



Welcome to the Saugerties Central School District

Registration for all new students will take place at the District Registrar's office located at:

310 Washington Avenue Ext, Saugerties, NY 12477

Hildebrandt Building

Hours of registration are by appointment Monday through Friday

Please call for an appointment.

(845) 247-6550 x9211 f: (845) 681-4241

The following documentation is requested in order to enroll your child in the Saugerties Central School District:

- Proof of Residency:** You must provide **two (2)** original copies that are current, and must contain the name of the parent/guardian and the physical address of the residence. Documents accepted are listed below:
 - Residential lease, deed, mortgage or other proof of home ownership
 - Notarized or signed statement or affidavit from a third party landlord, owner or tenant with whom you are sharing property
 - Notarized or signed statement from a third party establishing your physical presence in the District
 - Utility and/or home service bill (water, electric, gas, propane, oil, refuse/garbage, cable, phone)
 - Insurance Policy (home owners, rental) - identifying your name and address
 - Property or School tax bill
 - Pay stub
 - Income tax form
 - Membership documents based upon residency
 - Voter registration documents
 - Driver's license, learner's permit or non-driver identification
 - State or other government issued identification
 - Documents issued by federal, state or local agencies (e.g., local social services agency, federal Office of Refugee Resettlement)
 - Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers that demonstrate residency
The District will consider any type of document submitted in order to evaluate residency.
- Proof of Date of Birth:** The child's birth certificate, passport, or medical document with DOB listed
- Immunization Record/Health Examination (Physical)/Dental Form (requested)**
 - Public Health Law 2164 requires immunizations be received prior to a child being allowed to attend school. → Click [here](#) for NYS required vaccines
- Photo I.D. of the Parent/Guardian:** Government issued Driver's License or Non-Driver I.D. with name and photo
- Custody Papers:** If applicable are required
- Academic Records:** Including transcripts, recent report cards and any Special Education Plans will be requested from previous school (if applicable). If your child has received special education service or accommodation through an Individualized Education Program (IEP) or a Section 504, please provide a copy of the plan.

Please fill out the enclosed packet as neatly and to the best of your ability. This information will be used for your child's educational records. Failure to answer all questions and illegible print could delay the registration process. Thank you for your cooperation.



Office Use Only

Student Name: _____

School: _____ Grade: _____ Effective Date: _____ Student #: _____

Out of District: _____ Non-Resident: _____ IEP/504: _____ ENL: _____ MV: _____

Transfer from NYS school: _____ Transfer from out of NYS school _____

Enter from outside US _____ Enter from Private/Home School _____

Student Information

Legal Name:

Gender: Male / Female / Non-binary

Grade:

Nickname:

Date of Birth:

Place of Birth:

Is the student Hispanic/Latinx or of Spanish Origin? Yes / No

STUDENT'S RACE (check at least one, you may check all that apply)

___ **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

___ **Black or African American** – A person having origins in any of the Black racial groups of Africa

___ **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment

___ **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

___ **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Parent/Guardian
Signature:

Date:



SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A

310 Washington Avenue Ext.
 Saugerties, New York 12477
 (845) 247-6500 Fax (845) 246-8364
www.saugerties.k12.ny.us

Household Information

Information of Rights of Parent from the Family Education Rights and Privacy Act (FERPA): An education agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding document relating to such matters as divorce, separation, or custody that specifically revokes the rights.
PLEASE INFORM YOUR SCHOOL OF CHANGES IN CUSTODIAL ARRANGEMENTS

Main/Household Phone Number:

Parent/Guardian A (Student's PRIMARY Address)
 Contact Priority #1

Full Name	Parent/Guardian A's relationship to student (check one): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	
Physical Address		
City State/Zip		
On current/active Military Duty? Yes / No		
Mailing Address (if different)		
City State/Zip	Custody of student (if not living with both parents): <input type="checkbox"/> Court appointed sole custody with Parent/Guardian A <input type="checkbox"/> Joint/legal Custody w/ primary physical w/ Parent/Guardian A <input type="checkbox"/> Joint/legal and joint physical with primary residence at P/G A <input type="checkbox"/> Informal, no court orders in effect	
Cell Phone:		Work Phone:

Step-Parent at this address (if applicable)

Full Name	Cell Phone:
	Work Phone:

Parent/Guardian B
 Contact Priority #2

Full Name	Parent/Guardian B's relationship to student (check one): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	
Physical Address		
City State/Zip		Location Unknown: <input type="radio"/>
On current/active Military Duty? Yes / No		Same residence as Parent/Guardian A? Yes / No
Mailing Address (if different)		If no, Student resides with this parent/guardian? Part time / No
City State/Zip		
Cell Phone:	Work Phone:	Email:

Step-Parent at this address (if applicable)

Full Name	Cell Phone:
	Work Phone:

All Siblings/Other Children Living at Primary Address

Full Name	Gender	Date of Birth	Grade	Present School	Relationship to Student

The student listed above will be enrolled immediately, or as soon as practicable, pending final determination by the District that the student is a resident of the District and is entitled to attend on a tuition free basis. Please be advised that in the event a family violates the residency requirement, the Saugerties Central School District has the right to bill back for tuition for the period of time that the student(s) attended District schools as non-residents.

I certify that I am a resident of the Saugerties Central School District.

Parent/Guardian Signature:	Date:
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Student's Educational Background

Schools Previously Attended		
Name of School	City/Town/State, Country	Year(s) Attended
Does the student have an IEP? Yes / No		Does the student have a 504 plan? Yes / No
If yes to above, name of School/District with the current plan: _____		
Please check any service(s) the student currently receives:	<input type="checkbox"/> Reading Support	<input type="checkbox"/> English Language Services (ENL, ESL)
	<input type="checkbox"/> Math Support	<input type="checkbox"/> Speech Therapy
	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> School Counseling
	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Outside Agency Counseling
Has the student ever been enrolled in Saugerties Central Schools? Yes / No If yes, name of school: _____		
Has the student been retained (repeated a grade)? Yes / No if yes, what grade(s)? _____		
If applicable, when did the student enter 9th grade? _____		

Student's Non-Household Emergency Contact Information

In the event that the parent(s)/guardian(s) are unable to be reached, we will contact the individuals listed below. If previously arranged by a parent/guardian, they may also be permitted to pick your student(s) up from school with proper identification.

Full Name Contact #3	Relationship To Student	Cell Phone
		Alt Phone
Full Name Contact #4	Relationship To Student	Cell Phone
		Alt Phone
Full Name Contact #5	Relationship To Student	Cell Phone
		Alt Phone
Full Name Contact #6	Relationship To Student	Cell Phone
		Alt Phone
Parent/Guardian Signature:		Date:



Student Residency Questionnaire																	
THIS QUESTIONNAIRE IS INTENDED TO ADDRESS THE MCKINNEY-VENTO ACT 42 U.S.C. 11435. THE ANSWERS TO THIS RESIDENCY INFORMATION HELP DETERMINE THE SERVICES THE STUDENT MAY BE ELIGIBLE TO RECEIVE.																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Student Name:</td> </tr> <tr> <td style="width: 25%; padding: 2px;">Date of Birth:</td> <td style="padding: 2px;">Grade:</td> </tr> <tr> <td style="padding: 2px;">Student Number:</td> <td style="padding: 2px;">School:</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Residential Address:</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Address Line 2:</td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center;">Is your living situation temporary? Yes / No</td> </tr> <tr> <td colspan="2" style="padding: 2px;">If yes, whose address is it? _____ <small style="text-align: center;">First and Last Name</small></td> </tr> <tr> <td colspan="2" style="padding: 2px;">What is their relationship to the student? _____</td> </tr> </table>	Student Name:		Date of Birth:	Grade:	Student Number:	School:	Residential Address:		Address Line 2:		Is your living situation temporary? Yes / No		If yes, whose address is it? _____ <small style="text-align: center;">First and Last Name</small>		What is their relationship to the student? _____		<p>Where is the student living? (Please check <u>one</u>.)</p> <p><input type="checkbox"/> In permanent housing (check here if you own, lease, or share housing formally)</p> <p><input type="checkbox"/> In a shelter</p> <p><input type="checkbox"/> With another family or person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")</p> <p><input type="checkbox"/> In a hotel/motel</p> <p><input type="checkbox"/> In a car, park, bus, or campsite</p> <p><input type="checkbox"/> Moving from place to place</p>
Student Name:																	
Date of Birth:	Grade:																
Student Number:	School:																
Residential Address:																	
Address Line 2:																	
Is your living situation temporary? Yes / No																	
If yes, whose address is it? _____ <small style="text-align: center;">First and Last Name</small>																	
What is their relationship to the student? _____																	
Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.2002(3)(d).																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Print Name of Parent/ Guardian or Unaccompanied Youth:</td> </tr> <tr> <td style="width: 75%; padding: 2px;">Signature of Parent/ Guardian or Unaccompanied Youth:</td> <td style="padding: 2px;">Date:</td> </tr> </table>			Print Name of Parent/ Guardian or Unaccompanied Youth:		Signature of Parent/ Guardian or Unaccompanied Youth:	Date:											
Print Name of Parent/ Guardian or Unaccompanied Youth:																	
Signature of Parent/ Guardian or Unaccompanied Youth:	Date:																
Office Use Only																	
STAC 202 Complete																	
Transportation/Central Kitchen Notified																	
Contact made with family																	
Alexis Bulich, McKinney Vento Liaison Signature		Date															

