

# Oriskany Central School District Student Registration Packet

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

- \_\_\_ District Background
- \_\_\_ Registration Forms
- \_\_\_ Consent for Release of Records
- \_\_\_ Medical Information
- \_\_\_ Dental Health Certificate (optional)
- \_\_\_ Advance Notice of Medical Examination
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- \_\_\_ Standard Residency Agreement
- \_\_\_ Eligibility for Migrant Education Services
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- \_\_\_ Parent Portal Form (**grades 5-12**)
- \_\_\_ Village Field Trip Authorization
- \_\_\_ Emergency School Closing Plan (**elementary**)
- \_\_\_ Demographics for State Education Department
- \_\_\_ Contact Information

**When you have completed filling out this packet, please set up an appointment with the district registrar.**

**Tammy Vaughn**  
**315-768-2065**  
**tvaughn@oriskanycsd.org**

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**Office Use Only**

Date Packet Received: \_\_\_\_\_

Received By: \_\_\_\_\_

# WELCOME TO THE ORISKANY CENTRAL SCHOOL DISTRICT



**Oriskany Jr./Sr. High School**



**N.A. Walbran Elementary**

**“The mission of the Oriskany Central School District is to educate, engage and empower students to excel in an ever-changing world. We are committed to our tradition of personal attention, positive relationships, and an innovative climate for learning.”**

## **Background: About the District**

The Oriskany Central School District, which includes portions of Whitestown, Floyd and Marcy, has an enrollment of approximately 600 students and has 150 instructional and non-instructional staff members. We are committed to our tradition of personal attention, positive relationships, and a productive climate for learning.

The District consists of an elementary school (Grades Pre-K-6) and a junior-senior high school (Grades 7-12), as well as an administration building and two bus garages. N.A. Walbran Elementary School is located at 8610 State Route 69 in Oriskany, while Oriskany Jr./Sr. High School is located at 1312 Utica Street. The administration building is located across the street from the junior-senior high school.

In addition to its schools and other buildings, the Oriskany Central School District has athletic fields for baseball, softball, soccer, track, and football. Our fields are located throughout the district.

If you would like a tour of any of our campuses, please feel free to call our district office at 315-768-2058.

## **Bus Transportation**

Bus Transportation will be arranged prior to your child’s first day of school. You will be notified with the bus number and the approximate pickup/drop-off times.

Please contact the bus garage with any questions at 315-768-2060.

## **Parent/Student Portals**

Jr./Sr. High School Parent/Student Portals: Each student and parent will have a portal account set up. Grades, assignments and general student information can be accessed through these portal accounts. Parents will receive an email from SchoolTool containing a link when the account is set up. Please first call our district registrar at 315-768-2065 with any questions or to reset your password.

## **Lunch Program**

Oriskany Central School qualifies for the Community Eligibility Provision: CEP is a federal program that allows schools to provide free breakfast and lunch to all students at no cost. We ask that you still complete the Income Verification Form, formally known as the Free and Reduced Meal Application because it helps to determine eligibility for additional state and federal program benefits that your child(ren) and school district may qualify for. If your child was eligible for this program in his/her prior school, **the form still needs to be filled out, or use the EZ Meal APP to apply at EzMealApp.com (select the school district and follow the prompts).**

Optional- EZSchoolPay (used for ancillary items): Create a free account and be able to check lunch account balances and purchases, set up automatic payments, etc. Please see the district website for more information. If you have any questions, please visit [www.ezschoollpay.com](http://www.ezschoollpay.com) and click “Help” or call EZSchoolPay Customer Support at 1-855-832-5226.

**\*Attention parents/guardians of new Pre-Kindergarten and Kindergarten students...Lunch Program forms will be available in July.**

## **Before and Afterschool**

Elementary Before and After School Care program for students in grades K-6. This program is run through the Eastern Star Day Care. The program is located in the Elementary school cafeteria. Parents may call Lisa Hall at 315-736-0687 for information regarding fees and times. This is great for working parents who are unable to wait for the school bus to arrive in the morning or cannot be there when the bus drops off the student at home.

Afterschool at High School: Students are able to stay afterschool for clubs, activities, or extra help. The afterschool hours run from 2:30-2:55. High school students are able to ride the 3:00 late bus from the high school to the elementary school and then ride home with the elementary students at their 3:15 dismissal, with a bus pass.

School hours: **Jr./Sr. High School** (Grades 7-12)- 8:00-2:27      **Elementary School** (Grades PK-6)- 8:55-3:15

## **Supply lists**

Supply lists will be provided at the time of registration. They can also be found on the website under the “For Parents” tab.



## **Social Media Communications:**

**District Communication Platform: ParentSquare**

District Facebook page: Oriskany Central School District

## **Website**

Please check the website for the latest updates: <https://www.oriskanycsd.org>

## **Any Other Questions:**

If you have any questions, please call the district registrar Tammy Vaughn at 315-768-2065 or email [tvaughn@oriskanycsd.org](mailto:tvaughn@oriskanycsd.org).

