

UPK Registration- Step 3

To be eligible for registration in a potential lottery, all form requests in Operoo must be submitted by February 28, 2025.

You can find any forms that require completion listed under “Requests” in Operoo. Click the green “Respond” button to fill out the form. Once a form is completed, it will appear under “Responded” at the bottom of the page.

The screenshot shows the Operoo Home interface. At the top is a purple navigation bar with links: Home, Recent, Form Library, News, My Account, Help, and Sign Out. Below the navigation bar is the "Operoo Home" header. The main content area is titled "Requests" and displays a grid of request cards. Each card includes the Iroquois Central School District logo, a description of the request, and a green "RESPOND" button. The request for the "REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM" is highlighted with a red rectangular box, and a red arrow points to it from below the grid.

Request Description	Action
Iroquois Central School District has sent a request for Test Student "District: Home Language Questionnaire (HLQ)".	RESPOND
Iroquois Central School District has sent a request for Test Student "Iroquois Central School District Housing Questionnaire - School Year 2024 - 2025".	RESPOND
Iroquois Central School District has sent a request for Test Student "Iroquois Central School District Records Release Form".	RESPOND
Iroquois Central School District has sent a request for Test Student "Transfer of Iroquois School Records Form".	RESPOND
Iroquois Central School District has sent a request for Test Student "IROQUOIS CENTRAL SCHOOL DISTRICT Annual Student Health History Update".	RESPOND
Iroquois Central School District has sent a request for Test Student "REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM".	RESPOND
Iroquois Central School District has sent a request for Test Student "Questionnaire for UPK Families".	RESPOND

NYSED requires a Physical exam for new students in Grades pre-k or K, 1,3,5,7,9,11; annually for interscholastic sports; and working papers as needed; or required by the committee on Special Education (CSE) or Committee on Pre-school Special education (CPSE). This form must be completed and documents must be uploaded into OPEROO **prior to the start of school to attend.**

Questionnaire for UPK Families

Please fill out the following form with details related to the student you are registering for UPK. Providing accurate information is essential for placing your child correctly in our UPK program. Any omissions may affect your child's ongoing participation in UPK. We are excited to continue working together throughout the year and welcome any additional feedback, questions, or concerns you may have.

Operoo Home

Home

Recent

Form Library

News

My Account

Help

Sign Out

<

Test Student - Respond to Questionnaire for UPK Families

Please enter your response below



Questionnaire for UPK Families

Dear UPK Families: Thank you for taking the time to answer all the questions in this form. The accuracy of the information provided is critical for the appropriate placement of your child in our UPK program. Failure to report any information may impact your child's further participation in UPK. We look forward to continuing our collaboration with you throughout the year, and we encourage you to reach out to us with any additional feedback, questions, or concerns.

PART I: ABOUT YOUR CHILD

What is your Child's First Name? *

What is your Child's Last Name? *

What does your child prefer to be called? *

What are some favorite things about your child? *

What are some of your child's strengths or favorite things to do (For example: drawing, reading stories, playing pretend, playing outside)? *

Please describe any behavioral issues your child may have, or say "none". *

Please describe any learning issues your child may have, or say "none". *

Please describe any socialization issues your child may have, or say "none". *

Does your child have any dislikes we should know about (for example: taking naps, specific foods)? *

Please describe any physical issues your child may have, or say "none". *

Please describe any emotional issues your child may have, or say "none". *

In what language(s) does your child communicate comfortably? *

Your child is progressing at the developmentally appropriate skill for their age in the following. Please check all that apply. *

- ☐ Napping
- ☐ Dressing
- ☐ Eating

Please feel free to explain your response in the space below:

My child is toilet trained. (Children must be able to use the toilet independently) *

- ☐ Yes
- ☐ No

Does your child have any allergies (including food allergies) that we should be aware of? *

- ☐ Yes
☐ No

If "Yes", please explain:

Does your child have any other medical conditions we should be aware of? *

- ☐ Yes
☐ No

If "Yes", please explain:

Is your child currently taking any medications? *

- ☐ Yes
☐ No

If "Yes", please explain:

Does your child have a current IEP or 504 plan? *

- ☐ Yes
☐ No

Clear

Has your child previously attended any formal childcare setting? *

- ☐ Yes
☐ No

If "Yes", please explain:

Has your child been asked to leave any formal childcare setting? *

- ☐ Yes
☐ No

If "Yes", please explain:

Have you withdrawn your child from any formal childcare setting? *

- ☐ Yes
☐ No

If "Yes", please explain:

How do you anticipate your child will handle the transition to pre-k? Check all that apply. *

- ☐ My child is excited to attend pre-K
☐ My child struggles with "Goodbyes"
☐ This is my child's first time being away from home for a long day
☐ This will be a difficult transition for my child

Please feel free to explain any of your responses in the space below:

Please let us know anything else about your child that will help us take care of them more effectively:

PART 2: ABOUT YOU AND YOUR CHILD'S FAMILY:

In the space below, please list the first name and last name, phone number and email address of the person filling out this form:

Person completing this form: First Name: *

Person completing this form: Last Name: *

Your relationship to this child? *

Do you live with this child? *

- ☐ Yes
☐ No

Your phone number, including area code: (XXX XXX XXXX) (Number) *

Your email address: *

How many siblings does your child have? What are their ages? *

What do you feel is important for your child to learn this year in pre-K? *

What are your hopes and aspirations for your child for both this school year and for her/his life? *

What skills, traditions, customs or artifacts would you like to share with our class this year? Responses will be used to plan what kind of family events we organize over the year. *

- ☐ Musical/Artistic talent
- ☐ Stories about your family's history
- ☐ Favorite family object and its history
- ☐ Foods & recipes
- ☐ Favorite games
- ☐ Songs
- ☐ Photos, information, or a cultural object from your family's country of origin
- ☐ Information about your job
- ☐ Stories or pictures from a family adventure
- ☐ Fun expressions in your native language
- ☐ None
- ☐ Other

If "Other", please describe in the space below:

Are there any holidays or traditions important to your family? *

- ☐ Yes
- ☐ No

Clear

If "Yes", please explain:

Is there anything else about your family that you think we should know so that we can serve you and your child effectively? *

Submit Response

Save for later

Help

Home Language Questionnaire (HLQ)

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.

Operoo Home

HomeRecentForm LibraryNewsMy AccountHelpSign Out

Test Student - Respond to District: Home Language Questionnaire (HLQ)

Please enter your response below



District: Home Language Questionnaire (HLQ)



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

Office of P-12

Lissette Colón-Collins, Assistant Commissioner

Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-3459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated.

Thank you.

Student First Name *

Student Middle Name

Student Last Name *

Date of Birth *

Example: 07 Sep 2023

Clear

Gender *

☐ Male

☐ Female

☐ Identifies as Other

Clear

Parent/Guardian First Name *

Parent/Guardian Last Name *

Relation to Student *

Language Background

What language(s) is(are) spoken in the student's home or residence? *

- ☐ English
☐ Other

If Other selected above, specify:

What was the first language your child learned? *

- ☐ English
☐ Other

If Other selected above, specify:

What is the Home Language of the Mother?

What is the Home Language of the Father?

What is the Home Language of the Guardian(s)?

What language(s) does your child understand? *

- ☐ English
☐ Other

If Other selected above, specify:

What language(s) does your child speak? *

- ☐ English
☐ Other
☐ Does Not Speak

If Other selected above, specify:

What language(s) does your child read? *

- ☐ English
☐ Other
☐ Does Not Read

If Other selected above, specify:

What language(s) does your child write? *

- ☐ English
☐ Other
☐ Does Not Write

If Other selected above, specify:

Educational History

Indicate the total number of years that your child has been enrolled in school. *

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? *

- ☐ Yes
☐ No
☐ Not Sure

Clear

If YES, please describe them.

How severe do you think these difficulties are?

