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Psychologist
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Bus Dispatcher
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Melissa Polidori
High School Nurse
315.205.4300 x. 5206

Autumn Fasolino
Elementary Nurse
315.205.4300 x. 4230

REMSEN CENTRAL SCHOOL

PO Box 406
9733 Main Street
Remsen, NY 13438
www.remsencsd.org

Dear Parents/Guardians,

New York State **requires** every child in grade Pre-K or K, 1, 3, 5, 7, 9 and 11 as well as any newly registered have a physical exam. This exam **must** be dated within the _____ year. If your child is interested in, or has decided to play in any of Remsen Central School's sports programs, he or she will need a physical every year. If your child has had a physical exam by your family physician **on or before the first day of school**, please be sure to send a copy of the exam to the Elementary or High School Health Office so that your child's health records may be updated.

A record of a current physical exam must be on file in the Health Office **by the start of school in the fall**. All newly registered students must have a physical on file, regardless if the physical is up to date, please send in the most recently completed exam until an updated one can be provided. Any physical exam record may be faxed to (315) 831-2172 (Elementary) or (315) 831-4283 (High School) (Attn: Health Office), mailed to the school at the address above, delivered to the appropriate health office in an envelope, or delivered directly to the school nurse. Please complete and return the following by **as soon as possible**.

If appointment is already or in the process of being made, please note the scheduled appointment date and time below. We apology for the inconvenience, but unlike past years we can no longer provide physical examinations for our Pre-K students. As always, if you have any questions regarding your child's health care, or your child's physical exam status, please call us at (315) 205-4300 x4230 (Elementary) or x5206 (High School). Physical forms, BMI information, and medication administration forms are available on our website or you may call the Health Office.

Sincerely,

Autumn Fasolino, RN
Melissa Polidori, RN

Child's Name: _____

Grade: Pre-K

My child has an appointment for his/her physical with our own health care provider on the following date and time: _____, I will send a copy to the school.

Date: _____ **Parent Signature:** _____

Soar to Success