# Oriskany Central School District Student Registration Packet

<b>OFFICE USE ONLY</b>	<b>Date Received by Central Registration:</b>
Student ID#: _____	Date Entered: _____
Proof of Age: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> DS2999	
<input type="checkbox"/> Other _____	
Anticipated grade level upon entry: _____	Is this enrollment a re-entry to the district? <input type="checkbox"/> YES <input type="checkbox"/> NO
Last grade attended in this District: _____	Last school attended in this District: <input type="checkbox"/> N.A. Walbran ES <input type="checkbox"/> Oriskany Jr/Sr High School
SPECIAL EDUCATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	ALL DAY BOCES: <input type="checkbox"/> YES <input type="checkbox"/> NO

## STUDENT INFORMATION

Last: (Legal name only)	First:	Middle:	Suffix (Jr., II, III)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Other name(s) used previously (AKA):	Nickname:	Date of birth	:	Age:

## PARENT/GUARDIAN INFORMATION

*Indicate child's primary residence if not with both parents. Documentation of legal custody must be provided.*

Father/Guardian <input type="checkbox"/> Primary Residence	Mother/Guardian <input type="checkbox"/> Primary Residence	Maiden Name:
Name:	Name:	
Address:	Address:	
Mailing Address (if different):	Mailing Address (if different):	
Phone 1: <input type="checkbox"/> home <input type="checkbox"/> cell	Phone 2: <input type="checkbox"/> work <input type="checkbox"/> cell	Phone 1: <input type="checkbox"/> home <input type="checkbox"/> cell
Phone 2: <input type="checkbox"/> work <input type="checkbox"/> cell		
Email:	Email:	
Place of employment:	Place of employment:	
Occupation (optional)	Occupation (optional)	

**Is one or both of the student's parents currently on full-time Active Duty in the Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or was at one point during this school year? If Yes, what date did the parent(s) begin full-time active duty in the Armed Forces? \_\_\_\_\_ Was it Father, Mother, Stepfather, Stepmother?—please circle. If the parent(s) are no longer full-time active duty in the Armed Forces and was earlier in the school year, what was the exit date? \_\_\_\_\_**

## FOSTER CARE PLACEMENT – complete this section only if child is in foster care

Foster Parent name:	Relationship to child:	Phone 1: <input type="checkbox"/> work <input type="checkbox"/> cell	Phone: <input type="checkbox"/> work <input type="checkbox"/> cell
Address:			
Employer:	Child's School District of Origin:		
Agency placing child:			Date Child was placed:
Name of agency caseworker assigned to the child:		Phone:	
School Last Attended:	School Address:		

# Oriskany Central School District Student Registration Packet

## SIBLINGS (Enter all siblings even if they are not currently in school)

Name	Gender: M/F/ Non-Binary	Date of Birth	Grade	Full/Half/Step	Residence
					<input type="checkbox"/> Home <input type="checkbox"/> Other
					<input type="checkbox"/> Home <input type="checkbox"/> Other
					<input type="checkbox"/> Home <input type="checkbox"/> Other
					<input type="checkbox"/> Home <input type="checkbox"/> Other
					<input type="checkbox"/> Home <input type="checkbox"/> Other
					<input type="checkbox"/> Home <input type="checkbox"/> Other
					<input type="checkbox"/> Home <input type="checkbox"/> Other

## EMERGENCY CONTACTS

*Person or relative who we can contact if you are not reachable by phone. Those listed will have pick-up rights.*

Name	Address	Phone	Relationship to Child

If none of the above named can be reached, please call an available licensed physician and take my child to the nearest Emergency Aid Station by ambulance if necessary. I realize that the school district cannot assume responsibility for payment of medical fees or expenses incurred beyond the limit of school insurance.

Hospital Choice \_\_\_\_\_ Physician Name/Phone \_\_\_\_\_

**\* I hereby approve the above list and further agree to provide written notification of any changes in the above listing.**

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

# Oriskany Central School District Student Registration Packet

Has your child ever been retained? <input type="checkbox"/> No <input type="checkbox"/> Yes		Grade:	Year:
Has your child ever been in a special program? <input type="checkbox"/> No <input type="checkbox"/> Yes		In a special education program? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If YES, for what program?		Date in program?	
Specific Learning Disability <input type="checkbox"/> No <input type="checkbox"/> Yes Dates in program:	Intellectual Disability <input type="checkbox"/> No <input type="checkbox"/> Yes Dates in program:	Emotionally Disabled <input type="checkbox"/> No <input type="checkbox"/> Yes Dates in program:	
Visually Impaired <input type="checkbox"/> No <input type="checkbox"/> Yes Dates in program:	Physically Disabled <input type="checkbox"/> No <input type="checkbox"/> Yes Dates in program:	Occupational/Physical Therapy <input type="checkbox"/> No <input type="checkbox"/> Yes Dates in program:	
Speech, Hearing, and Language Impaired <input type="checkbox"/> No <input type="checkbox"/> Yes Dates in program:	Remedial Reading <input type="checkbox"/> No <input type="checkbox"/> Yes Dates in program:	Remedial Math <input type="checkbox"/> No <input type="checkbox"/> Yes Dates in program:	
<i>If your child was in a special program, indicate where school records may be obtained:</i>			
School Name:		Phone:	
Address:			
Information and documentation provided:			
<input type="checkbox"/> Current IEP <input type="checkbox"/> Current Psychological <input type="checkbox"/> Current Social History <input type="checkbox"/> Current medical Records			
Current physician's prescription for any of the following therapies being received in school:			
<input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy			

## Special Education Services

The objectives of the Oriskany Central School Special Education Programs are reflective of the intent of IDEA, and are aligned with the regulations of the Commissioner of Education as set forth in Article 89 of the New York State Education Law. The purpose of special education is to provide a free and appropriate education in the least restrictive environment for students under the age of twenty-one identified as having educational difficulties. Special Education is intended to address individual academic, social, physical, and management needs as identified by a student's Individualized Education Plan (IEP). Specialized instructional strategies and materials are used to individualize instruction so that students with disabilities can benefit from the district's programs.

Oriskany Central School is committed to providing students with an inclusive education experience whenever possible. Students not served in district have intensive needs that cannot be met within district programs and services.