Please send copy to Alexis Bulich at Saugerties High School



Lisette 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) 722-2459

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

Home Language Questionnaire (HLQ)

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.

Please write clearly when completing this section.		
STUDENT NAME:		

First	Middle	Last
DATE OF BIRTH:		GENDER :
_____		<input type="checkbox"/> Male
Month	Day	Year
_____		<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		

Last Name	First Name	Relation to Student
_____	_____	_____

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"/> Mother	<input type="checkbox"/> Father	_____
			<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:
_____	_____
<i>District Name (Number) & School</i>	<i>Address</i>

Home Language Questionnaire (HLQ)—Page Two

Educational History
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* No Not sure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____ _____
12. In what language(s) would you like to receive information from the school? _____

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation *Date*

Relationship to student: Mother Father 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: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	



OPT-OUT PHOTOGRAPHS/VIDEO FORM

NO ACTION IS NEEDED if you allow the District to take your child's photo for the purposes outlined below. Complete and return this form only if you **DO NOT** give permission for your student's image to appear as described below.

From time to time, photographs or videos of students are taken during the school day for use in the District and for educational news releases, publications, video productions, social media, educational projects, and the District's website. Such photography or videography shall not be used for commercial purposes.

If you do **NOT** wish to have your child photographed/videotaped for these purposes, sign and return this form to the school's principal by September 16. This form applies to the current school year and the first two weeks of the next school year. Please fill out a new form each school year if you do not want your child's image published.

I DO NOT wish my child's photo to be used as explained above.

Student's full name (please print): _____

Current school Grade level: _____ School year: _____

Parent/Guardian name (please print): _____

Parent/Guardian signature: _____ Date: _____

Please note that if your student participates in public events (such as a sporting event or drama productions that are open to the community) the school/district may have little or no control over photographs taken by media, other parents, or community members attending the event. For more information, contact the Saugerties Central School District office at 845-247-6550.

Office Use ONLY	Flag entered in IC:	Employee Initials:
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REQUEST FOR PUPIL RECORDS

Student's Full Name:	Date of Birth:	Entering Grade:
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In order to coordinate educational plans for the above named student, I authorize the following accredited school or authorized agency to release the requested information to Saugerties Central School District.

Previous School: _____

Street Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____ School Fax: _____

I understand that such information will be treated as confidential and privileged and used only for the purpose of giving help and guidance to persons working with my child.

Signature of Parent/Guardian or Authorized School Representative

Date

Do not write below this line (for office use only):

I hereby authorize the following checked information, contained in the record of the above named student, to be released for the purpose of:

- Enrollment (start date ___ / ___ / ___) Special Education Referral

The above student is applying for enrollment in the Saugerties Central School District. Please send the following to us as soon as possible for our review:

- | | | |
|--|---|--|
| <input type="checkbox"/> Academic/Official Transcripts | <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Health/Medical Records | <input type="checkbox"/> Current IEP | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Section 504 Plans | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Psychological Reports |
| <input type="checkbox"/> Community Service Hours | <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> Other _____ |

Please send records to:

- | | |
|--|---|
| <input type="checkbox"/> L.M. Cahill Elementary School
(845) 247-6800 / f: (845) 246-4302 | <input type="checkbox"/> Grant D. Morse Elementary School
(845) 247-6960 / f: (845) 246-4184 |
| <input type="checkbox"/> Saugerties Junior High Guidance Office
(845) 247-6561 / f: (845) 246-1075 | <input type="checkbox"/> C. M. Riccardi Elementary School
(845) 247-6870 / f: (845) 246-2582 |
| <input type="checkbox"/> Saugerties Special Education Department
(845) 247-6800 / f: (845) 246-8553 | <input type="checkbox"/> Saugerties Senior High Guidance Office
(845) 247-6651 / f: (845) 246-1267 |
| | <input type="checkbox"/> Registrar's Office
(845) 247-6550 x9211 / f: (845) 681-4241 |

