



DANSVILLE, NY

Dear Parent/Person in Parental Relation:

July 2023

Thank you for your interest in the Dansville Central School District (the "District"). In order to standardize the registration process, we ask that you provide the following information along with the attached registration paperwork.

PROOF OF RESIDENCY:

Please submit evidence establishing you and your child's physical presence in the school district. Such evidence may include:

- 1) A copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement;
- 2) A statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share property within the District, which may be either sworn or unsworn; or
- 3) Such other statement by a third party establishing the parent(s)' or person(s) in parental relation's physical presence in the district.

If the documentation listed above is not available, the District will consider other forms of documentation, which may include, but will not be limited to:

- pay stub;
- income tax form;
- utility or other bills;
- membership documents (e.g., library cards) based upon residency;
- 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, federal Office of Refugee Resettlement); or
- evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

The District may also require the parent(s) and/or person(s) in parental relation to the child to provide an affidavit either:

- 1) indicating that they are the parent(s) with whom the child lawfully resides; or
- 2) indicating that they are 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.

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.

MELISSA GOHO
Primary School Principal

284 Main Street
Dansville, NY 14437
Phone: (585) 335-4040
Fax: (585) 335-8181



DANSVILLE, NY

PROOF OF AGE:

The District will require documentation and/or information establishing your child's age. Please supply 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. Where such documentation is not available, a passport (including a foreign passport) may be used.

Where birth certificate or passport is not available, the District may consider certain other evidence, which has been in existence two years or more. 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, federal Office of Refugee Resettlement);
- court orders or other court-issued documents;
- Native American tribal document; or
- records from non-profit international aid agencies and voluntary agencies.

EVIDENCE OF IMMUNIZATIONS & PHYSICAL:

In accordance with New York State's Public Health Law, the District must also receive evidence that your child has been immunized in accordance with the New York State Department of Health Immunization Bureau's Immunization Requirements for School Entrance/Attendance. These records will be necessary to ensure your child's continued attendance. Additionally, please provide us with records of any 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.

If you have any questions with respect to the foregoing, please contact Carrie Tubbs at (585) 335-4040 x2003. Thank you.

Very truly yours,
Paul Alioto
Superintendent of Schools

MELISSA GOHO
Primary School Principal

284 Main Street
Dansville, NY 14437
Phone: (585) 335-4040
Fax: (585) 335-8181

DANSVILLE CENTRAL SCHOOL

<i>For office use only.</i>	Ellis B Hyde Elementary	High School	Primary School	<i>For office use only.</i>
Entry Date: _____	280 Main Street	282 Main Street	284 Main Street	Grade: _____
Student ID#: _____	Dansville, NY 14437 (585) 335-4030 (585) 335-4056 fax	Dansville, NY 14437 (585) 335-4010 (585) 335-4080 fax	Dansville, NY 14437 (585) 335-4040 (585) 335-8181 fax	Teacher: _____

Student Information

Last Name: _____	First: _____	Middle: _____
Address: _____		Male / Female
		Phone #: _____
Date of Birth: _____	Age: _____	Ethnic group: _____

Parent/Guardian Information

FATHER	Natural _____	Step _____	MOTHER	Natural _____	Step _____
Last Name: _____	First/MI: _____		Last Name: _____	First/MI: _____	
			Maiden Name (if different) _____		
Address: _____			Address: _____		
County: _____			County: _____		
email: _____			email: _____		
Phone #: _____	Cell #: _____		Phone #: _____	Cell #: _____	
Employer: _____	Phone #: _____		Employer: _____	Phone #: _____	
Living in home? Y / N	Receive mailings? Y / N		Living in home? Y / N	Receive mailings? Y / N	
Legal custody? Y / N	Ok to pick up? Y / N		Legal custody? Y / N	Ok to pick up? Y / N	

Emergency Contact Information

FIRST CONTACT AFTER PARENT	Name: _____	Relationship to student: _____	
	Address: _____	Ok to pick up? Y / N	
	Phone #: _____	Cell #: _____	
SECOND CONTACT AFTER PARENT	Name: _____	Relationship to student: _____	
	Address: _____	Ok to pick up? Y / N	
	Phone #: _____	Cell #: _____	
DAYCARE PROVIDER	Name: _____		
	Address: _____	Ok to pick up? Y / N	
	Phone #: _____	Cell #: _____	

