East Ramapo Central School District

Central Registration

105 South Madison Avenue

Spring Valley, NY 10977

Phone 845-577-6065

New Student Registration Packet

Dear Parent/Guardian:

Please read and complete the entire packet and bring, in person, to the Office of Central Registration.

Fill out one packet per child.

Thank you,

Central Registration Staff

***Updated 10-27-2015**

INTRODUCTION

All children who meet the age and residency requirements established by state law have the right to attend school whether they are U.S. citizens, documented aliens, or undocumented immigrant children and youth.

REGISTRATION REQUIREMENT CHECKLIST

The child's initial enrollment will occur on the next school day after the request for enrollment is made, or as soon thereafter as practicable. However, if the District is able to determine non-residency from documentation provided on the day of the initial request, the child will not be enrolled. Following the request for enrollment, you will have 3 business days to present proof of custody, residency, and age of the student using the kinds of documentation listed below. If you do not present the required proof, your child will not be granted final registration in the District.

Proof of Age – must be **certified copy**

- Certified transcript of birth, including foreign birth certificate (with seal); **or**
- Religious Certificate (Baptismal or Bris Certificate).

If neither of the above are available:

- Passport (including foreign passport) showing the date of birth of the minor.

If none of the above-listed documentation is available, the following will be considered:

- Permanent resident/Green Card;
- Official driver's license;
- State-or other government-issued ID;
- School photo ID with date of birth;
- Consulate identification card;
- Hospital or health records (in New York City, Hospital Birth Records);
- Military dependent ID card;
- Documents issued by federal, state or local agencies;
- Court orders or court-issued documents;
- Native American tribal document;
- Record(s) from non-profit international aid agencies and voluntary agencies (VOLAGS).

Other than birth certificates, religious certificates and passports, documentation of age must have been in existence two years or more.

Proof of Immunization – You have thirty (30) days to submit to the school nurse the month, date and year of New York State immunizations signed by a doctor or clinic. If documentation of immunization is not obtained after this period, the student may be excluded from school until documentation/immunization is obtained.

Proof of Parental Identification– The parent/guardian/person in parental relation MUST be present at time of registration and provide valid identification such as:

- Driver's license;
- Government Issued Photo ID;
- DSS-299.

Proof of Residency – You must provide at least one form of proof of residency from list **A or B**. In addition, please provide at least one other document from list **C**, below.

A. **Homeowner/Condominium owner**
- Mortgage statement;
- Deed; **or**
- Closing Papers

B. **Renter/Tenant**
- Lease;
- Affidavit or unsworn statement by landlord;
- Affidavit or unsworn statement by owner or tenant from whom parent/person in parental relation leases or shares property; **or**
- Statement by any other party establishing parent(s)'/person in parental relations' physical presence in the District.

C. **Other Documentation of Residency**

In addition to providing at least one item from list **A** or **B** above, please provide at least one additional document demonstrating residency if available. Below is a list of examples of documentation that may be used. *Please note that this list is intended only to provide examples of documentation that may be relevant to residency determinations.* The District will consider other kinds of documentation. The list below is not intended to be exhaustive, nor is it a list of required documentation.

- Pay stub;
- Income tax form;
- Utility (such as gas/electric/oil bill, e.g., Orange & Rockland);
- Other bills (such as water bill (e. g., United Water), home telephone bill (e.g., Verizon, Optimum, etc.), cable TV/Digital TV bill (e. g., Cablevision, Direct TV, etc.) or Broadband/Internet service provider bill (e. g., Verizon, AOL, etc.);
- 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.

Please note: The District will be flexible in considering different kinds of documentation of residency. Any documentation you present will be considered. However, the District has found the following kinds of documents to be less reliable proof of residency: checkbooks; bank statements; credit card statements; car insurance statements/cards; cellular telephone bills; car notes or loan statements (other than mortgage loans).