SAUGERTIES CENTRAL SCHOOLS

District Electronic Web Access Agreement for Viewing Student Information Via Saugerties Central District Schools Infinite Campus Parent Portal

I am requesting to review my child / children's student information on the Saugerties Central District Schools Internet website. I have read **Saugerties Central District Schools User** expectations and computer requirements for the Infinite Campus Parent/Student Portal and agree to abide by and support the expectations. I understand, in the interest of security, the District reserves the right to change user passwords or deny access at anytime. By signing this agreement I, as parent/guardian, release the Saugerties Central District Schools from any and all liability for damages arising out of unauthorized access to my parent/guardian account. I agree that I will not share my password or allow anyone other than myself to use the account, including my own child or children.

I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site.

I understand that three unsuccessful logins will disable my account. If my account becomes locked, it is my responsibility to request my parent portal account to be reset by sending an email request to the parent portal email address of scsdportal@saugerties.k12.ny.us to request my parent portal account be reset. In the email note I will provide the "Personal Login ID" given to me at the time the account was created and answer any questions to verify my identity. In the sole discretion of the District, the account may be unlocked, but I understand that it may take up to 3 – 5 school days to have my account unlocked.

I have checked that the computer I will be using to access the Internet site for viewing student information meets or exceeds the minimum requirements as identified on the Saugerties Central District Schools website.

PLEASE PRINT

List the names of all your children currently enrolled in Saugerties Central District Schools and residing at the address listed below. The information given on this form must match the enrollment information you provided during registration.

Parent / Guardian Last Name:		First Name:		
Residential Address:				
Email Address:				
Home Telephone Number:				
Child's first and last name must be printed below as it appears on the birth verification:				
Child's First Name	Childs Last Name	Childs Date of Birth	Name of the Saugerties School your child attends	To be completed by school - Student ID

Authorization Agreement Verification

The District Data Administrator Office will keep the completed and signed form in the Parent Portal Folder. The parent/guardian must provide a photo ID prior to signing.

Parent/Guardian Signature Date Please Print Parent/Guardian Name

Witness Signature Date

If the parent/guardian cannot visit the school, the parent/guardian must provide a valid photo ID with their electronic application.

OFFICE USE ONLY

Date Activated: _____
 Activation Key sent to email address provided: _____
 Activation Key mailed: _____



Dear Parents/Guardians,

Date: 9/1/22

New York State Education Law requires a health examination for all students **when entering Pre-K or K, 1st, 3rd, 5th, 7th, 9th, and 11th grade or entering the school district for the first time.**

The examination must be completed by a **New York State** licensed physician, physician assistant or nurse practitioner and on the approved NYSED Student Health Examination Form for School. **Beginning on 1/31/21, schools cannot accept the health exam if it is not on the required form or the required health record equivalent. The required form is attached and can also be found on the school website.**

A dental certificate which states your child has been seen by a dentist or dental hygienist is also asked for at the same time. The school will provide you with a list of dentists and registered dental hygienists who offer dental services on a free or reduced cost basis if you ask for it.

A copy of the health examination must be provided to the school within 30 days from when your child first starts at the school, and when your child starts K , 1st , 3rd , 5th , 7th , 9th , & 11th grades. If a copy is not given to the school within 30 days, the school will contact you.

If your child has an appointment for an exam during this school year that is after the first 30 days of school, please notify the Health Office with the date. For your convenience, a physical exam form and dental certificate for your health care providers is enclosed.

Communication between private and school health staff is important for safe and effective care at school. Your healthcare provider may not share health information with school health staff without your signed permission. Please talk to your provider about signing their consent form for the school at the time of your child's appointment for the examination. We suggest you make copies of the completed forms for your own records before sending them to the school health office. Forms may also be faxed or emailed to the number/address below.

Because of Covid, many students have not seen a private medical provider in two years or more. The District Medical Director, William Maliha MD advises that it is important that a child/student has a relationship with a private medical provider as they best can help to assess and guide a child's health and emotional well being during these important formative years. Dr. Maliha recommends that you make a reasonable effort to get this important health assessment before the school year commences.