### Our Contact Information:

#### **Mrs. Catherine Mucurio**

*Oriskany Central School District  
Director of Special Programs & Support Services*  
Phone: 315.768.2048  
Fax: 315.768.2081  
Email: [cmucurio@oriskanycsd.org](mailto:cmucurio@oriskanycsd.org)

#### **Mrs. Angela Pastor**

*Special Programs Office Secretary*  
Phone: 315.768.2048  
Fax: 315.768.2081  
Email: [apastor@oriskanycsd.org](mailto:apastor@oriskanycsd.org)

Oriskany Central School's  
Link for Parent's Guide to Special Education

<https://www.nysed.gov/sites/default/files/programs/special-education/a-parents-guide-to-special-education.pdf>

# Oriskany Central School District Student Registration Packet

## CONSENT FOR RELEASE OF RECORDS

Please forward school records to:

**Oriskany District Registrar**  
District Registrar  
1312 Utica Street  
Oriskany, NY 13424

Phone: 315-768-2065

Fax: 315-768-2073

Email: [tvaughn@oriskanycsd.org](mailto:tvaughn@oriskanycsd.org)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Current Grade: \_\_\_

**RECORDS TO BE RELEASED INCLUDE** (include but are not limited to):

Permanent Record Information: transcripts and credits received, copy of birth certificate (for HS- transcript to include all current/sign-out grades and credits)

Education Record: report cards, standardized tests, projected schedules/records & transcripts from prior schools attended/remediation program information (for HS- completed labs for any regent's science lab classes)

Health Records: immunizations/wellness records/records of student physical/sports physical/doctor imposed restrictions/psychological

CES File Information (if applicable): IEP, Evaluations, Reports, and Consent Forms

Results of New Entrant Screening as mandated by NYS Education Law

Disciplinary/Attendance Records (especially serious/repetitive infractions) TO INCLUDE BEHAVIORAL REFERRALS

Parent Contract Summary: Custody Paperwork/Custody Issues/Orders of Protection/ETC.

**ALL PERTINENT DATA RELATIVE TO THE ABOVE NAMED STUDENT**

I understand that information to be released will be maintained by the receiving agency/person in accordance with the provisions of the Family Education Rights and Privacy Act of 1974 (and successor laws). Such information will be used only in the best interest of the child and for the purpose of planning an educational program for the child.

### RECORDS REQUESTED FROM LAST SCHOOL ATTENDED:

\_\_\_\_\_  
Name of Previous School

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Fax:

\_\_\_\_\_  
Parent/Guardian/Foster Parent Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

# Oriskany Central School District Student Registration Packet

## MEDICAL INFORMATION (TO BE COMPLETED BY PARENT/GUARDIAN)

*The following information is a necessity to ensure that health records pertaining to your child are current and accurate.*

(Legal name only) Last name		First	Middle	Suffix (Jr., II, III)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Other name(s) used previously (AKA)	Nickname	Date of birth	Age	Grade Level	
Student Address:				Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Father's Name:		Mother's Name:		Mother's Maiden Name:	
Guardian/Step-parent's Name:		Student resides with ( <i>Father, Mother, Guardian, Other-Indicate relationship</i> )			
Physician Name and Address:				Phone:	
Dentist Name and Address:				Phone:	
Emergency Contact Name (1):		Phone:	Relationship:		
Emergency Contact Name (2):		Phone:	Relationship:		
<p><b>NOTE:</b> If none of the above named can be reached, please call an available licensed physician and take my child to the nearest Emergency Aid Station by ambulance if necessary. I realize that the school district cannot assume responsibility for payment of medical fees or expenses incurred beyond limit of school insurance. Parent/Guardian Signature _____</p>					
<p><b>Physical Examinations:</b> The New York State Education Law requires a physical examination before entrance to school and routinely at grades Pre-K, K, 2, 4, 7, 10 and athletes.</p>					
Student to be examined: <input type="checkbox"/> In school <input type="checkbox"/> By family physician		Parent/Guardian Signature:			Date:

**Immunizations:** Please attach a copy of your child's most recent immunization records from their physician.

## Health History

*Please complete the following as accurately as possible.*

Allergies to food, drugs, bees, animals, or environmental	<input type="checkbox"/> No <input type="checkbox"/> Yes	Type of allergy :	Medication taken:
Hay fever, asthma wheezing	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:	
Eczema or frequent skin rashes	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:	
Convulsions or seizures	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:	
Heart trouble or murmurs	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:	
Diabetes	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:	
Tuberculosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:	
Kidney Disease	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:	
Pneumonia	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:	
Frequent (more than 3 times a year) colds, sore throat, or ear aches	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:	
Rheumatic fever / scarlet fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:	
Mononucleosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:	
Chicken Pox	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:	



# Oriskany Central School District Student Registration Packet

## Health History...continued

Measles/Mumps/Rubella (3 day measles)	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain
Meningitis	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain
Strep Infections	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain
Anemia	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain
Concussion/Head Injury	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain
Orthopedic Problems (brace)	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain
Nosebleeds	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Headaches	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Arthritis	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Polio	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Scarlet Fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Pertussis (whooping cough)	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Diphtheria	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Fainting Spells	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Medications/Herbal Remedies	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Speech Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Bowel or urinary problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Nutrition or weight problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Behavior, developmental, or maturity problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Social adjustment problems (family, friends, school)	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Severe accidents or injuries	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Hospitalizations	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Surgery	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Known vision problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Known hearing problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Pain in legs, arms, back or joints	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Limp or unusual walk	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Balance issues or unexplained sudden movements	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Other physical problems not mentioned	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate dates and explain:
Did child attend preschool?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what school?