- ☐ Minor
☐ Somewhat severe
☐ Very severe

Clear

Has your child ever been referred for a special education evaluation in the past? *

- ☐ Yes
☐ No

Clear

*If referred for an evaluation, has your child ever received any special education services in the past?

- ☐ Yes
☐ No

Clear

If 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)

Does your child have an Individualized Education Program (IEP)? *

- ☐ Yes
☐ No

Clear

If yes, please upload

No file chosen

[List of Allowed file types](#)

Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

In what language(s) would you like to receive information from the school? *

Signature of Parent or of Person in Parental Relation

Type your name and sign below

[Clear](#)

[Show me how](#)



Date Completed *

Example: 07 Sep 2023



[Clear](#)

Relationship to student: *

- ☐ Mother
☐ Father
☐ Other

[Clear](#)

If Other selected above, specify.

[Submit Response](#)

[Save for later](#)

[Help](#)

Housing Questionnaire

Kindly provide responses to the questions below regarding the student and their present housing circumstances.

Operoo Home

HomeRecentForm LibraryNewsMy AccountHelpSign Out

<

Test Student - Respond to Iroquois Central School District Housing Questionnaire - School Year 2024 - 2025

Please enter your response below



Iroquois Central School District Housing Questionnaire - School Year 2024 - 2025

School Type, etc.

☐ Elementary

☐ Middle

☐ High

Clear

Name of Student (First):

Name of Student (Middle):

Name of Student (Last):

Gender:

☐ Male

☐ Female

☐ X

☐ Prefer not to say

Clear

Pronouns:

☐ 1. He/Him

☐ 2. She/Her

☐ 3. They/Them

☐ 4. Other

Clear

Date of birth:

Example: 07 Sep 2023

Clear

Grade: *

Click here to select an option

Clear

Address: *

Phone (please enter as 714-1234-5698) *

Phone type: *

Click here to select an option

Clear

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.) *

- ☐ 1. In a shelter
- ☐ 2. With another family or person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled up")
- ☐ 3. In a hotel/motel
- ☐ 4. In a car, park, bus, train, or campsite
- ☐ 5. In permanent housing (House/Apartment)
- ☐ 6. Other temporary living situation (Please describe below):

Clear

If 'Other temporary living situation' was selected above, please describe:

Signature of Parent, Guardian or Student (for unaccompanied homeless youth)

Type your name and sign below

Clear

[Show me how](#)

Submit Response

Save for later

[Help](#)

Records Release Form

If your child has attended school in a different district before, please fill out the form completely. If this is your child's first time starting school, kindly provide today's date, your child's name, date of birth, and entering grade, then sign at the bottom.

Operoo Home -

HomeRecent -Form LibraryNewsMy Account -Help -Sign Out

<

Test Student - Respond to Iroquois Central School District Records Release Form

Please enter your response below



Iroquois Central School District Records Release Form

IROQUOIS CENTRAL SCHOOL DISTRICT

2111 Girdle Road, PO Box 32, Elma, NY 14059-0032

Phone: (716) 652-3000 ext 5004 - FAX (716) 652-9305

Attn: District Registrar (hfairhead@iroquoiscsd.org)

RELEASE OF RECORDS

DATE: *

Example: 07 Sep 2023

Clear

LAST DATE OF ATTENDANCE:

Example: 07 Sep 2023

Clear

FORMER SCHOOL NAME- If None, please enter N/A

STREET NUMBER AND NAME:

CITY & STATE & ZIP CODE

PHONE #:

FAX #:

If your student has not attended school before, you may skip these questions.

CHILD'S NAME: *

DATE OF BIRTH: *

Example: 07 Sep 2023



Clear

ENTERING GRADE: *

START DATE AT IROQUOIS:

Example: 07 Sep 2023



Clear

PARENT/GUARDIAN SIGNATURE:

Type your name and sign below

Clear

[Show me how](#)

Submit Response

Save for later

Help

Transfer of Iroquois School Records Form

This form allows the Iroquois Central School District to efficiently transfer your child's records. Timely transfer of school records may be crucial for proper scheduling at a new school, applications to colleges or vocational schools, access to scholarships and financial aid, and job applications. To assist with this process, parents are required to fill out and sign the designated form, which will be kept on record. Records will only be released for legal purposes if subpoenaed or explicitly authorized.

