



NEW YORK MILLS
UNION FREE SCHOOL DISTRICT

RESIDENT'S GUIDE TO STUDENT REGISTRATION

K-6 Elementary School
(315) 768- 8129
Fax (315) 768-3396
churlbut@newyorkmills.org

7-12 Jr./Sr. High School
(315) 768-8124
Fax (315) 768-3397
kclark@newyorkmills.org

K-12 Nurse
(315) 768-3391
Fax (315) 768-3398
yverenich@newyorkmills.org

Attendance Office
(315) 768-3378
hsattendance@newyorkmills.org

*Please call or email the attendance office when your student(s) will be **absent** or **tardy**. Include the student's name, reason for absence, name of person calling, time the student will be arriving (if tardy), or be returning (if absent). **A written excuse must be provided for each late arrival and absence.***



REGISTRATION CHECKLIST

Student's Name: _____ Grade: _____ Date: _____

Welcome to New York Mills Union Free School District! Attached you will find the necessary paperwork that we ask you to complete and return to us in order to register your child. We wish to make the registration process as efficient as possible and look forward to working with you and your child. Please contact us if you have any questions. Included in this packet are:

- New York Mills Union Free School District Registration Checklist (this document)
- New York Mills Union Free School District Student Registration Form
- District Residency Guide
- Certificate of Residency
- Student Racial and Ethnic Identification
- Student Health History
- Emergency Information Form
- Release of Information/ School Transcript Request
- Home Language Questionnaire (HLQ)
- Photo/Video Release Form
- Educational Field Trip Permit Form
- Bus Transportation Request
- Migrant Education Program Survey
- Student Residency Questionnaire - McKinney-Vento (if applicable)
- Health Certificate/ Appraisal Form (if applicable, to be filled out by your provider, and returned within 30 days)

In addition, in order to complete your registration, we require:

- Original Birth Certificate for each student and, A current photo identification of the parent/guardian. **A parent/guardian must be present in order to verify identity.** Acceptable forms of identification include a current passport, Driver's License, or Military ID.
- Residency:** Before a student may be enrolled, you must establish residency within the New York Mills School District. To establish residence, the parent/legal guardian must supply two (2) types of documentation. Please refer to the attached guide.

We also request the following:

- Custodial paperwork if there is a court order regarding custody.
- If possible*, any school records or transcripts, report cards or student schedule.
- If possible*, IEP, psychological reports etc. if special education services need to be provided.



STUDENT REGISTRATION FORM

| | | | |
|--|-------------------------|--|-------------------|
| STUDENT INFORMATION | | | |
| Name: (last, first, middle) | | DOB: | Gender: |
| Grade: | | Place of Birth: | Primary Language: |
| Address: | | Home Phone: | |
| Racial Identity - Please check all appropriate boxes | | | |
| <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | | | |
| Ethnicity: Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| PARENT/GUARDIAN INFORMATION | | | |
| Parent/Guardian with whom student resides | | | |
| Name: | | Relationship to Student: | |
| Mobile Number: | | E-Mail: | |
| Are both parents living in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No - if not, <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other | | | |
| If applicable - custody type: | | Custody paperwork attached? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other Parent/Guardian | | | |
| Name: | | Relationship to Student: | |
| Mobile Number: | | E-Mail: | |
| Address if different than student's: | | | |
| Custody Type: | | Receives Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| List anyone else living in the household: | | | |
| Name | Relationship to Student | Gender | DOB |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|--|-------|---------------------|--|
| SCHOOL HISTORY | | | |
| Last School Attended | | | |
| Name: | | Address: | |
| Last Grade Completed: | Year: | Last Date Attended: | |
| Services received: <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> RTI Math <input type="checkbox"/> RTI ELA <input type="checkbox"/> Other: | | | |

STUDENT REGISTRATION FORM

| OTHER SCHOOLS ATTENDED | | |
|------------------------|-------|--------|
| Name | Years | Grades |
| | | |
| | | |
| | | |
| | | |

I hereby declare under penalty of perjury that the information provided on this form is accurate and truthful to the best of my knowledge. I understand that the provision of false information may result in the exclusion of my child(ren) from attendance in the New York Mills Union Free School District, the demand of the district for payment of tuition, and/or the institution of any other appropriate legal action available to the District.

Parent/Guardian Signature _____ Date _____

| | |
|---|---|
| FOR OFFICE USE ONLY: | |
| Entry Date: _____ | Program: <input type="checkbox"/> Regular <input type="checkbox"/> Special Ed. <input type="checkbox"/> ENL |
| Entered From: _____ | Notes: _____ |
| School: <input type="checkbox"/> Elem <input type="checkbox"/> Jr./ Sr. HS <input type="checkbox"/> other: _____ | Grade: _____ Bus # AM _____ PM _____ |
| Room #: _____ | Teacher: _____ |
| Copy of: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization Records <input type="checkbox"/> Residency <input type="checkbox"/> Custody | |



DISTRICT RESIDENCY GUIDE

The New York Mills Union Free School District seeks documentation to verify that the child to be enrolled resides with the parent(s)/ guardian(s), and that the parent/guardian(s) maintains a physical presence in the District that qualifies as a residence.