# Oriskany Central School District Student Registration Packet

## Health History...continued

<b>Medications:</b> Is your child taking any medication? (If child needs medication administered in school, a medication request form must be completed and signed by a physician before medication will be given at school.)			
<input type="checkbox"/> No <input type="checkbox"/> Yes	Name of medication and dosage:		Reason for medication:
<b>Prenatal history:</b>	Child's birth weight:	Duration of pregnancy:	<b>Prenatal history:</b>
Did the child have any difficulties at birth? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, explain:	
<b>Physical Activity:</b> Does your child have any physical difficulty that would prevent them from participating in the normal physical education class or other activities? (If your child is unable to participate in physical education class, then a physician's certificate is required.)			
<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, explain:		

### ORISKANY CENTRAL SCHOOL DISTRICT NURSES

N.A. Walbran Elementary School

Ms. Brittani Gauthier, RN

Phone: 315-768-2148

Email: [bgauthier@oriskanycsd.org](mailto:bgauthier@oriskanycsd.org)

Oriskany Jr./Sr. High School

Mrs. Maryruth Stopera, RN

Phone: 315-768-2061

Email: [mstopera@oriskanycsd.org](mailto:mstopera@oriskanycsd.org)

# Dental Health Certificate- Optional

**Parent/Guardian:** New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. 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 registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist 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 <input type="checkbox"/> Non-Binary	Will this be your child's first oral health assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Month   Day   Year					
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?    Yes    No

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.

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.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section 2. To be completed by the Dentist/ Dental Hygienist

**I. The dental health condition of \_\_\_\_\_ on \_\_\_\_\_ (date of assessment) The date of the assessment 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/ Dental Hygienist's name and address**

(please print or stamp)

**Dentist's/Dental Hygienist's Signature**

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

### II. 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): \_\_\_\_\_

### II. 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. (3/2018)

**ADVANCE NOTICE OF MEDICAL EXAMINATION OF PUPILS**

School Health Services

Name of Pupil \_\_\_\_\_

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

A medical examination of school children is required by law. You may have this examination made by your family physician, any private physician or by the school physician as you desire. You are encouraged to have this examination made by your family physician. He is familiar with your child and can undertake laboratory tests and corrections which the school physician is not authorized to perform.

If you wish to have your child is examined by your own doctor, please advise upon this form, which must be in the hands of the School Nurse within one week. Upon receipt of this notice by the nurse, she will send you an examination blank which you will take with your child to your doctor who will fill out after the medical examination. Following this you will kindly return this form promptly to the School Nurse.

Please remember that unless the examination by your physician is made and the health card properly filled out by him/her and returned to the School Nurse by \_\_\_\_\_, the school  
(Date)

physician will examine your child.

For your information, the examination consists of weighing and measuring, testing hearing and vision, observance of general nutrition, examination of nose and throat, teeth, skin, posture, and heart and lungs. The School Nurse is present in every case and assists in the examination. You will promptly be advised of any defects discovered by this examination, in order to insure prompt correction.

Please sign below according to your choice, and have this blank returned promptly to the School Nurse.

**I wish to have the required examination made by my own physician**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**I wish the examination made by the school physician.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Required Documentation

- **Proof of Residency** - The District seeks documentation to verify the child to be enrolled resides with the parent or person in parental relation, and that the parent or person in parental relation maintains a physical presence in the District that qualifies as a residence.
- **Proof of Custody** - In situations involving legal separation or divorce, registering parents must prove they are legally authorized to register the child for school. To establish the child resides with the parent or person in parental relation, the District may request the adult sign an affidavit that the child lawfully resides with them.
- **Physician Physical** - All new students must have had a physical within the previous 12 months.
- **Immunization Records** - Proof must be provided that students meet all New York State immunization requirements, regardless if transferring from a school within state, or out of state. Students transferring from other countries may be permitted to attend school without required vaccinations for up to 30 days with evidence of good faith effort to obtain immunizations or proof of past immunization.
- **Student Records** - The Oriskany Central School District will request additional records from the student's previous school.

## Documentation of Residency

The District seeks documentation to verify the child to be enrolled resides with the parent or person in parental relation, and that the parent or person in parental relation maintains a physical presence in the District that qualifies as a residence.

To establish the child resides with the parent or person in parental relation, the District may request the adult sign an affidavit that the child lawfully resides with them.

To establish the adult maintains a residence in the District, the District requires documentation as follows:

- One of the following preferred
  - Copy of a residential lease or proof of ownership of a house or condominium
  - Statement signed by a landlord, property owner, or tenant from whom the adult leases or rents property, or with whom the adult shares property within the District (the District prefers a sworn statement, but this is not required)
  - Some other signed statement from a third party establishing that the adult maintains a physical presence within the District
  
- If the above forms of documentation are not available, the District will accept **for review**, 2 other forms of documentation of residency, including but not limited to:
  - Pay stub
  - Income tax form
  - Utility or other bills
  - Membership documents based on residency
  - Voter registration documents
  - Official driver license, learner permit, or non-driver identification
  - State or other government-issued identification or documents relating to government services or benefits
  - Evidence of custody of the child

## Documentation of Age

### In accordance with Education Law § 3218 – Title IV, Article 65, Part I

1. Evidence showing that the minor is of the required age shall be presented as follows:
  - a. A duly certified transcript of a birth certificate filed according to law, or duly certified transcript of a record of baptism, giving the date of birth; or, if not available,
  - b. A passport showing the date of birth of the minor; or, if not available,
  - c. Other documentary evidence or other recorded evidence in existence two years or more, and satisfactory to the certifying officer, except an affidavit of age.
2. Certificate of age. A person over eighteen years of age may apply for a certificate of age to the superintendent of schools, the district superintendent, or to the certifying officer. Upon such application a certificate of age, containing the name, date of birth, address and signature of the applicant, shall be issued to him if he furnishes such evidence that he is over eighteen years of age as is required for the issuance of an employment certificate. Such a certificate of age or an employment certificate previously issued for such person shall be conclusive evidence for an employer that the person has reached the age certified to therein.