Siblings (list only school age or younger)

Last Name	First Name	Date of Birth	Gender
			Male / Female
			Male / Female
			Male / Female

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Emergency Authorization

+ + + + +

If a parent cannot be reached in an emergency, I authorize the Dansville Central School District to notify the appropriate healthcare professionals listed below:	
Physician: _____	Phone #: _____
Dentist: _____	Phone #: _____
Hospital: _____	Phone #: _____

DANSVILLE CENTRAL SCHOOL

**Dansville Central Schools
Health History**

Name:	Date of Birth:	Sex:
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Please indicate the date your child experienced any of the following:

ADD/ADHD		Ear Conditions		Scarlet Fever	
Anemia		Heart Disease		Seizure Disorder	
Asthma		Hepatitis		Tuberculosis	
Chicken Pox		Nephritis		Whooping Cough	
Diabetes		Pneumonia		Serious Injuries	
Allergies		Rheumatic Fever		Operations	
		Head Injuries		Frequent Sore Throats	

Family Physician:	Address:	Phone:
Child wears glasses:	Date of last exam*:	Eye Dr:
Child has difficulty hearing:	Date of last exam*:	Ear Dr:
Lead Screening:	Date of test*:	Result:

***Please attach copy of last exam and results**

Is there anything unusual about the child's health? Please state here: _____

Medications: _____

PHYSICAL EXAM REQUIREMENTS: See attached letter outlining requirements

HEALTH ASSESSMENTS/SCREENINGS: Scoliosis screening at least once each school year for girls in 5th & 7th grade and boys in 9th grade. Any abnormal result of any such screening examination of scoliosis shall be in writing to the parent/guardian of that student.

Vision screening for all students who are enrolled including a minimum color perception, distance acuity, near vision, and hyperopia within six (6) months of the admission to the school. In addition, all students shall be screened for distance acuity and near vision in grades Pre-K, Kindergarten, 1st, 3rd, 5th, 7th, and 11th and at any other time deemed necessary. The results of any abnormal such vision screening examinations or concerns shall be in writing to the student's parent/guardian.

Hearing screening for all students within six months of admission to the school and in grades Pre-K, Kindergarten, 1st, 3rd, 5th, 7th, and 11th and at any other time deemed necessary. Such screening shall include, but not be limited to, pure tone and threshold air conduction screening. The results of such hearing tests shall be in writing to the student's parent/guardian.

IMMUNIZATION REQUIREMENTS: Please see <http://www.health.state.ny.us/publications/2370.pdf> for the NYS immunization requirement schedule or contact the health office for a hard copy or for specific questions.

Parents: Please sign to indicate that you have read and understand the above information.

Parent/Guardian Signature: _____



Dansville

CENTRAL SCHOOLS

DANSVILLE, NY

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Name/address of school transferring from: _____

Student's name: _____ DOB: _____ Grade Level: _____

Does student have an IEP or 504 plan? _____

INFORMATION REQUESTED

- *Custody papers - (if applicable)
- *Copy of birth certificate
- *Health/Immunization records
- *Current report card
- *Attendance records
- *Discipline report - (if applicable)
- *Pre & Post-Assessment tests
- *Transcript of work completed at your school (grades 7-12)
- *Science labs (when applicable)
- *Exit grades for marking period in progress.
 - **Grades 3 through 12 -report cards and exit grades
- *Testing records (ex: Grade 3 - 8 NYS Assessments - if applicable)
- *Guidance information (sequences planned, career plan, etc. - if applicable)
- *Conversion scale for letter to numerical grades (if applicable)
- *DRA, DIBELS and/or other measures of reading and math proficiency
- *CSE information —fax to: (585) 335-5047**

Signature of Parent/Guardian: _____ Date: _____

Fax or mail records to:

Primary Main Office (PK-2)
Attn: Carrie Tubbs
tubbsc@dansvillecsd.org
284 Main St
Dansville, NY 14437
(585) 335-8181 fax

EBH Main Office (3-6)
Attn: Kristina Kysor
KysorK@dansvillecsd.org
280 Main St
Dansville, NY 14437
(585) 335-4056 fax

Dansville High School (7-12)
Attn: Amy Oldfield
OldfieldA@dansvillecsd.org
282 Main Street
Dansville, NY 14437
(585) 335-4080 fax

284 Main Street
Dansville, NY 14437
Phone: (585) 335-4040
Fax: (585) 335-8181

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of LEA: Dansville Central School

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

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



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:		GENDER:
Month	Day	Year
<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

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Language Background (Please check all that apply.)