D. Proof of Parental Relationship/Custody

- An affidavit of the parent(s) or person(s) in parental relation indicating either:
  (1) that they are the parent(s) with whom the child lawfully resides; or
  (2) 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
- Documentation indicating that the child resides with a sponsor with whom the child has been placed by a Federal agency;
- Guardianship document or custody order signed by a Judge or Court Officer (*This specific documentation is not required, but is one form of proof of the parental relationship that may be used*).

Additional Documents

Please submit any previous school records, transcripts, or any other relevant documents regarding your child's education, as these will assist us in placing your child in the proper grade and classes.

East Ramapo Central School District
New Registrant Form

Student's Household Information

Surname _____ **Date** _____

Address _____ **Apartament** _____

City _____ **State** _____ **Zip-Code** _____

*Mailing address, if different _____

Household phone number _____

Proof of residency:

[] Lease [] Mortgage statement [] Sworn/unsworn residency [] Other documentation

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Student Registration Information

Name _____
(Last name) (First name) (Middle name)

Date of Birth _____ **Gender:** [] Female [] Male
(Month/Day/Year)

Race: [] American Indian/ Alaskan Native [] Asian [] Black [] Pacific Islander [] White [] Other _____

Proof of Age: [] Birth Certificate [] Baptismal Certificate or other religious certificate (Bris Certificate), including a certified transcript of a foreign birth certificate or record of baptism [] Passport, including a foreign passport [] Other documentation

Pre-K experience: [] Universal Pre-K [] Private Provider [] None

Has the student attended school in this district? [] Yes [] No

If yes, which school: _____

Does your child have a current I.E.P? [] Yes [] No

Previous School Information:

School name: _____

Address: _____

Grade: _____ Report card/ School Transcript attached? [] Yes [] No

MOTHER/GUARDIAN INFORMATION

Name_____ Gender: [] Female [] Male
(Last name) (First name)
Relationship_____

1. Phone number_____ Phone Type: [] cell [] work

2. Phone number_____ Phone Type: [] cell [] work

Email_____

Do you live in the household? [] Yes [] No

If you live out of the household, please provide your address.

Address_____ Apartment_____

City_____ State_____ Zip-Code_____

FATHER/GUARDIAN INFORMATION

Name_____ Gender: [] Female [] Male
(Last name) (First name)
Relationship_____

1. Phone number_____ Phone Type: [] cell [] work

2. Phone number_____ Phone Type: [] cell [] work

Email_____

Do you live in the household? [] Yes [] No

If you live out of the household, please provide your address.

Address_____ Apartment_____

City_____ State_____ Zip-Code_____

**** Email address will be used as an additional form of correspondence**

EMERGENCY CONTACT INFORMATION

1. Name_____ Gender: []Female []Male
   Relationship_____

   Phone number_____ Phone Type: []Cell []Home []Work

2. Name_____ Gender: []Female []Male
   Relationship_____

   Phone number_____ Phone Type: []Cell []Home []Work

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

Elisa Alvarez, Associate 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 Person in Parental Relation:
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.

STUDENT NAME:		
First	*Middle*	*Last*
DATE OF BIRTH:		GENDER:
Month	*Day*	*Year*
		❑ Male ❑ Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	*First Name*	*Relation to*

HOME LANGUAGE CODE

Language Background
(Please check all that apply.)

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

_____ Month: Day: Year:
Signature of Parent or of Person in Parental Relation *Date*

Relationship to student: ☐ **Parent** ☐ **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:

EAST RAMAPO CENTRAL SCHOOL DISTRICT

OFFICE OF SPECIAL STUDENT SERVICES
105 South Madison Avenue, Spring Valley, NY 10977
Phone: (845) 577-6040
Fax: (845) 577-6059

New Entrants Health History

Health/Safety Clearance to Participate in Physical Education
Based on Sections 903 and 3204 of the Education Laws

Pending the receipt of a completed medical history and physical examination form from your health care provider, we are asking that you provide the following information.

