

HERMON-DEKALB CENTRAL SCHOOL

709 EAST DEKALB ROAD

DEKALB JUNCTION, NEW YORK 13630

PHONES: 315-347-3442

FAX: 315-347-3817

**I HEREBY AUTHORIZE (Previous School):**

Name of SchoolPhone Number:

Mailing AddressFax Number:

City/State/Zip Code**TO RELEASE/RECEIVE ALL CONFIDENTIAL INFORMATION FROM THE RECORDS OF:**

<u>STUDENT'S NAME</u>	<u>BIRTHDATE</u>	<u>GRADE LEVEL</u>

TO/FROM:**Hermon-DeKalb Central School**Attn: Angie Fenlong (afenlong@hdcsk12.org) Pre-K – 6Attn: Tessa Garvey (tgarvey@hdcsk12.org) 7-12

709 East DeKalb Road

DeKalb Junction, New York 13630

THIS CONFIDENTIAL INFORMATION INCLUDES:

- * ACADEMIC INFORMATION
- * HEALTH AND ATTENDANCE RECORDS
- * COMMITTEE ON SPECIAL EDUCATION/PSYCHOLOGICAL RECORDS
- * ACADEMIC INTERVENTION SERVICES (AIS)/RESPONSE TO INTERVENTION (RtI)
- * BIRTH CERTIFICATE
- * STANDARDIZED/STATE TEST SCORES
- * CUSTODY INFORMATION

I am the Parent _____ Legal Guardian _____ D.S.S. Caseworker _____ of the above student(s).

SIGNATURE OF PARENT/GUARDIAN **DATE**

IN ACCORDANCE WITH PUBLIC LAW 93-380 "FAMILY EDUCATION RIGHT AND PRIVACY ACT OF 1974, "THIS IS AUTHORIZATION TO RELEASE A COPY OF STUDENT RECORDS (INCLUDING COMPLETE TRANSCRIPT OF THE SCHOOL RECORD, STANDARDIZED TEST RESULTS, HEALTH RECORDS AND PSYCHOLOGICAL REPORTS.) Revised: 12/09/10

I.D. NUMBER _____

HERMON-DEKALB CENTRAL SCHOOL

GRADE _____

BUS # (IN) _____

ENTRY DATE _____

DEKALB JUNCTION, NEW YORK 13630

HOMEROOM # _____

BUS # (OUT) _____

Name of Pupil _____ D.O.B. ____/____/____ Birth Place _____ Sex: M F

Last

First

Middle

Mo Day Year

City

State

Home Address (911 Address) _____

Road or Street Name

Town

State

Zip

Mailing Address (if different) _____

P O Box Number

Town

State

Zip

☐ Check here if you reside in a temporary home that you do **NOT** own, lease, rent, or sublet (*shelter, with relatives or others, abandoned apartment/building, motel/hotel, camping ground, car, train/bus station*).

Home Phone _____ Cell Phone _____ Work Phone _____ Email Address _____

Transferred From: _____

School Name

Town

State

Zip

Previous 911 address: _____

Has the above student ever attended Hermon-DeKalb Central in the past? _____ If so, when? _____ **CSE Services:** Yes or No

Ethnic Origin: [] Asian - [] American Indian/Alaskan Native – [] Black – [] Hispanic – [] Pacific-Islander - [] White

Home Language (Language Spoken in the Home if Not English) _____

Father or Male Guardian _____

Last

First

Middle

(Relationship to Child)

Mother or Female Guardian _____

Last

First

Middle

(Relationship to Child)

Additional Adult(s) in Household _____

Last

First

(Relationship to Child)

Who is the Custodial Parent? _____ Are there any legal custody arrangements? _____

****PLEASE SUBMIT A COPY OF THE CUSTODY AGREEMENT. THE SCHOOL IS BOUND BY LAW TO ADHERE TO THIS DOCUMENT.**

Non-Custodial Parent _____ Address _____

Should the non-custodial parent receive school mailings? _____ May the non-custodial parent pick the child up from school? _____

Siblings or Other Children in the Household:

Last	First	Middle	Birthdate	(Relationship to Child)
Last	First	Middle	Birthdate	(Relationship to Child)
Last	First	Middle	Birthdate	(Relationship to Child)
Last	First	Middle	Birthdate	(Relationship to Child)
Last	First	Middle	Birthdate	(Relationship to Child)
Last	First	Middle	Birthdate	(Relationship to Child)

Emergency Information
(Please fill out any applicable information)

Guardian Work Information: _____
Name Place of Employment Phone Number

Guardian Work Information: _____
Name Place of Employment Phone Number

Other Emergency Contact: _____
Contact Name (Relationship to Child) Phone Number

Other Emergency Contact: _____
Contact Name (Relationship to Child) Phone Number

HEALTH DATA: A COPY OF BIRTH CERTIFICATE AND IMMUNIZATIONS REQUIRED AT TIME OF REGISTRATION
Child’s Doctor _____ Child’s Dentist _____
Childhood Diseases & Dates _____
Serious Injuries _____ Surgery _____

Is there anything concerning vision, hearing, or general health of this child that the school should know about in order to provide special care?

TRIP PERMISSION: THIS CHILD HAS MY PERMISSION TO GO ON FIELD TRIPS TAKEN AS PART OF THE SCHOOL PROGRAM UNDER THE SUPERVISION OF A TEACHER.