Sincerely,

Dr. Lisjane Kappeler
Director of Pupil Personnel Services

Please direct any questions to:

Cahill Elementary: Marcy Traudt	845-247-4799	F: 845-681-4001
Morse Elementary: Chartrese Wolff	845-247-5799	F: 845-681-4222
Mt. Marion School: Connie Scuitto	845-247-6799	F: 845-681-4233
Riccardi Elementary: Lynda Angier	845-247-7799	F: 845-246-2582
Saugerties Jr. High: Susan Pavlaudakis	845-247-2799	F: 845-246-2773
Saugerties High School: Susan Carter	845-247-1799	F: 845-246-2773



Student Health Information (1 of 2)

Student Name:	DOB:
Place Of Birth:	Home Phone:
Parent/Guardian Name:	Emergency Phone:
Physician's Name:	Physician's Phone:

Child's Health History

Please Circle YES or NO if the child has had any of the following conditions. If YES, please provide the requested information.

Chicken Pox	No	Yes	Date(s):
Rubella (German Measels)	No	Yes	Date(s):
Hepatitis	No	Yes	Date(s):
Mononucleosis	No	Yes	Date(s):
Mumps	No	Yes	Date(s):
Pneumonia	No	Yes	Date(s):
Rheumatic Fever	No	Yes	Date(s):
Scarlet Fever/Strep Throat	No	Yes	Date(s):
High Fever	No	Yes	Date(s):
Convulsions, Seizures, or Spells	No	Yes	Date(s):

When noting medications, please list ALL medications the student takes, at home or at school.

Please refer to the district's Prescriptive Medication Policy to give permission for medications to be administered in school.

Medication(s):	Dose:	Times:
Medication(s):	Dose:	Times:

Allergies	No	Yes	Describe:
Diabetes	No	Yes	Describe:
Nosebleeds	No	Yes	Describe:
Tuberculosis or contact with TB	No	Yes	Describe:
Heart Condition	No	Yes	Describe:
Visual Problems	No	Yes	Describe:
Wears Glasses	No	Yes	Describe:
Hearing Problem	No	Yes	Describe:
Hearing Aid	No	Yes	Describe:
Ear/Nose/Throat Condition	No	Yes	Describe:
Past Surgery	No	Yes	Describe:
Past Hospitalization	No	Yes	Describe:
Other:	No	Yes	Describe:



Student Health Information Cont'd (2 of 2)

Student
Name:

DOB:

Please answer the following questions. Write "none" if the question does not apply.

Please list any physical deformities or disabilities:

Other diseases or conditions (please describe):

Please list any accidents or injuries the child has had:

Is there anything else concerning the health, behavior, or development of this child that the school should know in order to make special provisions? Please describe.

Parent/Guardian
Signature:

Date:

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached Date of last seizure:
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI _____ kg/m²

Percentile (Weight Status Category): <5th 5th-49th 50th-84th 85th-94th 95th-98th 99th and >

Hyperlipidemia: No Yes Not Done

Hypertension: No Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K	Date			
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g/dL}$				

System Review and Abnormal Findings Listed Below

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code*
<input type="checkbox"/> Additional Information Attached	*Required only for students with an IEP receiving Medicaid	

Name:				DOB:	
Vision & Hearing SCREENINGS - Required for PreK or K, 1, 3, 5, 7, & 11					
Vision (w/correction if prescribed)		Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail					<input type="checkbox"/>
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Notes					
Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7		Negative	Positive	Referral	Not Done
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK					
<input type="checkbox"/> Student may participate in all activities without restrictions. <input type="checkbox"/> Student is restricted from participation in: <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> Other Restrictions:					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level. Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V Age of First Menses (if applicable) : _____					
<input type="checkbox"/> Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for Medication(s) Needed at School Attached					
IMMUNIZATIONS					
		<input type="checkbox"/> Record Attached	<input type="checkbox"/> Reported in NYSIIS		
HEALTH CARE PROVIDER					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form To Your Child's School When Completed.					