Students Last Name/First Name _____ Date of Birth _____ Grade/Class _____

1. Does your child have a history of the following? If yes, please explain:

ALLERGIES	Yes_____	No_____	_____
SEIZURES	Yes_____	No_____	_____
VISION PROBLEM	Yes_____	No_____	_____
HEARING PROBLEM	Yes_____	No_____	_____
MOTOR DEFICIT	Yes_____	No_____	_____

2. Has your child had any of the following? If yes, please explain:

SERIOUS ILLNESS	Yes_____	No_____	_____
SERIOUS INJURY	Yes_____	No_____	_____
SURGERY	Yes_____	No_____	_____
BONE FRACTURE	Yes_____	No_____	_____

3. Please check if your child has a history of any of the following:

_ASTHMA	_CHICKENPOX	_RHEUMATIC FEVER
_DIABETES	_WHOOPING COUGH	_TUBERCULOSIS
_HEART ANOMALY	_OVERWEIGHT	_POSITIVE PPD
_HYPERTENSION	_HEPATITIS A	_SCOLIOSIS
_FREQUENT EAR INFECTIONS		-HYPERLIPIDEMIA

Please explain:_____
_____

4. Is your child presently or was your child under medical treatment during the past year? Yes___ No___ If yes please explain_____
_____

5. Last Physical Exam Date:_____Physician's Name_____

6. Is your child taking medication on a regular basis? List the medication, dosage and frequency.
_____
_____

7. Is there any other medical information we should know about your child?_____
_____

_____
PRINT Name of Person Completing Form Relationship to Child Signature Date

EAST RAMAPO CENTRAL SCHOOL DISTRICT
OFFICE OF SPECIAL STUDENT SERVICES
105 South Madison Avenue, Spring Valley, NY 10977
Phone: (845) 577-6040
Fax: (845) 577-6059

IMMUNIZATION VERIFICATION

SCHOOL _____ **DATE** _____

STUDENT NAME _____ **DUE DATE** _____

The staff of central registration has reviewed the proof of immunization records for your child. The school nurse will complete the final review to confirm the information is valid and complete. The school Principal will be notified regarding the status of the proof of immunization record.

Your child is admitted into the East Ramapo Central School District under a **30 DAY TEMPORARY ADMIT.** THIS WILL ALLOW SUFFICIENT TIME TO COMPLETE THE FINAL REVIEW AND VERIFY THAT THE IMMUNIZATION INFORMATION IS CORRECT. The school nurse will contact you regarding the need for further documentation. **If further documentation is requested, it must be submitted by the due date listed above. Failure to provide such information will force the Principal to exclude your child from school.**

I have read the above statement and have received a copy.

_____ _____
Parent/Guardian Signature Parent/Guardian (Print)

_____ _____
Date Signed and Received Central Registration Staff

PROOF OF IMMUNIZATIONS: _____ATTACHED _____NOT ATTACHED

EAST RAMAPO CENTRAL SCHOOL DISTRICT
105 South Madison Avenue
Spring Valley, NY 10977

STUDENT RESIDENCY QUESTIONNAIRE

Name of Student: _____
Last First Middle

Gender: _____Male _____Female Date of Birth: _____/_____/_____ (month, day, year)

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information will help determine the services the student may be eligible to receive.

1 – Is your current address a temporary living arrangement? ____Yes ____No
2 – Is this temporary living arrangement due to a loss of housing or economic hardship? ____Yes ____No

If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.

Where is the student presently living? (Check one)

_____ In a shelter
_____ Transitional Housing
_____ Awaiting Foster Care
_____ Doubled-up with another family
_____ In a car, park, campground, temporary trailer or abandoned building
_____ In a hotel/motel

Name of Parent/Legal Guardian: _____ Phone: _____

Address: _____

Presenting a false record of falsifying records is an offense. Enrollment of a student under false documents subjects the person to liability.