Date Signature of Parent or Legal Guardian

EMERGENCY AUTHORIZATION INFORMATION

SCHOOL YEAR: _____ BUS #: _____ HOMEROOM TEACHER: _____ GRADE: _____

STUDENT: _____ BIRTH DATE: _____

MAILING ADDRESS: _____ STUDENT CELL #: _____

911 ADDRESS: _____ HOME PHONE: _____

PARENT/GUARDIAN

NAME: _____
RELATIONSHIP TO CHILD: _____
ADDRESS IF DIFFERENT: _____
CELL PHONE: _____
WORK #/EXT: _____
EMAIL ADDRESS: _____

PARENT/GUARDIAN

NAME: _____
RELATIONSHIP TO CHILD: _____
ADDRESS IF DIFFERENT: _____
CELL PHONE: _____
WORK #/EXT: _____
EMAIL ADDRESS: _____

CUSTODY ARRANGEMENTS (NEED COPY ON FILE): _____

NAME OF SITTER: _____ PHONE: _____

IN CASE OF EARLY DISMISSAL/AFTER SCHOOL CANCELLATION, PLEASE INFORM US WHERE YOUR CHILD SHOULD GO? (HOME/SITTER/OTHER)

NAME: _____ PHONE: _____

NAMES AND PHONE NUMBERS OF 2 PEOPLE WHO COULD GET A MESSAGE TO YOU OR COME TO GET YOUR CHILD IF HE/SHE IS ILL:

NAME: _____ PHONE: _____
NAME: _____ PHONE: _____

DOCTOR: _____ HOSPITAL PREFERENCE: _____

NAMES & GRADES OF BROTHERS & SISTERS IN SCHOOL:

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

N.Y. STATE REQUIRED PHYSICALS FOR STUDENTS IN GRADES Pre K, K, 1st, 3rd, 5th, 7th, 9th, 11th AND NEW STUDENTS.

☐ THE SCHOOL DOCTOR

☐ YOUR OWN PHYSICIAN WITH EXAM FORM FROM SCHOOL.

DOES YOUR CHILD HAVE ANY MEDICAL PROBLEMS THE SCHOOL SHOULD KNOW ABOUT?

THE FORM MUST BE RETURNED BY NOVEMBER 1st OR THE PHYSICAL WILL BE SCHEDULED FOR THE SCHOOL TO COMPLETE.

PERMISSION TO SHARE HEALTH CONDITION WITH CHILD'S TEACHER/TEACHERS.

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE FOR PERMISSION

_____, **DATE:** _____

Hermon-DeKalb Central School

STUDENT HEALTH HISTORY UPDATE

Name:	DOB:	Age:	Gender: ☐ M ☐ F
Parent/Guardian: (person completing this form)	Grade:	Home Phone:	Date:
		Cell Phone:	

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	☐	☐	
Seen a medical specialist	☐	☐	
Had allergies:	☐	☐	☐ food ☐ environmental ☐ insect ☐ medication ☐ other
Been hospitalization	☐	☐	
Had an operation	☐	☐	
Had an injury requiring an Emergency Room visit	☐	☐	
Missed 5 days of school in a row due to illness/injury	☐	☐	
Had a bone/muscle injury	☐	☐	
Passed out, had a concussion or serious head injury	☐	☐	
Had a convulsion/seizure	☐	☐	
Had a vision problem or condition	☐	☐	☐ glasses ☐ contacts
Had a hearing problem or condition	☐	☐	☐ hearing aid ☐ cochlear implant
Worn dental bridge, braces or mouthpiece	☐	☐	
Have any family members under the age of 50 ever:	YES	NO	If Yes, please specify:
Had a heart attack	☐	☐	
Had other serious health problems	☐	☐	

CHECK ALL THAT APPLY TO YOUR CHILD:

- | | | |
|---|---|---|
| ☐ ADHD | ☐ GI Conditions (ulcer, reflux, IBS) | ☐ Scoliosis |
| ☐ Asthma/trouble breathing | ☐ Headaches/migraines | ☐ Single Organ (☐ kidney, ☐ testicle) |
| ☐ Autism/Asperger | ☐ Heart Conditions | ☐ Skin Condition |
| ☐ Dental Injuries | ☐ High Blood Pressure | ☐ Speech Condition |
| ☐ Diabetes | ☐ Mental Health Condition | ☐ Urinary Condition |
| ☐ Ear Infections | (depression, eating disorder, anxiety, OCD, ODD, etc.) | |

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school	☐	☐	
Taken at home	☐	☐	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply
During or outside of school	☐	☐	☐ crutches ☐ walker ☐ wheelchair ☐ other:
TREATMENTS	YES	NO	
During or outside of school	☐	☐	☐ insulin/blood glucose monitoring ☐ inhaler/nebulizer/peak flow monitoring ☐ special diet

Is there any condition that would prevent your child from participating in physical education or sports?

☐ No ☐ Yes: _____

Please list any additional concerns: (use back of sheet if necessary) _____

Parent/Guardian Signature: _____ Date: _____



**HERMON-DEKALB CENTRAL SCHOOL
ENROLLMENT OFFICE**

709 East DeKalb Road
DeKalb Junction, NY 13630

Phone: (315) 347-3442
Fax: (315) 347-3817

HOUSING QUESTIONNAIRE

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth _____ Grade: _____ ID# _____
(PreK – 12)

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 do not 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)

☐ 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 ANY box other than “In Permanent Housing” is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, 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 immunization.