

Frankfort-Schuyler Elementary Kindergarten Registration Form

***To register you must have proof of residency, birth certificate and immunization record. You must be a resident of the Frankfort-Schuyler School District.**

Child's Last Name First Name Middle Sex Date of Birth

Name of Parent/Legal Guardian Relationship to Child

Name of Parent/Legal Guardian Relationship to Child

Street (mailing Address) City State Zip County

(Please list address of other parent if applicable)

Email Address: _____

Mother's Cell # _____

Place of Employment (Mother) _____ Work # _____

Father's Cell # _____

Place of Employment (Father) _____ Work# _____

Is a language other than English used in the home? _____

Has your child been identified as a child with a disability? _____

Has your child ever received services from Early Intervention? _____

Please list any unusual circumstances that the school should be aware of or other pertinent information in regard to your child.

Are you receiving, or eligible to receive: Yes No

Free or reduced price school lunch _____

Enter the total number of children and adults residing in your household. Include in your total both the number of children in school and those children under 21 who do not attend school.

Children _____ Adults _____ Total _____

Names and ages of siblings: (children other than applicant)

Have there been any changes in family in the last three years?

Divorce _____ Death _____
Separation _____ Marriage _____

Is this a single parent family? _____

Is this a foster, or are surrogate parents caring for this child? _____

*If there are any custody issues you must provide us with a copy of the custody papers.

Do you plan on having your child ride the school bus? _____

If yes, what is the nearest corner to where you live? _____

Will your child be going to daycare? If so, what is the address of the daycare provider? _____

FRANKFORT-SCHUYLER ELEMENTARY SCHOOL

Dear Parents:

Please provide us with the following information so that we may set up your child's bus transportation. You may call or write us a note with any changes after today. Also,, if your child needs to be dropped off after school at a different location for one (1) day, please send a note with him/her to his/her teacher giving the date, address, name of adult that will be responsible for your child, and the bus (if you know it).

Thank you.

Roe Salvaggio, Secretary

Student Name: _____

Home Address: _____

Nearest Corner: _____

Morning bus pick-up: (Check One)

Home

Other

Address: _____

Responsible Adult(s): _____

Nearest Corner: _____

Afternoon bus drop-off: (Check One)

Home

Other

Address: _____

Responsible Adult(s): _____

Nearest Corner: _____

FRANKFORT-SCHUYLER ELEMENTARY SCHOOL
STUDENT INFORMATION UPDATE FORM

CHILD'S LAST NAME: _____ FIRST: _____ MIDDLE: _____

ADDRESS: _____ ETHNICITY _____

HOME TELEPHONE NUMBER: _____ LANGUAGE SPOKEN AT HOME _____

E-MAIL ADDRESS:(Mom) _____ E-MAIL ADDRESS:(Dad) _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

NAME OF PARENT(S) / GUARDIAN(S) WITH WHOM CHILD RESIDES: _____

FATHER'S LAST NAME: _____ FIRST NAME: _____

ADDRESS OF FATHER: _____ FATHERS CELL: _____

PLACE OF EMPLOYMENT: _____ FATHERS WORK #: _____

MOTHER'S LAST NAME: _____ FIRST NAME: _____

MOTHER'S ADDRESS: _____ MOTHERS CELL: _____

PLACE OF EMPLOYMENT: _____ CELL PHONE NUMBER: _____

PLEASE LIST WHO MAY PICK UP YOUR CHILD FROM SCHOOL: _____

PLEASE LIST WHO MAY NOT PICK UP YOUR CHILD FROM SCHOOL: _____

PLEASE LIST ANY UNUSUAL CIRCUMSTANCES THAT THE SCHOOL SHOULD BE AWARE OF OR OTHER PERTINENT INFORMATION IN REGARD TO YOUR CHILD: _____

IN CASE OF AN EMERGENCY, PLEASE LIST TWO PEOPLE OTHER THAN PARENTS/GUARDIANS WHO MAY BE CALLED. PLEASE BE SURE THE PEOPLE LISTED CAN BE READILY AVAILABLE WHEN CALLED TO TRANSPORT YOUR CHILD HOME:

1. NAME/RELATIONSHIP: _____ Address _____

PHONE NUMBER(S): Home# _____ Cell # _____

2. NAME/RELATIONSHIP: _____ Address _____

PHONE NUMBER(S): Home phone # _____ Cell number _____

LIST ANY BROTHER(S)/SISTER(S) CURRENTLY IN THE F-S SCHOOL DISTRICT, PLEASE INCLUDE THE SCHOOL AND TEACHER'S NAME: _____

Frankfort-Schuyler Central School District
Student Racial and Ethnic Identification

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition or immigration status.

STUDENT ID NUMBER: _____ GRADE LEVEL: _____

STUDENT NAME: _____ DATE OF BIRTH: ___/___/___

To Parents/Guardians:

Please complete and return this form to your student's school immediately. Please complete Parts 1 and 2 by completely darkening the circle beside your answers.

Part 1: Ethnicity Designation

Directions: Read the definition below and completely darken the circle that indicates this student's heritage.

Is this student Hispanic or Latino? (Select one answer)

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered Hispanic or Latino.

Yes No

Part 2: Race Designation

Directions: Read the descriptions below and completely darken the circle or circles that indicate this student's race. You must select at least one race, regardless of ethnicity designation. More than one response can be selected. Indicate this student's race. (Select all that apply.)

American Indian or Alaskan Native: A person having origins in any of the original peoples of North or South America (including Central America) and who maintains a tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand , and Vietnam.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black or African American: A person having origins in any of the black racial groups of Africa.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Signature of Parent/ Guardian

___/___/___
Date

Relationship to Student: Check one Mother Father Guardian Other (Specify)

FRANKFORT-SCHUYLER ELEMENTARY SCHOOL PERMISSION FORM

Please indicate your permission and/or understanding for the following:

YES

NO

Child's Name: _____

Field Trips: I give permission for my child to take part in field trips and school activities. I understand that transportation will be provided by Birnie Bus or other tour busses such as High Adventure Tours. Parents will be notified of all field trips ahead of time.

Photos: I give permission for my child to take part in picture-taking activities which may be released to the news media or used for public relations.

Telephone and Address Release: I authorize the school to give out my address and/or telephone number to other parents in regards to birthday parties, etc.

I give my son/daughter permission to watch PG or PG13 movies where appropriate.

Signature of Parent/Guardian

Date

COMPUTER NETWORK AND INTERNET ACCESS PARENTAL
NOTIFICATION/STUDENT AGREEMENT FORM

- I. We are pleased to offer students of the District access to the District computer network, the BOCES regional network and the internet.

- II. Access to these resources will enable students to explore thousands of libraries, Databases, and bulletin boards while exchanging messages with Internet users throughout the world. Families should be warned that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. While our intent is to make this access available to further educational goals and objectives, students may find ways to access other materials as well. We believe that the benefits to students from this access, in the form of information resources and opportunities for collaboration, exceed any disadvantages.

- III. Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity, to ensure that users are using the system responsibly and to check their contents. Users should not expect that files stored on District servers will be private.

- IV. As outlined in Board policy and procedures on student rights and responsibilities, copies of which are available in school offices, the following are not permitted:
 - A. Sending or displaying offensive messages or pictures
 - B. Using obscene language
 - C. Harassing, insulting or attacking others
 - D. Damaging computers, computer systems or computer networks
 - E. Violating copyright laws
 - F. Using another's password
 - G. Trespassing in another's folders, work or files
 - H. Intentionally wasting limited resources
 - I. Employing the network for commercial purposes

Violations may result in the loss of access as well as other disciplinary or legal action.

- V. I have read and understand the information presented above and give my permission for my child to participate in this program.

Parent or Legal Guardian Signature

I have read and understand the information presented above and I hereby agree to abide by the District's policy and guidelines, as well as all directions I receive from District personnel regarding the appropriate use of the computer resources made available to me by the District.