Signature of Parent/Legal Guardian: _____ Date: _____

(Office use only)

I certify that the above named student qualifies for the Child Nutrition Program under the Mc-Kinney-Vento Act.

_____ _____
McKinney-Vento Liaison Signature Date

EAST RAMAPO CENTRAL SCHOOL DISTRICT
OFFICE. OF CENTRAL REGISTRATION/CENSUS
105 South Madison Avenue, Spring Valley, NY 10977
Phone: (845) 577-6065
Fax: (845) 577-6188

If applicable

RESIDENCY STATEMENT/ AFFIDAVIT

Note: The landlord/owner and tenant/resident may, but are not required to, have this document notarized.*

STATE OF NEW YORK)
COUNTY OF ROCKLAND)
TOWN OF RAMAPO

I, _____, do hereby state that _____
(name of landlord/owner) (name of parent(s)/guardian(s))

of student(s) _____, born on_____
_____, born on _____
_____, born on _____
_____, born on _____
_____, born on _____

have taken up residence with me at _____

_____

Apt._____ , _____, New York.

I further state that my home is the actual, sole and legal residence of the aforementioned.

_____ _____
Landlord/Owner Signature Tenant/ Resident Signature

SWORN TO BEFORE ME THIS

_____ day of _____, 20___

_____
(NOTARY PUBLIC)

SWORN TO BEFORE ME THIS

_____ day of _____, 20___

_____
(NOTARY PUBLIC)

* If notarized, the signer understands that to make a false statement regarding the true, actual and legal residence and living arrangements of the above family, as described in the foregoing statement is a violation of Section 210.35 of the Penal Law of the State of New York which is a Class A Misdemeanor, and may be punishable by a one thousand dollar fine and/or a year imprisonment. The District is permitted to weigh the credibility of a sworn statement differently from an unsworn statement.

Landlord/Owner: Please attach a copy of one of the following documents listed along with this form:

The name must match the landlord/ owner or resident on one of the documents listed below:

Lease

Mortgage Papers/Deed to Home

Current Telephone Bill

Current Orange and Rockland Bill

Current Water Bill

Current Cable/digital cable bill

Currnt Internet Service Provider Bill

EAST RAMAPO CENTRAL SCHOOL DISTRICT
OFFICE. OF CENTRAL REGISTRATION/CENSUS
105 South Madison Avenue, Spring Valley, NY 10977
Phone: (845) 577-6065
Fax: (845) 577-6188

If applicable

THIRD PARTY RESIDENCY STATEMENT

I, _____, residing at _____,
(Name) (Address)

submit this residency statement to the East Ramapo Central School District to personally verify that

_____
(Name(s) of Parent(s)/Guardian(s))

and their child(ren) _____
(Name(s) of Child(ren))

reside at _____.
(Address)

They have resided at this address since _____. I am personally familiar
(Date)

with their current residence because _____
(Explanation of how you know family and are aware of where they live)

_____

_____

_____.

I understand that this document will be submitted to the East Ramapo Central School District and that it will be used to help determine whether the above-named child(ren) is/are legally entitled to attend school as (a) resident student(s).

_____
Signature

_____
Date

Household Income Eligibility Form

This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete **only one** form for your household, sign your name and return it to the school named above. Call *845-577-6582*, if you need help.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. SNAP/TANF/FDPIR Benefits:
If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: ______________________________ CASE #________________________

3. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions *Amount / How Often*	Child Support, Alimony *Amount / How Often*	Pensions, Retirement Payments *Amount / How Often*	Other Income, Social Security *Amount / How Often*	No Income
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐

4. Signature: An adult household member must sign this application.

ertify (promise) that all the information on this application is true and that all income is reported. I understand that the information is given so the school may re receive federal funds. The school officials may verify the information and if I purposely give false nation, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits

nature:

ate:
mail Address:
ome Phone:
ork Phone:
ome Address

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster Income   Total Household Income/How Often: Household Size:

Free Eligibility   Reduced Eligibility   Denied Eligibility
Signature of Reviewing Official

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.