To establish that the adult maintains a residence in the District, the District first requests this documentation, which may include, but will not be limited to:

- Proof of ownership of a house or condominium such as a deed or mortgage statement or a copy of a residential lease agreement.
- 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.
- An alternate signed statement from a third party establishing that the adult maintains a physical presence within the District.

-AND-

- One other form of documentation of residency, including but not limited to:
 - Documents relating to government services, or benefits
 - Documents issued by federal, state or local agencies (local social service agency, federal Office of Refugee Resettlement)
 - Utility Bill
 - Income tax form
 - Membership documents based on residency
 - Voter registration documentation
 - Evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers

The New York Mills Union Free School District may also require the parent(s) or person(s) in a parental relation to provide an affidavit either: (1) indicating that they are the parent(s) with whom the child lawfully resides; or (2) indicating that they are the person(s) in parental relation to the child, over whom they have total and permanent custody and control whether through guardianship or otherwise. The District may also accept other proof, such as documentation indicating that the child resides with a sponsor with whom the child has been placed by a federal agency. The District will not require submission of a judicial custody order or an order of guardianship as a condition of enrollment.



STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/Guardian: The New York Mills Union Free School District has adopted a policy which requires the collection and recording of the ethnic identity of students in the New York Mills Union Free 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 back of this page. Put a check (\checkmark) in the box for the category or categories which best describe your child. The New York Mills Union Free 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.

| |
|---|
| CONFIDENTIALITY PROCEDURES AND REGULATIONS |
|---|

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 Educational 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.



STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of Student _____ Date of Birth (mm/dd/yy) _____

DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check (✓) the box that best describes your child.] Check (✓) only ONE box.

- 1. Is the student Hispanic, Latino, or of Spanish origin? ...
2. Select one or more races from the following five racial groups ...

Signature of Parent/Guardian/Other _____

Date _____

Relationship to Student (please check one box below):

- Mother, Father, Guardian, Other (Specify): _____



STUDENT HEALTH HISTORY

Child's Name: _____ DOB: _____ Age: _____ Male Female

Parent/ Guardian: _____ Employer: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

| Has your child ever: | YES | NO | If yes, please explain, include date. |
|--|--------------------------|--------------------------|---|
| Had an ongoing medical condition | <input type="checkbox"/> | <input type="checkbox"/> | |
| Seen a medical specialist | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had allergies: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> food <input type="checkbox"/> environmental <input type="checkbox"/> insect <input type="checkbox"/> other |
| Been hospitalized | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had an operation | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had an injury requiring an ER visit | <input type="checkbox"/> | <input type="checkbox"/> | |
| Missed 5 days of school in a row due to illness/injury | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had a bone/muscle injury | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lost consciousness, concussion, or serious head injury | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had a convulsion/seizure | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had a vision concern/ condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> glasses <input type="checkbox"/> contacts |
| Had a hearing concern/ condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant |
| Worn dental bridge, braces or mouthpiece | <input type="checkbox"/> | <input type="checkbox"/> | |
| Have any family members under the age of 50 ever: | YES | NO | If yes, please specify: |
| Had a heart attack | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had other serious health concerns | <input type="checkbox"/> | <input type="checkbox"/> | |

| CURRENT MEDICATIONS | YES | NO | Please list name, dose, time(s) |
|-----------------------------|--------------------------|--------------------------|--|
| Given at school | <input type="checkbox"/> | <input type="checkbox"/> | |
| Taken at home | <input type="checkbox"/> | <input type="checkbox"/> | |
| ASSISTIVE EQUIPMENT | YES | NO | PLEASE CHECK ALL THAT APPLY |
| During or outside of school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other: |
| TREATMENTS | YES | NO | |
| During or outside of school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak- flow monitoring <input type="checkbox"/> special diet |

CHECK ALL THAT APPLY TO YOUR CHILD:

| | | |
|---|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Headaches/migraines | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Asthma/trouble breathing | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Single Organ (<input type="checkbox"/> Kidney <input type="checkbox"/> Testicle) |
| <input type="checkbox"/> Autism/ Asperger | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Skin Condition |
| <input type="checkbox"/> Dental injuries | <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Speech Condition |
| <input type="checkbox"/> Diabetes | (depression eating disorder, anxiety, OCD, ODD, etc.) | <input type="checkbox"/> Urinary Condition |
| <input type="checkbox"/> Ear Infections | | <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS) |

STUDENT HEALTH HISTORY

Are there any conditions that would prevent your child from participating in physical education or sports?

No Yes: _____

Please list any additional concerns:

Parent/Guardian Signature _____ Date _____



EMERGENCY INFORMATION FORM

Dear Parents or Guardians: Please complete this form so that we may keep this on file for your child. Please notify us of any changes.