Dental Health Certificate - Optional

Parent/Guardian: Please complete Section 1 and take the form to your dentist/dental hygienist for an assessment. Request your dentist/dental hygienist to fill out Section 2. Return the completed form to your child's teacher as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last			First			Middle		
Birth Date: / / Month Day Year			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No			
School: Name						Grade		

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

I. 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**
- Yes No **Soft Tissue Pathology**
- Yes No **Malocclusion**

II. Treatment Needs (check all that apply)

- No need for Treatment**
- Urgent Treatment** – abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling
- Restorative Care** – amalgams, composites, crowns, etc.
- Preventive Care** – sealants, fluoride treatment, prophylaxis, mouthguard etc.
- Other** – periodontal, orthodontic treatments

Please note _____

The Dental Health condition of _____ on _____ (date of exam) Check one:

- Yes, The student listed above is in fit condition of dental health to permit him/her attendance at the public schools.**
- No, The student listed above is not in fit condition of dental health to permit him/her attendance at the public schools.**

Dentist's Name and Address (Please Print or Stamp):

Dentist/Dental Hygienist Signature:

Date of Exam: / /

*** The dental health condition of the student when the exam is made and the date of exam shall not be more than 12 months prior to the commencement of the school year in which the exam is requested.**



Acceptable Use Policy for Computer Equipment

Attached you will find a copy of the Saugerties School District's "Acceptable Use Policy for Student Use of Computerized Information Resources" as well as the Superintendent's Regulations. These Documents explain the guidelines for use of school computer equipment.

Please review this document with your child. You must provide written permission for your child to use school computers by signing the "Parent/Legal Guardian Consent" form.

Additionally, your child must agree to use the equipment according to the guidelines by signing the "Agreement for Student Use of District Computerized Information Resources" form.

No student will be allowed to use school computers until the attached forms are signed and returned.

Thank you.

AGREEMENT FOR STUDENT USE OF DISTRICT COMPUTERIZED INFORMATION RESOURCES

In consideration for the privilege of using the Saugerties Central School District's Computer System (DCS), I agree that I have been provided with a copy of the District's policy on student use of computerized information resources and the regulations established in connection with that policy. I agree to adhere to the policy and the regulations and to any changes or additions later adopted by the District. I also agree to adhere to related policies and regulations.

I understand that failure to comply with these policies and regulations may result in the loss of my access to the DCS, and may in addition result in the imposition of discipline under the District's School Conduct and Discipline Policy and the Student Discipline Code of conduct. I further understand that the District reserves the right to pursue legal action against me if I willfully, maliciously or unlawfully damage or destroy property of the District or engage in other illegal activity. Further, the District may bring suit in civil court pursuant to General Obligations Law Section 3-112 against my parents or legal guardians if I willfully, maliciously or unlawfully damage or destroy District property.

Student Name:	Grade:	School:
Student Signature:		Date:

PARENT/GUARDIAN CONSENT

I am the parent/legal guardian of _____, the student who has signed the District's agreement for student use of computerized information resources. I have been provided with a copy and I have read the Saugerties School District's policy and regulations concerning use of the District Computer System (DCS).

I also acknowledge receiving notice that, unlike most traditional instructional or library media materials, the DCS will potentially allow my son/daughter student access to the external computer networks not controlled by the School District. I understand that some of the materials available through these external computer networks may be inappropriate and objectionable: however, I acknowledge that it is impossible for the District to screen or review all of the available materials. I accept responsibility to set and convey standards for appropriate and acceptable use to my son/daughter when using the DCS or any other electronic media or communications.

I agree to release the Saugerties Central School District, the Board of Education, its agents and employees from any and all claims of any nature arising from my son's/daughter's use of the DCS in any manner whatsoever.

I agree that my son/daughter may have access to the DCS.

Parent/ Guardian Signature:	Date:
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STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES ACCEPTABLE USE POLICY Code: 7315 (Parent Copy)

Program Implementation

The Saugerties Central School Board recognizes that effective use of technology is important to our students and will be essential to them as adults. Consequently, the School District will provide access to various computerized information resources through the District's computer system (DCS hereafter) consisting of software, hardware, computer networks and electronic communications systems. This may include access to the Internet.

The DCS is for educational and/or research use only and its use must be consistent with the goals and purposes of the Saugerties Central School District. The standards of acceptable use as well as prohibited conduct by students accessing the DCS, as outlined in the Superintendents' Regulations, are not intended to be all-inclusive. Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. In addition to the specific standards of student conduct delineated in this regulation, the general requirements of acceptable student behavior expected under the District's school conduct and discipline policies and the Student Discipline Code of Conduct also apply to student access to the DCS. Communications on the network are often public in nature. General school rules for behavior and communications apply.