(1) Print the names of the children, including foster children, for whom you are applying on one form.
(2) List their grade and school.
(3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

(1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
(2) An adult household member must sign the form in PART 4. **SKIP PART 3 -** Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.

PARTS 3 & 4 ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.

(1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
(2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.

PRIVACY ACT STATEMENT

The Board of Education recognizes that student surveys are a valuable tool in determining student needs for educational services. Parents have the right to inspect all instructional material that will be used for a survey, analysis, or evaluation as part of a U.S. Department of Education (DOE)–funded program. In addition, no minor student may, without parental consent, take part in a survey, analysis or evaluation funded in whole or in part by the U.S. DOE Education that reveals information concerning: 1. political affiliations or beliefs of the student or the student's parent; 2. mental or psychological problems of the student or the student's family; 3. sex behavior or attitudes; 4. illegal, anti-social, self-incriminating or demeaning behavior; 5. critical appraisals of other individuals with whom respondents have close family relationships; 6. legally recognized privileged or analogous relationships, such as those of lawyers, physicians and ministers; 7. religious practices, affiliations or beliefs of the student or the student's parent; or 8. income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program). Parents/guardians shall have the right to inspect, upon request, any instructional material, used as part of the educational curriculum for students. "Instructional material" is defined as: "instructional content that is provided to a student, regardless of format including printed or representational materials, audio-visual materials, and materials in electronic or digital formats (such as materials accessible through the Internet). It does not include tests or academic assessments." A parent/guardian who wishes to inspect and review such instructional material shall submit a request in writing to the Building Principal. Upon receipt of such request, arrangements shall be made to provide access to such material to within 30 calendar days after the request has been received. It is the policy of the Board not to permit the collection, disclosure, or use of personal information collected from students for the purpose of marketing or selling that information or providing it to others for that purpose. This does not apply to the collection, disclosure, or use of personal information collected from students for the exclusive purpose of developing, evaluating, or providing educational products or services as permitted by law. EAST RAMAPO 5550 In the event of such collection, disclosure or use of person
In the event of such collection, disclosure or use of personal information gathered from students, student privacy shall be protected by the school district pursuant to the requirements of FERPA. Parent/guardians have the right to submit a written statement to opt their child out of participation in the following activities: 1. The collection, disclosure and use of personal information gathered from students for the purpose of marketing or selling that information, or providing it to others for that purpose. Upon request, parents/guardians have the right to inspect any such instrument before it is administered or distributed to their child. This does not apply to the collection, disclosure, or use of personal information collected from students for the exclusive purpose of developing, evaluating or providing educational products or services for, or to students or educational institutions, such as: a. College or other postsecondary education recruitment, or military recruitment; b. Book clubs, magazines and programs providing access to low-cost literary products; c. Curriculum and instructional materials used in schools; d. Tests and assessments used to provide cognitive, evaluative, diagnostic, clinical, aptitude, or achievement information for students or to generate other statistically useful data for the purpose of securing such tests and assessments, and the subsequent analysis and public release of the aggregate data from such tests and assessments; e. Student recognition programs; and f. The sale by students of products or services to raise funds for school-related activities. In the event of such collection, disclosure or use of personal information gathered from students, student privacy shall be protected by the school district pursuant to the requirements of FERPA. 2. The administration of any survey revealing information concerning one or more of the following: a. political affiliations or beliefs of the student or the student's parent; b. mental or psychological problems of the student or the student's family; c. sex behavior or attitudes;
d. illegal, anti-social, self-incriminating or demeaning behavior; e. critical appraisals of other individuals with whom respondents have close family relationships; f. legally recognized privileged or analogous relationships, such as those of lawyers, physicians and ministers; g. religious practices, affiliations or beliefs of the student or the student's parent; or h. income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program). Parents/guardians and eligible students, shall also have the right to inspect, upon their request, a survey created by a party other than the U.S. DOE before the survey is administered or distributed by a school to a student. Such requests must be submitted, in writing, to the Building Principal with a response to be at least two weeks in advance of any survey to be given. 3. The administration of any non-emergency, invasive physical examination or screening that is required as a condition of attendance, administered by the school not necessary to protect the immediate health or safety of the student or other students and not otherwise permitted or required by state law. Parents/guardians and eligible students shall be notified at least annually, at the beginning of the school year, and when enrolling students for the first time in district schools of this policy. The school district shall also notify parents/guardians within a reasonable period of time after any substantive change to this policy.

