

7-12 REGISTRATION DOCUMENTS

- Over the Counter Medication Permission Slip-** This document must be signed by both the parent/guardian as well as the student's physician.
- Parent Portal Consent-** for Schooltool access to monitor academic progress and view schedule/teachers.
- Athletic Transfer documents-** for students who have participated in, or intend to participate in interscholastic athletics.



Dansville High School Health Office

Phone- 585-335-4010 x1010 Fax- 585-335-4001

Grade Level _____

Please allow my child _____, to receive one of the following medications for 2024-2025 school year. This medication will be given every 4-6 hours as needed. This medication will be given for headaches, menstrual cramps, minor discomfort, orthodontic discomfort and fever. I understand the school or other designated person (in the absence of the nurse) will assist the self-directed student in administering the medication. **This form requires parent/guardian and health care provider signatures, and is required every school year.**

_____ (2) Regular strength Acetaminophen (650mg, Tylenol or equivalent)

_____ (2) Ibuprofen (400mg, Advil or equivalent)

_____ Cough Drops

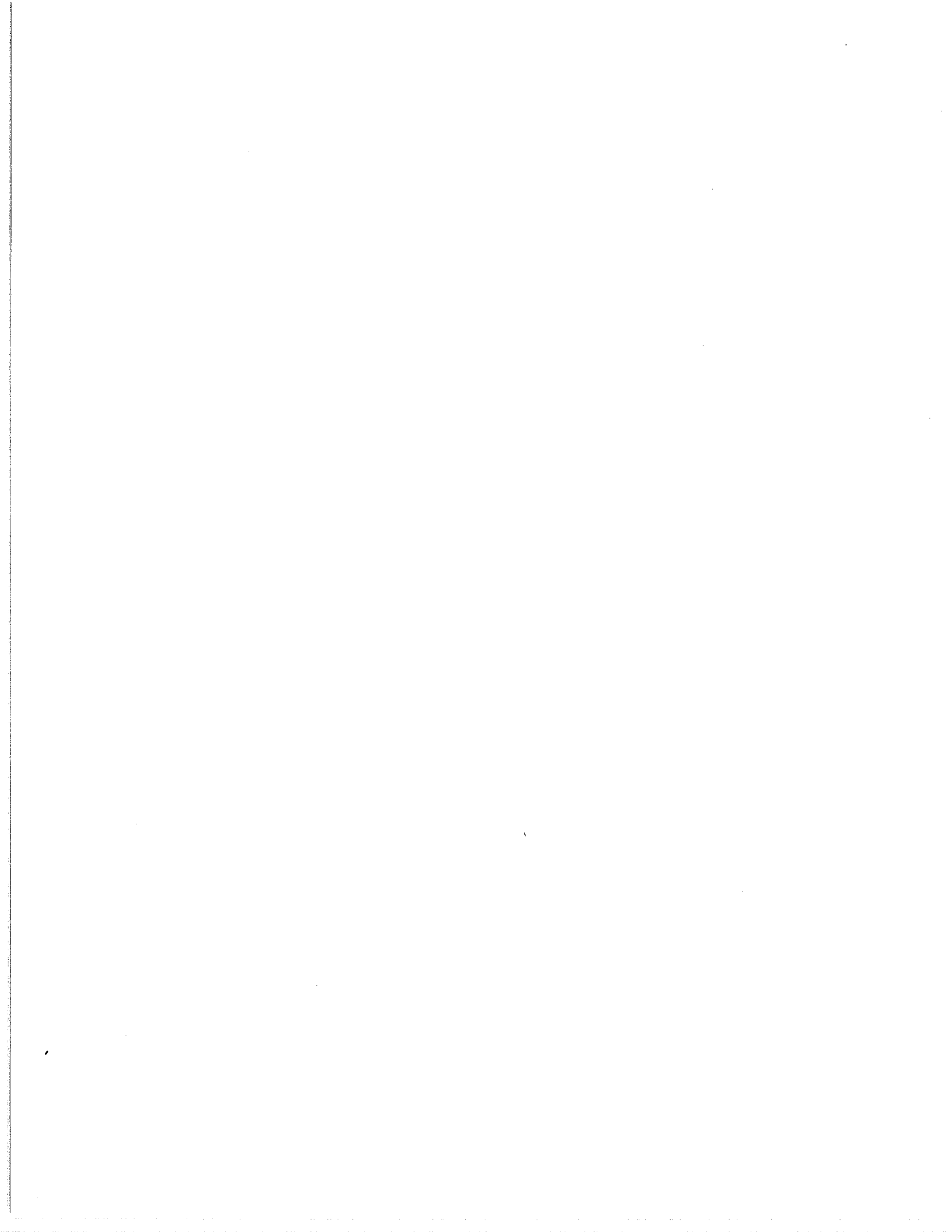
_____ (1-2) TUMS (or equivalent, every 4 hours, no more than 2x/day)

Signature of Health Care Provider _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

PLEASE RETURN TO:

Dansville High School Nurse
Phone: 585-335-4010 x1010
Fax: 585-335-4001



Dear Parents/Guardians:

Our district offers to High School Parents our “**Parent Portal**” program. This program allows you access to the **Schooltool Parent Portal** via the Internet using your email address and password. This program also allows email access to your child's teachers 24 hours a day, seven days a week and lets you view your child's

- *Contact information*
- *Schedule*
- *Attendance*
- *Discipline*
- *Current Grades*
- *Assessments*
- *Letters*

When your account has been activated you will receive an email with the website address, “how to” instructions, and a password allowing you access to the Parent Portal.