### Such other evidence may include but not be limited to the following:

1. Official driver's license
2. State or other government issued identification
3. School photo identification with date of birth
4. Consulate identification card
5. Hospital or health records
6. Military dependent identification card
7. Documents issued by federal, state, or local agencies such as local social service agency, federal Office of Refugee Resettlement
8. Court orders or other court-issued documents
9. Native American tribal document
10. Records from non-profit international aid agencies and voluntary agencies

### Sources:

[www.p12.nysed.gov/sss/lawsregs/3218](http://www.p12.nysed.gov/sss/lawsregs/3218)

[www.p12.nysed.gov/sss/pps/residency/studentregistrationguidance082610.pdf](http://www.p12.nysed.gov/sss/pps/residency/studentregistrationguidance082610.pdf)

**Oriskany Central School District**  
**1313 Utica Street**  
**Oriskany, NY 13424**

**Are you the legal guardian of the child being enrolled?**

**YES**                       **NO**                       **FOSTER CARE**

**Legal Guardianship**

If you wish to enroll a minor student, you must show proof of legal guardianship.

- ✓ Legal guardianship of such students shall be documented by a copy of:
  - a. legal documents showing that temporary or full legal guardianship has been applied for or awarded by a court of competent jurisdiction; or
  - b. legal documentation showing that custody has been legally awarded to an extended family member; or
  - c. documentation of placement under any court of competent jurisdiction or by any state agency having jurisdiction; or
  - d. DDS 2999 if in foster care

This authority must be granted or legal proceedings initiated prior to enrollment of the student in the Oriskany Central School District. In addition, the requirements of proof of residency shall be met.

- ✓ Proof of the continuation of this status shall be required for each year the student is enrolled in Oriskany Central Schools.
- ✓ Such student shall be assigned to a school based upon the guardian's residence.
- ✓ Homeless children without a parent or legal guardian, or unaccompanied youth shall be granted an exemption from the requirements of this section on legal guardianship. If a child or unaccompanied youth attempts to register without a parent or legal guardian, school personnel shall attempt to determine whether the child is homeless in accordance with New York law.

I, the undersigned attest by my signature, that I am the legal guardian for the below named child.

\_\_\_\_\_

Print Child's Name

Date

\_\_\_\_\_

Print Legal Guardian/Foster Parent's Name

Legal Guardian/Foster Parent's Signature

**Falsifying Records is punishable by law.**

Presenting false information or records is a criminal offense under Penal Code 37.10. Enrolling the child under false documents makes the person liable for tuition or the cost.



**Oriskany Central School District**  
**1313 Utica Street**  
**Oriskany, NY 13424**

**PROOF OF AGE AND IDENTITY**

(Not applicable if Birth Certificate is provided)

Entrance into public school requires proof of both age and identity. The following documents are acceptable as proof of age and identity: (1) certified birth certificate, (2) certified record of baptism, (3) passport with date of birth, or (4) other documentation or legal record in existence for two years or more that is satisfactory to certification officer. I acknowledge that I am aware of the current requirement to provide proof of age and identity in order to enroll in the Oriskany Central School District.

Additionally, I am aware that I have 5 days to produce said document or my child will not be allowed to attend school.

Further, I acknowledge that I have received a copy of this document and will provide the missing document within the five day timeframe.

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Foster Parent

\_\_\_\_\_  
Today's Date

**For Office Use Only**

As Central Registrar my signature below indicates that I have provided a copy of this document to the person(s) registering a student in the Oriskany Central School District.

\_\_\_\_\_  
Signature of District Registrar

\_\_\_\_\_  
Today's Date

**Oriskany Central School District**  
1313 Utica Street  
Oriskany, NY 13424  
315-768-2060

**STUDENT REGISTRATION/CHANGE FORM FOR TRANSPORTATION**

**New Enrollment**    **Address Change**   for  **Pick up**    **Drop off**

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Gender:**     Male     Female     Non-Binary

**PICK UP LOCATION: Address** \_\_\_\_\_

**Home Description** \_\_\_\_\_

**DROP OFF LOCATION: Address** \_\_\_\_\_

**Home Description** \_\_\_\_\_

**\*\*\*Please note that we do not drop off at businesses, only homes of approved day care providers\*\*\***

**Home Phone #:** \_\_\_\_\_    **Mom's Cell #:** \_\_\_\_\_    **Dad's Cell #:** \_\_\_\_\_

**Parent's/Guardian's Name Printed:** \_\_\_\_\_

**911 Home Address:** \_\_\_\_\_    **City** \_\_\_\_\_    **State** \_\_\_\_\_    **Zip** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_    **City** \_\_\_\_\_    **State** \_\_\_\_\_    **Zip** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
NameAddressPhone Home#/Cell#

**Emergency Contact:** \_\_\_\_\_  
NameAddressPhone Home#/Cell#

**List any physical/emergency medical information bus drivers need to know about your child:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Building:**    N.A. Walbran     Oriskany Jr/Sr High School      **Current Grade:** \_\_\_\_\_

**Is Student Special Education?**    YES     NO

**DO NOT WRITE IN THIS SPACE- TRANSPORTATION USE ONLY**

**STUDENT ASSIGNED TO ROUTE:** \_\_\_\_\_      **DATE TO START:** \_\_\_\_\_

**Oriskany Central School District**  
**1313 Utica Street**  
**Oriskany, NY 13424**

**ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE**

Name of LEA: **ORISKANY CENTRAL SCHOOL DISTRICT**

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Last

First

Middle

Gender:  Male      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Grade: \_\_\_\_      ID#: \_\_\_\_\_  
 Female                      Month    Day    Year      (preschool-12)                      (optional)  
 Non-Binary

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

**Oriskany Central School District**  
**1313 Utica Street**  
**Oriskany, NY 13424**

**Standard Residency Agreement**

**INSTRUCTIONS:** Insert names and pertinent information where indicated. Although phrased in the plural, this affidavit is also intended for use by single parents so as to avoid multiplicity of forms. One form should be prepared for **each child**.