Legal and ethical implications of software use will be taught to students of all levels where there is such software use. In addition, the building principal or his/her designee and/or classroom teacher will be responsible for informing District students of rules and regulations governing student access to the DCS.

Authorization

Students will not be permitted to use the DCS without specific authorization from the appropriate administrator and/or instructor. Furthermore, only those students who have signed an agreement form and provided written permission from their parents/legal guardian may access the DCS, including potential student access to external computer networks not controlled by the School District. Permission is not transferable and may not be shared. All required forms must be kept on file by the Principal.

Standards of Conduct Governing Student Access to the DCS

The use of the DCS is a privilege, not a right; and inappropriate use is a breach of this policy and may result in disciplinary action, including suspension from school and/or cancellation of use privileges. Each student who is granted access will be responsible for that usage. The DCS is provided for students in support to their educational program and to conduct research and communicate with others. Student access to external computer networks not controlled by the District is provided to students who act in a considerate and responsible manner. Individual users of the District's computerized information resources are responsible for their behavior and communications over the District computer network. Users must comply with District standards governing use of the DCS and honor the agreements they have signed.

During virtual learning, students shall be held to the existing standards set forth in the Code of Conduct, including with respect to prohibited conduct and potential penalties. Students may not display any virtual backgrounds, photographs or objects during a videoconference or during virtual learning that would violate the Code of Conduct.

Student data files and other electronic storage areas will be treated like school lockers. This means that such areas shall be considered to be School District property and subject to reasonable control and inspection by the School District. The school, system administrator or teacher may access all such files and communications to insure system integrity and that users are complying with the requirements of the District policy and regulations regarding student access to the DCS. Students should NOT expect that information stored on the DCS will be private.

Use of the DCS which violates any aspect of School District policy; the Student Discipline Code of Conduct; and federal, state or local laws or regulations is strictly prohibited and may result in disciplinary action in compliance with applicable District guidelines and/or federal, state and local law including, but not limited to, suspension from school and/or revocation of access to the DCS. In addition to the District's general requirements governing student behavior, the Superintendent's Regulations shall be followed by student users of the DCS.

Access to Inappropriate Content/Material and Use of Personal Technology or Electronic Devices

This policy is intended to establish general guidelines for the acceptable student use of the DCS and also to give students and parents/guardians notice that student use of the DCS will provide student access to external computer networks not controlled by the School District. The District cannot screen or review all of the available content or materials on these external computer networks. Thus some of the available content or materials on these external networks may be deemed unsuitable for student use or access by parents/guardians.



Despite the existence of District policy, regulations and guidelines, it is virtually impossible to completely prevent access to content

or material that may be considered inappropriate for students. Students may have the ability to access such content or material from their home, other locations off school premises and/or with a student's own personal technology or electronic device on school grounds or at school events. Parents and guardians must be willing to establish boundaries and standards for the appropriate and acceptable use of technology and communicate these boundaries and standards to their children. The appropriate/acceptable use standards outlined in this policy apply to student use of technology via the DCS or any other electronic media or communications, including by means of a student's own personal technology or electronic device on school grounds or at school events.

Privileges of User Account Holders

- a. Equal Access: All account users will be granted free and equal access to the Network and Internet.
- b. Privacy: All account users have the right of privacy in their files and e-mail, provided, however, that there is reasonable suspicion that a user is believed to be in violation of the District's policy and regulations, a system administrator or teacher may gain access to the user's private correspondence or files. An attempt will be made to notify the user of such inspections, whenever possible.
- c. Safety: Any account user who receives threatening or unwelcome communications must bring them to the attention of the system administrator or teacher immediately.
- d. Responsibility: Due to the wide availability of services and information on the Internet, some of which may be potentially offensive to certain individuals or groups of users, the individual user must be responsible for his/her own actions in navigating the Internet.
- e. Intellectual Freedom: The network administrators will place no official sanctions upon the expression of personal opinion on the network. However, the Saugerties Central School District does not officially endorse any opinions stated on the network and any statement of personal belief is implicitly understood to be representative of the author's individual point of view and not that of the School District or its staff members.