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

EAST RAMAPO CSD HEALTH APPRAISAL FORM

lame: _____ Date of Birth: _____

chool: _____ Gender: ☐ M ☐ F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

☐ Immunization record attached
☐ No immunizations given today
☐ Immunizations given since last Health Appraisal:

Sickle Cell Screen: ☐ Positive ☐ Negative ☐ Not done Date: _____
PPD: ☐ Positive ☐ Negative ☐ Not done Date: _____
Elevated Lead: ☐ Yes ☐ No ☐ Not done Date: _____
Dental Referral ☐ Yes ☐ No ☐ Not done Date: _____

ignificant Medical/Surgical History: ☐ See attached _____

llergies: ☐ LIFE THREATENING ☐ Food: _____ ☐ Insect: _____ ☐ Other: _____
☐ Seasonal ☐ Medication: _____

PHYSICAL EXAM

leight: _____ Weight: _____ Blood Pressure: _____U/A_____ Date of Exam: _____

ody Mass Index: _____ . _____

Veight Status Category (BMI Percentile):
☐ less than 5th ☐ 5th through 49th ☐ 50th through 84th
☐ 85th through 94th ☐ 95th through 98th ☐ 99th and higher

			Referral
Vision - without glasses/contact lenses	R	L	
Vision - with glasses/contact lenses	R	L	
Vision - Near Point	R	L	
Hearing ☐ Pass 20 db sc both ears or:	R	L	

☐ EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: ☐ Negative ☐ Positive: _____

pecify any abnormality (use reverse of form if needed): _____

MEDICATIONS

ledications (list all): ☐ None ☐ Additional medications listed on reverse of form

ame: _____ Dosage/Time: _____

ame: _____ Dosage/Time: _____

AM dose is missed at home: _____

ssess this student to be self-directed ☐ Yes ☐ No Student may self carry and self administer medication ☐ Yes ☐ No
Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

☐ **Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:**
__ **Contact: Football and Ice Hockey**
__ **Limited contact: wrestling, gymnastics, baseball, softball, diving, basketball, soccer.**
__ **Non-contact: bowling, golf, swimming, tennis, track and field, cross country, cheerleading, volleyball.**

☐ **Specify medical accommodations needed for school:** _____ ☐ None

☐ **Known or suspected disability:** _____ ☐ Please monitor

☐ **Restrictions:** _____ ☐ Please monitor

☐ **Protective equipment required:** ☐ Athletic Cup ☐ Sport goggles/impact resistant eyewear ☐ Other: _____

OPTIONAL INFORMATION, if known

pecify current diseases: ☐ Asthma Diabetes: ☐ Type 1 ☐ Type 2 ☐ Hyperlipidemia ☐ Hypertension
☐ Other: _____

rovider's Signature: _____ Phone: _____ (Stamp below)

rovider's Name/Address: _____ Fax: _____

arent Signature: _____ Date: _____

This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director. *Rev. 5/08*

EAST RAMAPO CENTRAL SCHOOL DISTRICT
OFFICE OF SPECIAL STUDENT SERVICES
105 South Madison Avenue, Spring Valley, NY 10977
Phone: (845) 577-6040
Fax: (845) 577-6059

Dear Parent:

As of September 1, 2008, the New York State Department of Education has amended Education Law 903 regarding dental care for students. Our school district is required to request a dental health certificate from all new students as well as those students entering kindergarten, second, fourth, seventh and tenth grade.

