attached					
IMMUNIZATIONS					
<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS					
HEALTH CARE PROVIDER					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form To Your Child's School When Completed.					



Dental Health Certificate

A Dental Health Certificate is requested to be furnished by the student at the same time that a Health certificate is required (New entrants and students in Grades pre-K or K, 1, 3, 5, 7, 9, & 11)

- Must be signed by a licensed Dentist/Dental Hygienist.
- Must be no older than the 12 months prior to the beginning of the current school year; therefore the certificate must be dated after September 1, previous school year.
- Must describe the Dental Health Condition at the time of the exam.
- Must state whether student is in fit condition of dental health to permit attendance in school.

SCHOOL: _____

GRADE: _____

**TO BE FILLED IN BY PARENT/GUARDIAN PRIOR TO EXAMINATION BY
DENTIST/DENTAL HYGIENIST:**

Name: First _____ Middle _____ Last _____ Birthdate: ____/____/____ Gender: _____

Address: _____ City _____, NY ZIP _____

Parent/Guardian Name: _____ Phone: (____) _____

Parent/Guardian Address if different than student's: _____

Physician's Name: _____ Office Phone: (____) _____

Dentist/Dental Hygienist Name: _____ Dentist's Phone: (____) _____

DENTAL HEALTH INFORMATION (TO BE COMPLETED BY DENTIST/DENTAL HYGIENIST)

Assessment Date: ____/____/____

Visible fillings and/or restoration(s) present: ☐ Yes ☐ No

Untreated cavities 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, please provide Plan of Action: _____

/ /
Date

Signature of Dental Professional

Print Name of Dental Professional

OR Office stamp:



Technology Agreement

ACCEPTABLE USE POLICY AND AGREEMENT

The following are the terms of our Acceptable Use Policy:

- **Distribution:** The District will distribute a device to each student at the beginning of the school year.
- **Ownership:** All devices are the property of the District.
- **Terms of Agreement:** Students will be able to use their device for the school year. Students who withdraw, are suspended, change programs, or leave the District must return their device and any accessories before their departure.
- **Cost of Use:** The District will purchase the device and all required apps. Parents/Guardians are responsible for the cost of any damage, loss, or theft of the device determined by district administration to be caused by gross negligence.
- **Protection of the Device:** Students, with support from parents/guardians will care for their device in a way that minimizes the likelihood of damage, loss, and theft. This includes keeping the device in the protective case provided by the District at all times as well as keeping the device in a safe location in transit between home and school.

PARENT/GUARDIAN TECHNOLOGY AGREEMENT

- I have been made aware of the Student Use Policy for Technology and the Student Handbook.
- I can access the Student Use Policy for Technology and the Student Handbook by visiting www.midlakes.org or by requesting a copy in writing to the principal.
- I accept responsibility to set and convey standards for appropriate and acceptable use of technology to my student when he/she is using technology, including personal electronics on school grounds or at school events.
- I am aware that a current list of resources used with students and their data privacy information can be found at www.midlakes.org or by requesting a copy in writing to the principal.
- I release the District, Board of Education, its agents and employees from any and all claims of any nature arising from my student's use of District technology in any manner whatsoever.

STUDENT TECHNOLOGY AGREEMENT

- I have been made aware of the Student Use Policy for Technology and the Student Handbook.
- I can access the Student Use Policy for Technology and the Student Handbook by visiting www.midlakes.org or by requesting a copy in writing to the principal of my building.
- I will follow the Student Use Policy for Technology and the Student Handbook as well as any changes or additions that later may be adopted by the District.
- If I violate the Student Use Policy for Technology or the Student Handbook I understand that I may lose privileges related to technology and be subject to the District's school conduct and discipline policies.
- I understand that the District reserves the right to pursue legal action against me or my parents/guardians if I willfully, maliciously or unlawfully damage or destroy property of the District.

☐ I give my permission for my child to take their device home, if the school grants them that privilege.

☐ I do not wish to have my child have access to their District device outside of school.

/ /
Date

Signature of Parent or Guardian

/ /
Date

Signature of Student



Student Photo Release

The Phelps-Clifton Springs Central School District is excited to celebrate the learning and accomplishments of Midlakes' students. In order to do so, the District frequently posts on social media and the Internet. These posts may include certain pieces of student information, including, but not limited to, student names, honors, and awards received, non-graded student work, student artwork, student photographs, and video and/or voice recordings. In addition, the District may also release this information to local media or publish it in other District-approved publications, at school or public functions, and in the school yearbook. If published, a student's name or photo will appear with a clear school-related purpose with the intent to honor and praise student learning and accomplishments.

The Federal Family Education Rights and Privacy Act (FERPA) allows school districts to release certain pieces of school "directory information," including many of those listed above, unless parents choose to exercise their right of refusal.

If you agree to allow Phelps-Clifton Springs Central School District to publish and/or display this information for non-commercial purposes, no action is required.

If you do not grant permission for the District to release this information, please write a brief statement below to that effect. Please be sure to clearly include your student's first and last name as well as the grade level.

Phelps-Clifton Springs Central School District

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Transportation

STUDENT INFORMATION

Name: First _____ Middle _____ Last _____ Grade: _____
Address: _____ City _____, NY _____ Phone: (____) _____

INSTRUCTIONS

Please submit one form per child.

Complete the sections of this form that apply to your child.

Only two pick up and two drop off locations will be accepted.

MORNING PICK UP INFORMATION

Start Date: ____ / ____ / ____

☐ No AM Transportation Needed

☐ Home

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ AM Alternate Location:

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

Provider: _____ Phone: (____) _____

Address: _____

AFTERNOON DROP OFF INFORMATION

Start Date: ____ / ____ / ____

☐ No PM Transportation Needed

☐ Home

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ PM Alternate Location:

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

Provider: _____ Phone: (____) _____

Address: _____

EMERGENCY DISMISSAL AND HALF-DAY DROP OFF

In the event of an **emergency dismissal**, I would like my child transported to: ☐ Home
☐ RO "Alternate Location"

When school is scheduled for a **half-day**, I would like my child transported to: ☐ Home
☐ RO Alternate Location

____ / ____ / ____
Date

Signature of Parent or Guardian

INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and BOCES. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The New York State Education Department (NYSED) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.

Other than the above uses, housing information **should be kept confidential** and **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/his child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status without prior parental consent. Contacting a landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

Completing the Form

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

Definitions of Temporary Housing Arrangements

"With another family or other person" (also referred to as "doubled-up")

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"Other temporary living situation"

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing"

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

Next Steps for LEAs with Students Living in Temporary Housing Arrangements

If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form. If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: http://nche.ed.gov/downloads/briefs/det_elig.pdf.

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.