Responsibilities of Network/Internet Users

- a. Using Appropriate Language: All account users must use language appropriate for school situations, as indicated by the District Codes of Conduct. Profanity, obscenity, vulgar or sexually offensive language is prohibited.
- b. Content of Speech: Account users must respect the rights of others and be mindful of the age and maturity of those with whom they are communicating. Speech communicated by users shall not be defamatory (comprised of injurious falsehoods, whether or not stated maliciously, with reckless disregard for the truth or where the communication is not about a public figure, just false). If you are the victim of a personal attack, the incident should be brought to the attention of your teacher or the system administrator.
- c. Copyright: Account users must respect all copyright issues regarding software, information and attributions of authorship. The unauthorized copying or transfer of copyrighted materials may result in the loss of the user's account and/or disciplinary actions.
- d. Plagiarism: Account users should exercise care not to take ideas or writings from other individuals and them as their own. Account users must give appropriate attribution of the author or creator of the idea or writing.
- e. Advertisement Solicitation Ban and Business Use Ban: Account users shall not publish information containing any advertising or solicitation of other members to use goods and services. Account users shall not use the capabilities of the account to conduct business or any activity which is prohibited by law.
- f. Account User Understanding Regarding Content of Information Residing on Other Systems on the Internet: Some systems may contain defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive or illegal material. The Saugerties Central School District does not condone the use of such materials and does not permit the use of such materials in the school environment. Account users and parents/guardians of student account users should be aware of the existence of such materials and monitor home usage. Account users who knowingly bring such materials into the school environment may be found in violation of the Policy and Regulations on Internet Use, have his/her privileges terminated and by subject to discipline in accordance with District Policy and the law, as well as legal action.



- g. Electronic Mail: Electronic mail which is alleged to contain defamatory, threatening, profane, obscene, sexually oriented or racially offensive material will be reported to and inspected by the school administrator. If it is found that an account user sent such material, the user's account may be terminated and the user may be subject to discipline in accordance with District Policy; the law, as well as legal action.
- h. Security: If an account user believes that he/she can identify a security problem through the use of an Internet account, the account holder must notify the school administrator immediately. The account user should not demonstrate the problem to others. Attempts to log on to the DCS as the system administrator or teacher will result in cancellation of user privileges and /or disciplinary action. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the DCS. Further, any violations regarding the use and application of the DCS shall be reported by the student to the teacher in charge.
- i. Re-Posting Personal Communications without the Original Author's Prior Consent: It is a violation of the author's privacy to re-post personal communications without the original author's prior consent and, therefore prohibited. However, all message posted in public forum, such as newsgroups or listserv, may be copied subsequent communications so long as proper attribution is given.
- j. Use of Network for Illegal Activities: Illegal activities, including but not limited to tampering with computer or software, unauthorized entry into computers or knowingly vandalize or destroy computer files, are prohibited. These activities may be considered crimes under State and Federal and subject the user to prosecution under such law.
- k. Interfering with the Network Operations: Damaging, disabling or otherwise interfering with the operation of computers, computer systems, software or related equipment through physical action or by electronic means will be prohibited. If a user is found performing any of these functions without permission, disciplinary action will be taken.
- l. Interfering with Files: Changing, copying, renaming, deleting, reading or otherwise accessing files or software not created by the student without express permission from the system administrator is prohibited. If a user is found performing any of these functions with permission, disciplinary action will be taken.
- m. Unauthorized Software: The use of unauthorized software is prohibited. To reduce the risk of spreading a computer virus or damaging the network, users shall not install software on any DCS equipment. Software installation will be the sole responsibility of the system administrator or designee.
- n. Computer Viruses: "Computer viruses" are programs that have been developed as pranks and can destroy valuable programs and data. To reduce the risk of spreading a computer virus, users shall not import files from unknown or disreputable sources. Deliberate attempts to degrade or disrupt any computer system or network on the Internet by spreading computer viruses is considered criminal activity under State and Federal law and may subject the individual to prosecution under these laws as well as school disciplinary action.
- o. Responsibility for the User Account: All violations of this policy that can be traced to an individual account name will be treated as the sole responsibility of the owner of that account. Under no condition should an account holder give his/her password to another user.
- p. Impersonation and Anonymity: Impersonation and/or anonymity are prohibited. Real name shall be used at all times; pseudonyms are not allowed. Individuals must take responsibility for their actions and words.
- q. Revocation of Use Privilege: A user account pursuant of this Policy is a privilege that may be revoked in the event of a breach of the provisions set forth above b an account user. Further, a breach of the terms of this Policy may be considered an act of insubordination and result in discipline of the account holder.