State of New York, County of Oneida:

\_\_\_\_\_ and \_\_\_\_\_

If both parents are living together, list mother and father on the above lines; OR If one parent lives with a significant other, list both names on the above lines;

\_\_\_\_\_ being duly sworn, deposes and state:

OR If you are a single parent living alone, use the above line to list your name.

We(I) are(am) the parent(s) of \_\_\_\_\_ who is an applicant for admission and is a resident of the Oriskany Central School District. We(I) presently reside with our(my) child at the below physical address which is also within the boundaries of the Oriskany Central School District.

\_\_\_\_\_  
Please list your physical address on the above line (not your mailing address).

In order to induce the Oriskany Central School to accept our(my) child, we(I) duly CERTIFY that the foregoing physical address is our(my) legal domicile or place where we(I) intend to permanently reside with our(my) child both at the date of this affidavit and for the duration of his/her enrollment as a student in the Oriskany Central School District.

**We(I) agree, upon request of District Officials, to furnish such Officials with written verification that the listed address is our(my) permanent place of residence. Such written evidence may include vehicle registration records or any other piece of evidence tending to verify that the foregoing address is our(my) domicile or permanent place of residence.**

**We(I) agree that in the event our(my) permanent residence changes during the period of our(my) child's enrollment in the Oriskany Central School District, we(I) shall immediately advise District Officials as to our(my) new place of residence.**

\_\_\_\_\_  
Parent/Legal Guardian/Foster Parent Signature

\_\_\_\_\_  
Parent/Legal Guardian/Foster Parent Signature

**For Office Use Only**

Witnessed before me: Date \_\_\_\_\_

\_\_\_\_\_  
District Registrar

## Eligibility Screen for Migrant Education Services

**\*\*\*Migrant Education Program services are free of charge and may include tutoring, assistance with health needs, educational field trips, summer programs, parent involvement activities, adult education, emergency assistance and referrals to other services as needed.\*\*\***

Has your family moved to a different school district in the last 3 years? Yes\_\_\_\_ No\_\_\_\_

In the last three years, has the parent or guardian of the child enrolling done farm work as a paid job? (Did they work on a dairy farm, planting, picking/harvesting fruits or vegetables, food processing or packaging, logging or tree farming?)  
Yes\_\_\_\_ No\_\_\_\_

If yes, what farm did you work on? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

If you can answer **YES** to **BOTH** of the above questions, your family **MAY** qualify for Migrant Education services. To be contacted by a Migrant Education recruiter, please complete the information below.

Child's name _____	DOB _____	Grade _____
Child's name _____	DOB _____	Grade _____
Child's name _____	DOB _____	Grade _____
Child's name _____	DOB _____	Grade _____

### Parents/Guardians

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone# \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City, Town, or Village, Zip) Work or Message # \_\_\_\_\_

School District \_\_\_\_\_ School Building \_\_\_\_\_

School Contact Person \_\_\_\_\_ Contact Number \_\_\_\_\_

Other useful information (directions, farm names, best time to contact, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**To submit this referral please fax to the Herkimer BOCES at 315-867-2087 or mail to the address above.  
For more information, please call the Migrant Program at 315-867-2085.**

**Thank you for your assistance.**

## Cuestionario de Elegibilidad para Servicios de Educación Migrante

**\*\*\*Servicios de Programa de Educación Migrante son gratuitos y pueden incluir tutoría, ayuda con necesidades de salud, viajes educacionales, programas del verano, actividades de involucrar a los padres, educación para adultos, ayuda de emergencia y referidos a otros servicios como necesario.\*\*\***

¿Ha mudado su familia a un distrito escolar diferente en los últimos 3 años? Sí \_\_\_\_\_ NO \_\_\_\_\_

¿En los últimos 3 años ha trabajado un padre o guardián en granja como: lechería, plantando, cosechando frutas o legumbres, el procesamiento o empacar de comida, corta de árboles o cultivo de árboles? Sí \_\_\_\_\_ NO \_\_\_\_\_

Si UD dijo que si, ¿en que granja? \_\_\_\_\_ ¿Donde? \_\_\_\_\_ ¿Cuándo? \_\_\_\_\_

Si Usted contestó que Sí a AMBOS preguntas de arriba, su familia PUEDA calificar para servicios de Educación Migrante. Para estar contactado por una reclutadora del Programa de Educación Migrante, favor de llenar la infomación de abajo.

Nobre del niño(a) \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_ Grado \_\_\_\_\_

Nobre del niño(a) \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_ Grado \_\_\_\_\_

Nobre del niño(a) \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_ Grado \_\_\_\_\_

Nobre del niño(a) \_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_ Grado \_\_\_\_\_

### Padres/Guardianes

Nobre de la Mamá \_\_\_\_\_ Nombre del Papá \_\_\_\_\_

Dirección de la Casa \_\_\_\_\_ Numero de teléfono en casa \_\_\_\_\_  
(Dirección de la Calle)

\_\_\_\_\_ # de teléfono del trabajo o de Mensaje \_\_\_\_\_  
(Ciudad o Pueblo, Código Postal)

Distrito escolar \_\_\_\_\_ edificio escolar \_\_\_\_\_

Persona para contactar \_\_\_\_\_ numero para contactar \_\_\_\_\_

Otra infomacion importante (direcciones, nombres de granjas, major hora de llamar, etc.)

**Para someter este referido, favor de mandarlo por fax al Herkimer BOCES a 315-867-2087 o mandar por correo al dirección de arriba.**

**Para más infomación, favor de llamar al Programa Migrante a 315-867-2085.**

**Gracias.**

**Oriskany Central School District**  
**1313 Utica Street**  
**Oriskany, NY 13424**

**PARENTAL PERMISSION FOR USE OF STUDENT PHOTOS/STUDENT WORK**

Occasionally Oriskany classroom situations, events and activities are photographed or video taped with the intent of utilizing select photos or film footage for information or promotional materials. This would include newspaper articles, pamphlets, displays or presentations, and other social media outlets.