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

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT
INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

Educational History	
8. Indicate the total number of years that your child has been enrolled in school _____	
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.	
Yes* <input type="checkbox"/>	No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received (Please check all that apply):	
<input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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? _____	

_____ Month: _____ Day: _____ Year: _____
 Signature of Parent or of Person in Parental Relation 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: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ MO. DAY YR.	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> 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: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	



DANSVILLE, NY

July 2023

Dear Parent(s)/Guardian(s),

In order to keep you advised of the most current health requirements mandated by New York State Education Law, this letter is being sent to you as notification of what your child will need for the 2023-24 school year.

- **Physical examination is required for each student enrolled in public school upon entrance to pre-Kindergarten or Kindergarten, grades 1, 3, 5, 7, 9, 11 and for any new student entering the district.** Additionally, the student's BMI (Body Mass Index) and weight status group are required to be included as part of that physical exam for reporting purposes to the NYS Department of Health. If you do not wish to have your child's weight status group information included as part of the Health Department's survey this year please see the district webpage for an exclusion letter.
- NYS also requires that NYS public schools request a dental health certificate at the time of school entry and in grades K, 1, 3, 5, 7, & 11. Should you require dental resources or have questions about this request please refer to me at the DPS health office. Dental certifications are also available on the district webpage.
- Please review the NY State immunization requirements for school entrance. The most recent requirements and changes can be found at: <https://www.health.ny.gov/publications/2370.pdf> To request a hard copy or for questions please refer to me at the DPS health office or your child's primary care physician.
- When you take your child for his/her health visit, please have the physician either fax it to 585-335-4059 or mail it to the school health office along with an updated immunization record. If your physician utilizes a different form please be sure that the necessary required information for the BMI and weight status category are on it.
- If you have any questions pertaining to these New York State requirements, please call me directly at (585) 335-4040.

Sincerely,
Erin Smith, R.N.
Primary School Nurse

MELISSA GOHO
Primary School Principal

284 Main Street
Dansville, NY 14437
Phone: (585) 335-4040
Fax: (585) 335-8181

NYS Dental Health Certificate (Form D-2)

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

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

Child's Name:		
Last	First	Middle
Birth Date ____/____/____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No
School Name:		Grade:
Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.</p> <p>I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.</p>		
Parent's Signature _____		Date _____

Section 2 ~ To be completed by the Dentist

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

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

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

Dentist's Name and Address (pls print or stamp)

Dentist's Signature

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

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Oral Health Status (check all that apply).

- ☐ Yes ☐ No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- ☐ Yes ☐ No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- ☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

- ☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- ☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- ☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.



New York State Center for School Health
Supporting Student Success Through Health and Education



**NYS
Required**



**NYC
Required**



**NYS
Optional**



**NYC
Optional**

NYS and NYC Screening & Health Exam Requirements														
	New Entrant	Pre K or K*	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
HEARING SCREENING:														
Pure Tone	X	X	X		X		X		X				X	
SCOLIOSIS SCREENING														
Boys											X			
Girls							X		X					
VISION SCREENING														
Color Perception	X													
	X													
Fusion		X	X											
Near Vision	X	X	X		X		X		X				X	
	X	X	X		X		X							
Distance Acuity	X	X	X		X		X		X				X	
	X	X	X		X		X							
Hyperopia	X													

*Determine if your Kindergarten or Pre K students are your district's new entrants.

Health Examination Overview														
	New Entrant	Pre K or K	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Health Examination**	X	X	X		X		X		X		X		X	
	X													
Dental Certificate	X	X	X		X		X		X		X		X	

**Health Examinations may be either a Health Appraisal (health exam performed by the School Medical Director) or Health Certificate (health exam performed by the student's primary medical provider). They must be dated no more than 12 months prior to the start of the school year in which they are required, or the date of entrance to the school for new entrants.

This sample resource was created by the New York State Center for School Health and is located at www.schoolhealthny.com in the Laws | Guidelines | Memos - Effective July 2018