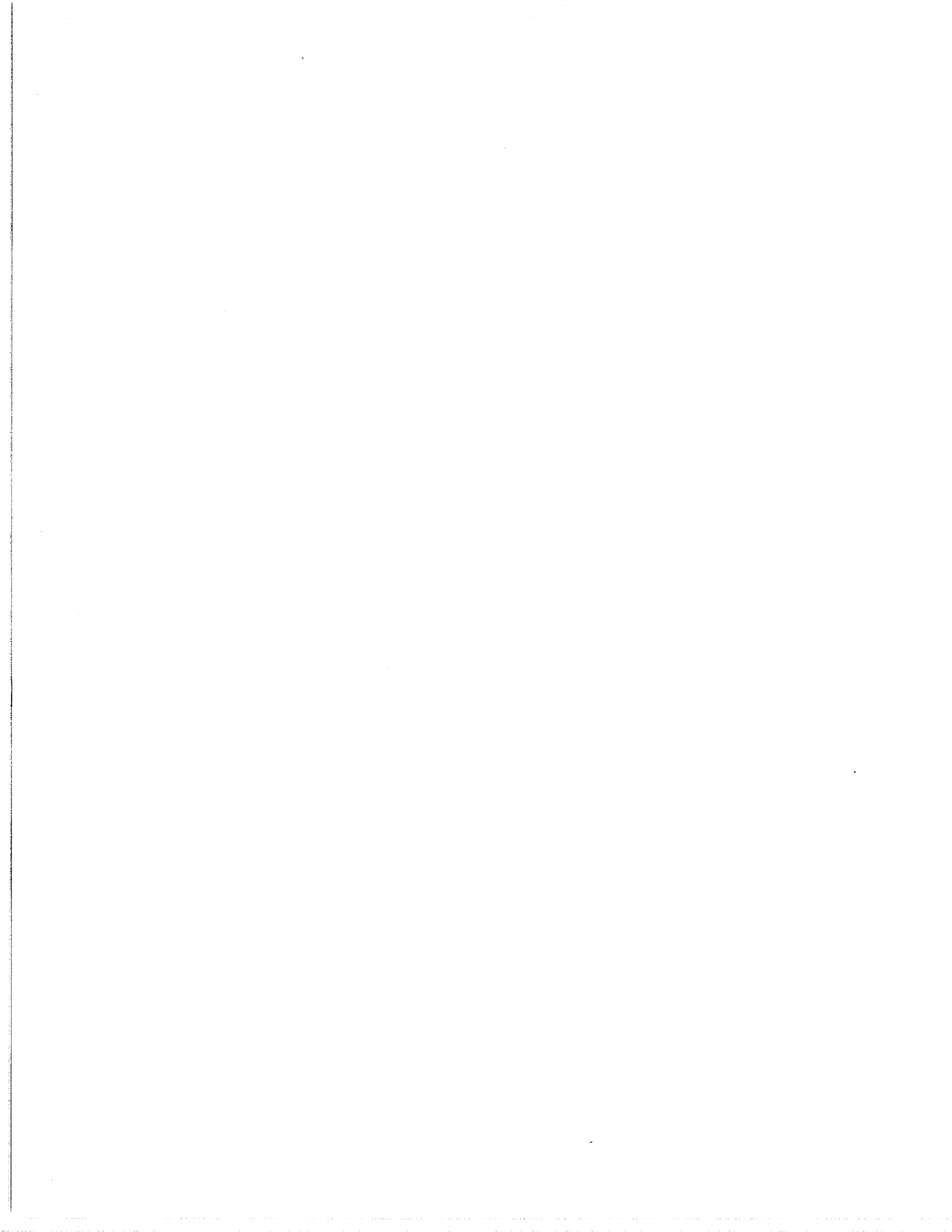
Grade level:

Student Name:	
Parent/Guardian Name Printed:	Parent/Guardian Name Printed:
Parent/Guardian Name:	Parent/Guardian Name:
Parent/Guardian Email address:	Parent/Guardian Email address:

NOTE:

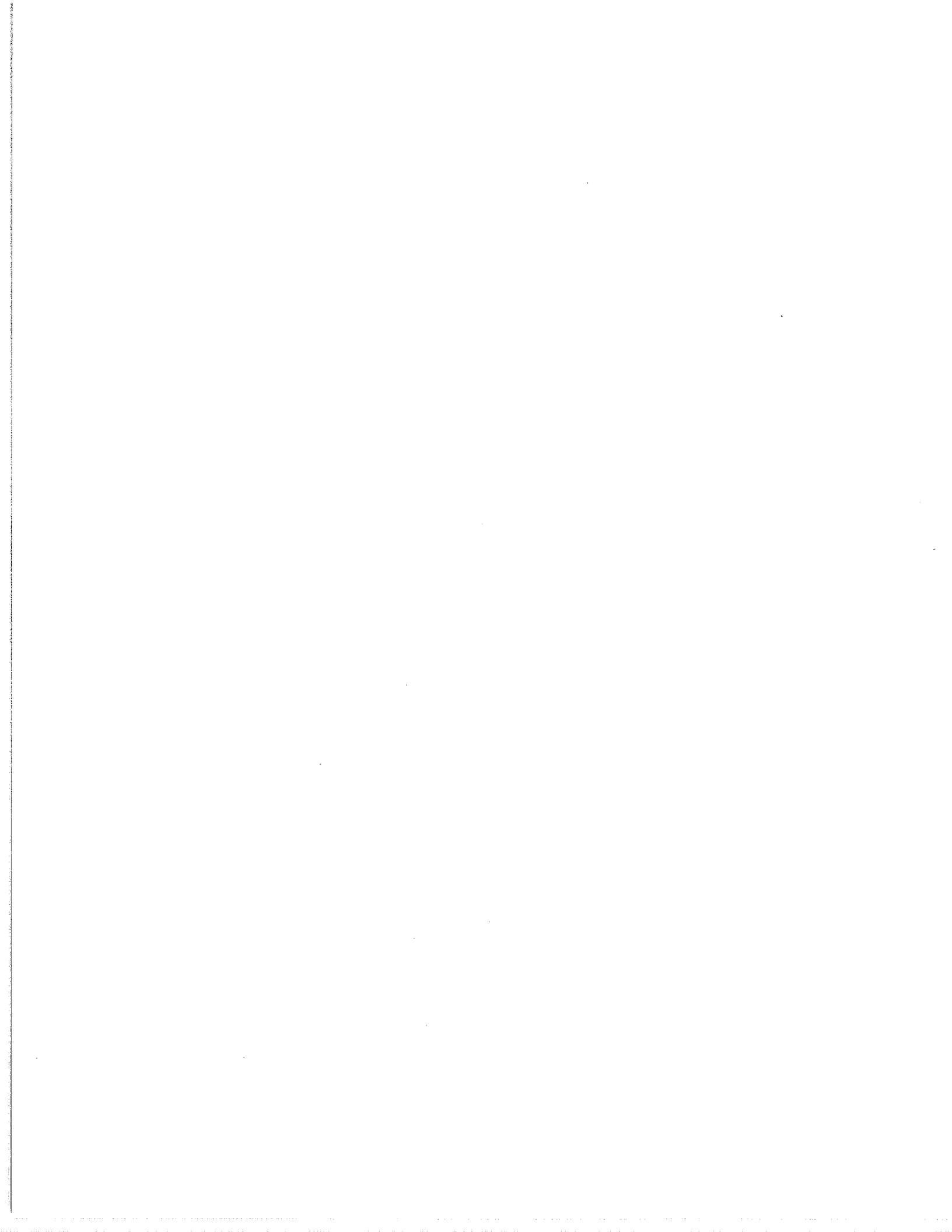
If you had an account last year, you do not have to submit a new password, the password from last year will continue to work this year. However, if your email address has changed you will need to update the address and request a new password.

Update 7/2024



ATHLETIC TRANSFER:

Upon completion of the ATHLETIC TRANSFER FORM, the Athletic Department will review documents to determine eligibility based on New York State regulations. Section V will need to approve or disapprove the transfer prior to an athlete starting any competitions.



ATHLETIC TRANSFER FORM

TO BE COMPLETED IF THE STUDENT HAS PARTICIPATED IN 7th-12th GRADE INTERSCHOLASTIC ATHLETICS

Student's Name:	Date of Birth:
Date of Transfer:	Grade Level/Age:
Date student entered 9th grade:	
Name of School Transferring From:	
Address of Previous School:	
Phone # of Previous School:	
Previous Address of Student:	
Relationship to who student was living with at previous school:	
How long did student attend previous school:	
Reason for transfer:	
Parent/Guardian Name(s) & Phone #'s:	
Current Address:	
Who will the student reside with while attending Dansville:	
Relationship of Dansville resident to student:	

ANDY LEYDEN
Director of Athletics, Health, Wellness and Physical Education
leyden@dansvillecsd.org

282 Main St.
Dansville, NY 14437
585-335-4010 phone
585-335-4080 fax

SPORTS HISTORY:

GRADE	YEAR	SPORT	LEVEL	NAME of SCHOOL
7				
8				
9				
10				
11				
12				

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