Student's Signature

Frankfort-Schuyler Elementary School 610 Reese Road

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 Date of Birth: ____ / ____ / ____ Grade: ____ ID#: _____
 Female 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.



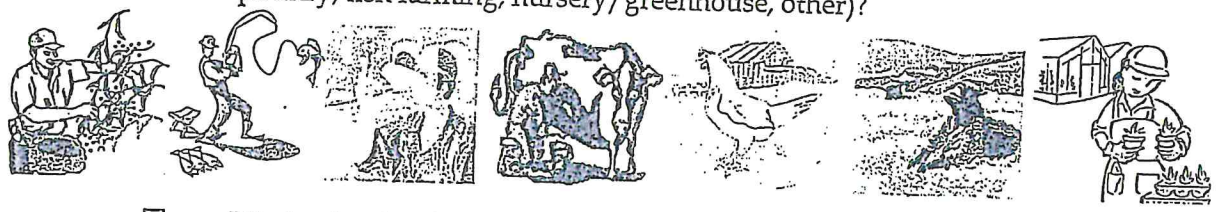
NEW YORK STATE MIGRANT EDUCATION PROGRAM IDENTIFICATION & RECRUITMENT OFFICE PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture. This program is free of charge to all eligible families and may include tutoring, free lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

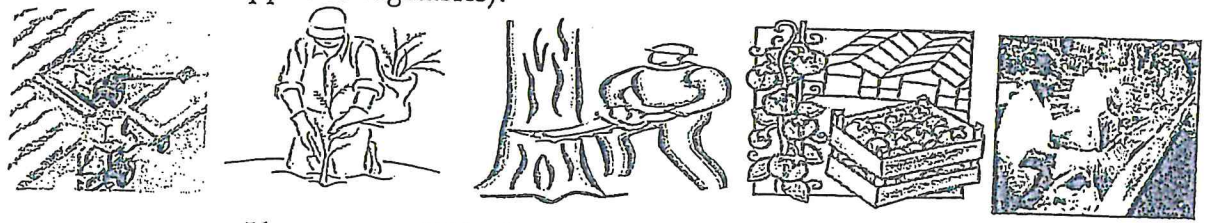
Please take few minutes to complete this questionnaire.

1. Has anyone in your family moved from another, country, city, town or school district within the past 3 years? ____ Yes ____ No
2. Has anyone in your family worked or looked for work at the following occupations within the last three (3) years? ____ Yes ____ No

Any agricultural or farm work (such as hay, dairy, fruit or vegetable crops, poultry, fish farming, nursery/greenhouse, other)?



Work related to logging, timber growing or harvesting? Work at food processing plant, (such as vegetable or poultry processing plants packing apples or vegetables)?



If you answer YES, please provide contact information below

Parent/Guardian/Eligible Person's Name: _____

Home address: _____

Telephone number: (____)-____-____ Best Time to be reached ____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

To submit this referral please contact 518-289-5618. Send by fax to 518-289-5623 or by mail to Migrant Education Identification & Recruitment Program, 100 Saratoga Village Blvd. #41 Ballston Spa, NY 12020





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

Lissette 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
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	<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 IS 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* 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:

**Frankfort-Schuyler Central School
Teacher-Parent-Student-Contract**

Student Name: _____ Grade: _____ Year: _____

When parents actively participate in their child's education, children do better in school. While neither parent nor schools alone can ensure the educational success of a student, the Frankfort-Schuyler Central School District, working collaboratively with parents and students agree:

For Faculty and Staff:

As a member of the faculty/staff, I will encourage and support student learning by:

- Recognizing the believing that all children can learn
- Showing respect for each child and his or her family
- Coming to class prepared to teach
- Providing an environment conducive to learning
- Helping each child grow to his or her full potential
- Providing meaningful and appropriate school and homework activities
- Enforcing school and classroom rules fairly and consistently
- Maintaining open lines of communication with each student and his or her parents/guardians
- Seeking ways to involve parents in school programs
- Demonstrating professional behavior and a positive attitude