Operoo Home

HomeRecentForm LibraryNewsMy AccountHelpSign Out

<

Test Student - Respond to Transfer of Iroquois School Records Form

Please enter your response below



Transfer of Iroquois School Records Form

Dear Parent or Guardian:

During the course of a student's educational career, there are a number of reasons that may warrant an immediate transfer of school records. For example:

- A Student transferring to another school cannot be appropriately scheduled unless his previous school record is available.
- Consideration for entrance to a college, technical or vocational school, or other educational institution cannot be considered unless accompanied by his previous school record.
- Scholarships, college loans and other forms of financial assistance will not be considered unless accompanied by his previous school record.
- Employers frequently refuse to consider employment applications unless complete school records are available.

In order to expedite such matters for your son or daughter, we ask that you complete and sign the form below which will be maintained in the student's folder.

Under NO circumstances will student records be released in legal matters unless they are subpoenaed, requested by a court of law, or you specifically authorize such release.

Sincerely,

Douglas Scofield

Superintendent of Schools

DATE: *

Example: 07 Sep 2023

Clear

I, the legal or parent guardian of Test Student give my permission for the release of his/her school records as needed.

Type your name and sign below

ClearShow me how

Submit Response

Save for later

Help

Annual Student Health History Update

We kindly ask you to fill out the form below, reflecting your student's health and any relevant information that you believe the district should be informed about.

Operoo Home

HomeRecentForm LibraryNewsMy AccountHelpSign Out

Test Student - Respond to IROQUOIS CENTRAL SCHOOL DISTRICT Annual Student Health History Update

Please enter your response below



IROQUOIS CENTRAL SCHOOL DISTRICT Annual Student Health History Update

Student Name

Birth Date

Example: 07 Sep 2023

Clear

Grade

Address

Phone Number

Gender

Click here to select an option

Clear

Name of Child's Doctor

Phone Number of Child's Doctor

Does this child have an ongoing health concern?

Yes

No

Clear

If yes, please describe

Does the child have any allergies? *

- ☐ Yes
☐ No

Clear

If yes, please list

Is there a history of any hospitalizations, significant injuries or surgery? *

- ☐ Yes
☐ No

Clear

If yes, please describe

Are there any current medical concerns/injuries? *

- ☐ Yes
☐ No

Clear

If yes, please select from the following

- ☐ Head
☐ Eyes
☐ Nose
☐ Ears
☐ Throat
☐ Neck
☐ Chest
☐ Respiratory
☐ Cardiovascular
☐ Gastrointestinal
☐ Genitourinary
☐ Neurological
☐ Musculoskeletal (including any fractures, etc.)

Does this child take any medication regularly at home *

- ☐ Yes
☐ No

Clear

If yes, please describe

Does the child require medication at school *

- ☐ Yes
☐ No

Clear

If yes, please describe

Please list any additional concerns or information

Who lives with the child in his/her primary household *

Does the child spend significant amount of time in another household *

- ☐ Yes
☐ No

Clear

If yes, please describe

Who has legal custody of this child *

Describe any custody arrangements (if none, type none or N/A) *

Describe any custody arrangements (if none, type none or N/A) *

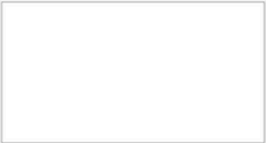
If there are any additional concerns or pertinent information please list them here

EMERGENCY MEDICAL AUTHORIZATION: In the event reasonable attempts to contact me have been unsuccessful, I Mother Test hereby give my consent to the administration of emergency medical treatment by any licensed physician/dentist and to transport my child to any reasonable accessible hospital facility. This information may be shared with School Personnel who are involved with my child.

Type your name and sign below

Clear

[Show me how](#)



Preferred Hospital: *

Health Insurance: *

Submit Response

Save for later

 Help