Please check whether or not your child's photo or image may be used throughout his/her education at Oriskany Central School for the above mentioned purposes.

**Please check the appropriate box(es):**

I  **DO** OR  **DO NOT** give permission for the district to use my child's image in the newspaper and/or on the school district website and/or school district related social media sites.

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Signature of Parent/Guardian/Foster Parent: \_\_\_\_\_

Date: \_\_\_\_\_

## Oriskany Central School District Acceptable Use Policy

Computers and networks can provide access to resources on and off school grounds, as well as the ability to communicate with other users worldwide. Such open access is a privilege, and requires that individual users act responsibly. Users must respect the rights of other users, school district, state, and federal laws, regulations, and contractual obligations. (The Oriskany Central School District Computer Use Policy is outlined in the Student Handbook.)

Students and other users may have the rights of access to their own files or e-mail created on the system. There is no expectation of privacy. Files and e-mails may be subject to monitoring without notice. In addition, the system operator may access files as required to protect the integrity of the computer system/network. Internet blocking software will be used to align on-line searching with the curriculum. All work and e-mail created on the system is the property of the Oriskany Central School District.

Misuse of computing, networking, or information resources may result in the loss of computer privileges and/or district, state, and/or federal penalties. Examples of misuse include, but are not limited to, the activities in the following list:

- Using a computer account that you are not authorized to use. Obtaining an ID and/or password for a computer account without the consent of the account user and system operator prior to use.
- Changing the assigned password or using encryption programs are not permitted without the consent of the system operator.
- Using the Oriskany Central School District's computer network to gain unauthorized access to any computer systems.
- Knowingly running or installing on any computer system or network, or giving to another user, a program intended to damage or place excessive load on a computer system or network. This includes, but is not limited to, programs known as computer viruses, Trojan horses, and worms.
- Attempting to circumvent data protection schemes or uncover security loopholes.
- Violating terms of application software licensing agreements or copyright laws.
- Deliberately wasting computer resources.
- Using electronic mail to harass others.
- Masking the identity of an account or machine.
- Posting materials on electronic bulletin boards and/or newsgroups that violate existing laws or the districts' code of conduct.
- Attempting to monitor or tamper with another user's electronic communications, or reading, copying, changing, or deleting another user's files or software without the explicit agreement of the owner in advance.
- Using the computer system/network to plagiarize or violate copyright laws.
- Altering the computer system/network for personal use or profit.

Proper use of technology and behavior that demonstrates responsibility is an expectation of all users. Access to use of the technology will not be granted without the signed agreement of both the student and the parent. Continued access to and use of the technology will be based on appropriate use as outlined in the policy signed by the student and the parent. Users will also be reminded of this acceptable use policy each time they log-in on the system.

---

The above Computer Acceptable Use Policy for the Oriskany Central School System has been read and explained to me by the district's computer system personnel. I understand and agree to comply with this policy.

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_  
Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read the above policy. I know that I may contact the district's computer system personnel by phone or in writing with any concerns. I understand and agree to this policy as it pertains to my son/daughter/or person under my charge.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Oriskany Central School District

1313 Utica Street  
Oriskany, NY 13424-0539

**Request for Permission To Access SchoolTool Parent Portal**  
**Fill this form out if your child is in grades 5-12 only.**

My name is (please print): \_\_\_\_\_

I am a parent, guardian, or person in parental relation, of a student in the  
**Oriskany Central School District.**

Student First Name	Student Last Name	Address Where Student Resides	Student Date Of Birth

I request the District provide me with a login/password that will allow me to access information about my child's school performance, which could include classes, teacher names, attendance, grades, discipline, and other information housed in the District's Student Management Database. I understand this information is stored in a database, SchoolTool, which is maintained by the District with support from the Mohawk Regional Information Center of the Madison-Oneida BOCES. In return for the District providing me with a login/password, I agree to the following Terms of Network Access:

Please **initial** each item to acknowledge it, and sign at the end.

\_\_\_\_\_ I will maintain a valid e-mail address the District may use to send me the pertinent information concerning my Parent Portal Account. My present e-mail address for this purpose is:

\_\_\_\_\_ I will only attempt to view information about the student(s) listed above. I will not attempt to "hack," manipulate, or otherwise try to evade the security measures to access information regarding any other person.

\_\_\_\_\_ I will not intentionally transfer to the SchoolTool system any virus, Trojan horse, or other malicious computer code.

\_\_\_\_\_ I understand the District's use of the SchoolTool software is supported by technical assistance from the Mohawk Regional Information Center, and possibly other consultants, and employees of these entities. They are instructed to keep confidential any personally-identifiable information, including educational records, they may see in the performance of their duties. I consent to the disclosure of information about me or the student(s) listed above under these circumstances.

\_\_\_\_\_ I understand all information stored in the SchoolTool database remains the property of the District, and may be accessed, examined, or modified by the District or its vendors at any time.

\_\_\_\_\_ I understand the SchoolTool database may record and retain information about when and how I use SchoolTool through the Parent Portal, and that this information is the property of the District and subject to review by the District.

\_\_\_\_\_ I agree I will not disclose my login password to any other person, not even other people in my family or household. I accept responsibility for all actions that are performed by anyone gaining access to the SchoolTool database using the login password assigned to me.

\_\_\_\_\_ I understand the District retains the discretion to block my access to SchoolTool whenever it has reasonable suspicion to believe I have violated one of the foregoing Terms of accessing SchoolTool and other Network resources.