For Parent(s) / Guardian(s):

As a parent/guardian, I will encourage and support student learning by:

- Seeing that my child attends school regularly and on time
- Providing a home environment that encourages my child to learn
- Insisting that all homework assignments are completed
- Communicating regularly with my child's teacher
- Supporting the school in developing positive behaviors
- Encouraging my child to read at home and to monitor his/her television viewing
- Showing respect and support for my child, his or her teachers and the school

For Students:

As a student, I will encourage and support my learning by:

- Always try to do my best in my work and in my behavior
- Working cooperatively with my classmates
- Showing respect for myself, my school and the other people
- Obeying the school rules
- Taking pride in my school
- Coming to school prepared with my homework done and with my supplies
- Believing that I can learn and will learn

Parent's Signature _____ Date _____

Student's Signature _____ Date _____

Principal's Signature _____ Date _____

Teacher's Signature _____ Date _____

_____ Elementary School

_____ Middle School

_____ High School

FRANKFORT-SCHUYLER ELEMENTARY SCHOOL HEALTH SERVICES

Dear Parents/Guardians,

The following items are **REQUIRED** at the Nurse's Office when your child begins school:

***Birth certificate**

***Record of immunizations**

Attached is a list of **REQUIRED** immunizations and the contact information for Public Health to schedule an appointment if vaccines are needed/missing.

***Physical Examination Report**

New York State **REQUIRES** physical examinations for **all new students entering the district at any grade upon registration, as well as for those students entering Pre-K or Kindergarten and grades 1,3,5,7,9 and 11. A copy of the exam must be provided to the school within 30 days from when your child starts.** The exam must be completed by a duly licensed physician, physician assistant, or nurse practitioner authorized to practice in NYS. **If a copy is not provided to the school within 30 days, the office will contact you and a physical exam will be scheduled for your child with the school's physician assistant** pursuant to Education Law 903, Commissioners' regulation 136.3. If your child has an appointment scheduled after the first 30 days of school, please inform the office of that date at 315-895-3007 or list date and sign below. If you wish your child to be scheduled with our school physician please check the line and sign below. A dental certificate which states your child has been seen by a dentist/hygienist is also requested at this time. A physical exam form and dental form have been included for you.

Upcoming appointment date: _____

Please schedule an exam with the school physician

Child's Name: _____

Parent signature: _____

Frankfort-Schuyler Central School District

HEALTH HISTORY INFORMATION

Students Name:	Date of Birth: Place of Birth:	Grade: New Student? Y or N
Parent/Guardian:	Relationship:	Phone:
Parent/Guardian:	Relationship:	Phone:
Who does student live with:	Doctor's Name: Address:	Phone:

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	<input type="checkbox"/>	<input type="checkbox"/>	
Had allergies (specify): *Epi pen or Benadryl required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> food <input type="checkbox"/> environmental <input type="checkbox"/> insect <input type="checkbox"/> medication <input type="checkbox"/> other
Had an operation	<input type="checkbox"/>	<input type="checkbox"/>	
Missed 5 days of school in a row due to illness/injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a bone/muscle injury	<input type="checkbox"/>	<input type="checkbox"/>	
Passed out, had a concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	
Had a convulsion/seizure	<input type="checkbox"/>	<input type="checkbox"/>	
Had a vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
Had a hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant
Worn dental bridge, braces or mouthpiece	<input type="checkbox"/>	<input type="checkbox"/>	
Have any family members under the age of 50 ever:	YES	NO	If Yes, please specify:
Had a heart attack	<input type="checkbox"/>	<input type="checkbox"/>	
Had other serious health problems	<input type="checkbox"/>	<input type="checkbox"/>	

CHECK ALL THAT APPLY TO YOUR CHILD:

- | | | |
|--|--|---|
| <input type="checkbox"/> ADHD
<input type="checkbox"/> Asthma/trouble breathing
<input type="checkbox"/> Autism/Asperger
<input type="checkbox"/> Dental Injuries
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Ear Infections | <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS)
<input type="checkbox"/> Headaches/migraines
<input type="checkbox"/> Heart Conditions
<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Mental Health Condition
(depression, eating disorder, anxiety, OCD, ODD, etc.) | <input type="checkbox"/> Scoliosis
<input type="checkbox"/> Single Organ (<input type="checkbox"/> kidney, <input type="checkbox"/> testicle)
<input type="checkbox"/> Skin Condition
<input type="checkbox"/> Speech Condition
<input type="checkbox"/> Urinary Condition |
|--|--|---|

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school	<input type="checkbox"/>	<input type="checkbox"/>	
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:
TREATMENTS	YES	NO	
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

Is there any condition that would prevent your child from participating in physical education or sports?

No Yes: _____

Please list any additional concerns: (use back of sheet if necessary) _____

Parent/Guardian Signature: _____ Date: _____



Frankfort-Schuyler Elementary School

610 Reese Road Frankfort, NY 13340 | 315-894-7491 Principal | 315-895-4102 Fax

AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Child

Child's Date of Birth

I, _____, hereby authorize the following person(s) / organization(s) to provide to, and receive from, Frankfort-Schuyler Central School District:

() WRITTEN records and / or () VERBAL information on the above named person

- () Counseling Agency: _____
- () Medical Provider: _____
- () Service Provider: _____
- () Other: _____

THIS INFORMATION WILL BE UTILIZED TO:

- Provide educational services
- Coordinate medical services
- Coordinate services with my family / concerned person
- Coordinate educational planning programs with school personnel

I understand that I need not consent to the release of information in order to obtain services. I choose to do so willingly and voluntarily for the purposes specified above. The duration of this authorization is for no longer than the school year ending June _____ unless I specify a date, event, or condition upon which it will expire sooner. I understand that I may revoke this consent at any time by notifying school staff in writing, except to the extent that action has been taken in reliance on my consent.

Signature of Parent/Guardian

Date

Signature of Witness

Date

Specify date, event or condition upon which this agreement will expire sooner: _____

District Office
605 Palmer Street
315-894-5083 Superintendent
315-895-7781 Business Office
315-895-7733 Special Education

FRANKFORT-SCHUYLER

Pride

Middle-Senior High School
605 Palmer Street
315-895-7461 Principal
315-895-4032 Fax
315-895-7733 Special Education

Frankfort-Schuyler Elementary BMI Release Authorization

As part of a required health examination, a student is weighed and his/her height is measured. These numbers are used to figure out the student's body mass index or "BMI" The BMI helps the doctor or nurse know if the student's weight is in a healthy range or is too high or too low. Recent changes to the New York State Education Law require that BMI and weight status group be included as part of the student's school health examination. A sample of school districts will be selected to take part in a survey, we will be reporting to New York State Department of Health information about your students' weight status groups. Only summary information is sent. No names and no information about individual students are sent. However, you may choose to have your child's information excluded from this survey report.

The information sent to the New York State Department of Health will help health officials develop programs that make it easier for children to be healthier.

If you have any questions please contact your student's building nurse.

PLEASE DO / PLEASE DO NOT (circle one) include my child's weight status information in the School Survey.

Student Name: _____

Name of Parent/Guardian: _____

Please Print

Parent/Guardian Signature: _____

Date: _____

EMERGENCY POWER OF ATTORNEY

In the event of an accident or sudden/unexpected illness of my child, if I cannot be contacted, I authorize the school staff to call the physician named below and to follow his instructions. Should the named physician not be available, I further authorize, in my place and in my stead, the school to seek the services of any qualified physician and to transport my child to the physician's office or hospital for treatment including x-rays, laboratory tests, or whatever medical or surgical treatment and agree to pay the customary fees or charges for such treatment.

Student Name: _____ Grade: _____

Local Physician's Name: _____ Physician's Address: _____ Physician's Phone: _____

Local Dentist's Name: _____ Dentist's Phone: _____

Name of Parent/Guardian: _____

Please Print

Parent/Guardian Signature: _____

Date: _____