Please have your dentist complete the section below and return this completed section to the school nurse. Thank you for your cooperation.

Sincerely,

Christine Healy, RN, MSN
Coordinator of Health Services

DENTAL HEALTH CERTIFICATE

_____ received a dental examination on _____
Student Name *Date*

by_____.
Name of Dentist

EAST RAMAPO CENTRAL SCHOOL DISTRICT

OFFICE OF SPECIAL STUDENT SERVICES
105 South Madison Avenue, Spring Valley, NY 10977
Phone: (845) 577-6040
Fax: (845) 577-6059

Dear Parent/Guardian:

The New York State Department of Education requires that all new students and students in grades kindergarten, 2nd, 4th, 7th and 10th have a physical examination completed by a health care provider. A physical examination form is enclosed with this letter. If you prefer to have your child examined by a private physician it is imperative that the completed physical examination form be returned to the school nurse by October 1.

If the school nurse does not receive the completed physical examination form, an appointment will be scheduled for your child with a school district physician. The school health physical includes an assessment of the ears, mouth, heart, lungs, spine, and genitalia. Students will also be assessed according to the Tanner stages of puberty.

Please call the school nurse indicated below with any questions or concerns.
Thank you for your attention to this matter.

Sincerely,

Christine Healy, RN, MSN
Coordinator of Health Services

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Sincerely,

Christine Healy, RN, MSN
Coordinator of Health Services

2023-24 School Year
New York State Immunization Requirements for School Entrance/Attendance[1]

NOTES:
All children must be age-appropriately immunized to attend school in NYS. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the "ACIP-Recommended Child and Adolescent Immunization Schedule." Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes must meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Pre-Kindergarten (Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)[2]	**4 doses**	**5 doses or 4 doses** if the 4th dose was received at 4 years or older or **3 doses** if 7 years or older and the series was started at 1 year or older	**3 doses**	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)[3]	**Not applicable**		**1 dose**	
Polio vaccine (IPV/OPV)[4]	**3 doses**	**4 doses or 3 doses** if the 3rd dose was received at 4 years or older		
Measles, Mumps and Rubella vaccine (MMR)[5]	**1 dose**	**2 doses**		
Hepatitis B vaccine[6]	**3 doses**	**3 doses or 2 doses** of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years		
Varicella (Chickenpox) vaccine[7]	**1 dose**	**2 doses**		
Meningococcal conjugate vaccine (MenACWY)[8]	**Not applicable**		**Grades 7, 8, 9, 10 and 11: 1 dose**	**2 doses or 1 dose** if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib)[9]	**1 to 4 doses**	**Not applicable**		
Pneumococcal Conjugate vaccine (PCV)[10]	**1 to 4 doses**	**Not applicable**		

1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019, and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
   a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
   b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
   c. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 9: 10 years; minimum age for grades 10, 11, and 12: 7 years)
   a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
   b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2023-2024, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 9; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 10, 11, and 12.
   c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.

4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
   a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
   b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
   c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
   d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward NYS school polio vaccine requirements. Doses of OPV given before April 1, 2016, should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016, must not be counted.

5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
   a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
   c. Mumps: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
   d. Rubella: At least one dose is required for all grades (prekindergarten through 12).

6. Hepatitis B vaccine
   a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
   b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.

7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
   a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.

8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 through 10: 10 years; minimum age for grades 11 and 12: 6 weeks).
   a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
   b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
   c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.

9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
   a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
   b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
   c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
   d. If dose 1 was received at 15 months or older, only 1 dose is required.
   e. Hib vaccine is not required for children 5 years or older.
   f. For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.

10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
   a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
   b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
   c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
   d. If one dose of vaccine was received at 24 months or older, no further doses are required.
   e. PCV is not required for children 5 years or older.
   f. For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.

For further information, contact:

New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437

New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433