Parent/Guardian/Person in Parental Relation

(Print Full Name) \_\_\_\_\_ Date: \_\_\_\_\_

(Sign Full Name) \_\_\_\_\_

**For District Use Only:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this completed form to the Jr./Sr. High School Counseling Office**

**Oriskany Central School District**  
**VILLAGE FIELD TRIP AUTHORIZATION**

On occasion, it might be necessary or desirable to take an impromptu class field trip somewhere in the village.

My child, while enrolled as a student in the Oriskany Central School District, 

<b>DOES</b>	<b>DOES NOT</b>
-------------	-----------------

 have my  
(circle one)

permission to participate in any and all \*Oriskany village trips, sponsored by his/her teacher and/or the principal of the school during the school year. These trips will be either by bus or by walking.

I also give permission for my child's teacher or principal to obtain emergency medical care for my child if necessary during such field trips. If you have any questions, please do not hesitate to contact the school office.

**PLEASE COMPLETE INFORMATION BELOW.**

Student's Name	Student's Date of Birth
Parent's Name (Please Print)	Student's Doctor
<b>*Parent's Signature</b>	Doctor's Phone Number
Address	
Home Phone	
Work Phone	
Date Signed	(Student's Special Medical Condition if any)

**\*This form is only applicable to trips in the Village of Oriskany. Examples: to and from the High School/Elementary School, Village Museum, Firehouse, Library, bicycle rides in PE class, etc.**

**Oriskany Central School District**  
**\*\*N.A. Walbran Elementary School-ONLY\*\***

This is an extremely important letter. There are times when school must close early due to weather or other emergencies. In the event of an emergency school closing, it is impossible for us to contact you individually to determine where your child should be sent. It may also be necessary for us to keep our phone lines open. Therefore:

- You need to have a plan.
- We need to know your plan.
- Your child needs to know what to do.

If the emergency requires immediate evacuation, or in an situation where the roads are impassable, trying to pick up your child may be impossible or be unsafe for you and your child.

The form below provides us information we will need in the event of an emergency. It will be kept with your child's homeroom teacher. The three options are for your child to:

1. Go home or to the babysitter as usual.
2. Take the bus to a prearranged emergency location.
3. Walk to a prearranged emergency location.

If there is an emergency, we cannot call at that time to find out what the emergency plan is for your child. The safety of your child and our staff will best be met if you take the time now to consider this situation. Develop a plan, and make sure your child knows what to do. If on the form below you request that your child get off the bus at another home, please make sure everyone at the other home is aware of this plan too.

Emergency closing announcements are made over the radio and through the phone system. Your cooperation in the development of an emergency plan will help keep everyone safe in case of an emergency. Please call if you have any questions. Make a plan now and review it with your child while you are thinking of it.

---

**EMERGENCY SCHOOL CLOSING PLAN**

This form should be returned for EACH of your children. **CHECK JUST ONE.**

**IN CASE OF ANY EMERGENCY, MY CHILD IS TO:**

\_\_\_ Take regular bus home and be dropped off at:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_ Take different bus number \_\_\_ and get off at the home of:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_ Walk to the home of:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Child's name \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Requested Demographics  
for State Education  
Department

**Oriskany Central School District  
1313 Utica Street  
Oriskany, NY 13424**

**To the Parent/Guardian:** The **ORISKANY CENTRAL SCHOOL DISTRICT** has adopted a policy which requires the collection and recording of the ethnic identity of students in the **ORISKANY CENTRAL SCHOOL DISTRICT** in accordance with the federal categories and definitions. The information will be used to:

- ✓ Report information to the State and Federal Education Departments.
- ✓ Plan educational programs and make sure that they are readily available to all students.
- ✓ Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the next page. Put a check (✓) in the box for the category or categories which best describes your child. The **ORISKANY CENTRAL SCHOOL DISTRICT** understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

<b>CONFIDENTIALITY PROCEDURES AND REGULATIONS</b>
---------------------------------------------------

**To School Staff:** This form will be filed in the student's permanent record as confidential information.

**To the Parent/Guardian:** The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

*The Family Education Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.*

<b>PLEASE COMPLETE THE ATTACHED FORMS</b>
-------------------------------------------





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.*

<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
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?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Parent 1	_____	<input type="checkbox"/> Parent 2
		<i>specify</i>	<i>specify</i>
	<input type="checkbox"/> Guardian(s)	_____	<i>specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____
			<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not speak
			<i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			<i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			<i>specify</i>

### 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:



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### 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:     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: \_\_\_\_\_ PROFICIENCY LEVEL ACHIEVED ON NYSITELL:  
 MO.    DAY    YR.     ENTERING     EMERGING     TRANSITIONING     EXPANDING     COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:



## **Oriskany Central School District Contact Information**

### **Superintendent of Schools**

Mr. Gregory Cuthbertson

Phone: 315-768-2054

email: [gcuthbertson@oriskanycsd.org](mailto:gcuthbertson@oriskanycsd.org)

### **School Business Executive**

Mrs. Michelle Tikalsky

Phone: 315-768-2052

email: [mtikalsky@oriskanycsd.org](mailto:mtikalsky@oriskanycsd.org)

### **N.A. Walbran Elementary School**

Principal: Mr. Thomas Meiss

Phone: 315-768-2149

email: [tmeiss@oriskanycsd.org](mailto:tmeiss@oriskanycsd.org)

### **Oriskany Jr./Sr. High School**

Principal: Mr. Andrew Kennedy

Phone: 315-768-2063

email: [akennedy@oriskanycsd.org](mailto:akennedy@oriskanycsd.org)

### **Director of Special Programs & Support Services**

Mrs. Catherine Mucurio

Phone: 315-768-2048

email: [cmucurio@oriskanycsd.org](mailto:cmucurio@oriskanycsd.org)