Child's Name: _____ Male Female
 Date of Birth: _____ Age: _____
 Address: _____
 Primary Phone #: _____ Cell Phone #: _____
 Mother/ Guardian's Name: _____ Phone #: _____
 Employer: _____ Work #: _____
 Father/ Guardian's Name: _____ Phone #: _____
 Employer: _____ Work #: _____

IMPORTANT HEALTH INFORMATION: EMERGENCY CONTACT INFORMATION (other than parent)
 (For purposes in which we may not reach you at home, work or cell.)

| | |
|--|---------------|
| Name: | Home Phone #: |
| Address: | Cell Phone #: |
| Relationship to Student: | Work Phone #: |
| Authorized to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Authorized to contact in case of medical emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---------------|
| Name: | Home Phone #: |
| Address: | Cell Phone #: |
| Relationship to Student: | Work Phone #: |
| Authorized to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Authorized to contact in case of medical emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

HEALTH INFORMATION

Does your child have a life-threatening health condition such as: Asthma/ Diabetes/Seizure Disorder/ Food Allergies/ Other Allergies/ Other

Yes No If so, please explain:

Does your child take medication? Yes No Name of medication:

Is there any other medical or personal information that the school personnel should be aware of?

EMERGENCY INFORMATION FORM

ADDITIONAL EMERGENCY CONTACTS

| | |
|--|---------------|
| Name: | Home Phone #: |
| Address: | Cell Phone #: |
| Relationship to Student: | Work Phone #: |
| Authorized to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Authorized to contact in case of medical emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---------------|
| Name: | Home Phone #: |
| Address: | Cell Phone #: |
| Relationship to Student: | Work Phone #: |
| Authorized to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Authorized to contact in case of medical emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---------------|
| Name: | Home Phone #: |
| Address: | Cell Phone #: |
| Relationship to Student: | Work Phone #: |
| Authorized to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Authorized to contact in case of medical emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No | |



RELEASE OF INFORMATION

Student's Name: _____ DOB: _____

In regard to the above-named student, I authorize the New York Mills Union Free School District to obtain information from and/or release information to the following:

School: _____

Address: _____

Phone/ Fax: _____

Please forward all records, including academic, attendance, discipline, committee on special education, medical, psychiatric, psychological/social work reports and any other pertinent data.

Parent/ Guardian's Name (print) _____

Parent/ Guardian's Signature _____ Date _____

This authorization expires one year from date of signature.

Elementary K-6
(315) 768-8129
FAX (315) 768-3396

New York Mills UFSD
1 Marauder Boulevard
New York Mills, NY 13417

High School 7-12
(315) 768-8124
FAX (315) 768-3397



AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Your child's school nurse will require the release of information form below to share Protected medical Information with school staff responsible for your child. Please complete, sign and return this form to the school nurse.

I, _____ Authorize my child's healthcare provider(s) listed below to release my child's, _____ medical records and/or share information to medical officer, and/or school nurse and school staff responsible for my child in school:

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

The healthcare provider may disclose the following protected health information: (check all that apply)

- o Immunizations
o Health Appraisals
o Past/Current Medical Conditions, Impact on Attendance, School Programming, Therapy needs
o Other: _____

The Protected Health Information has been used, disclosed or received for the following purpose(s): (check all that apply)

- o To develop care of therapy plans for routine and emergent school management
o To design appropriate education programs
o To assess the impact of the medical condition(s) on school programming and/or attendance
o To share school observations/concerns surrounding behavior
o To assess a medical basis for modification of transportation and/or home tutoring
o Medication delivery and/or therapy prescriptions for OT, PT, Speech
o At patient's request with no specified purpose
o Other: _____

Please select one: ___ This authorization is valid for the entire academic school year ___
___ This authorization shall expire on the following date: _____

I acknowledge that I have the right to revoke this authorization at any time by sending written notification to the Privacy Officer at my healthcare provider's officer and the nurse at New York Mills Union Free School District.

I understand that the revocation of this authorization is not effective if the Healthcare Provider has used the authorization for disclosure of the Protected Health Information before receiving my written revocation notice.

I understand that any Protected Health Information disclosed as a result of this Authorization to anyone NOT covered by the state and federal privacy laws may be subject to re-disclosure and may no longer be protected by federal or state law.

I understand my child's treatment is not dependent on my agreement to release or withhold information.

Date Signature of Parent or Guardian Relationship

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION
A signed copy of this authorization must be given to the parent/guardian
This form goes ONLY to your School Nurse



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.

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

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
 *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:



PHOTO/ VIDEO RELEASE FORM

STUDENTS WILL AUTOMATICALLY BE OPTED IN.

From time to time, the media may attend a school performance and/or other school activity. We need your permission to have your child photographed and/or video recorded for media purposes throughout his/her education.

If you **DO NOT** wish to have your child appear in any New York Mills UFSD digital media and/ or photographs, this form **MUST** be signed and returned.

I DO NOT give permission for the New York Mills Union Free School District to use digital media and/or photographs of my child in any social related activities including but not limited to filming, photography and presentation purposes.

Child's Name _____ Grade _____

School: Elementary - Teacher: _____ Jr./Sr. High School

Parent/ Guardian (print)

Parent/Guardian (signature)

Date



EDUCATIONAL FIELD TRIP PERMIT

While enrolled as a student in the New York Mills Union Free School District, my child has permission to participate in any and all education field trips sponsored by his/her teacher and/or the principal during the current school year. The District will assume no liability of any injuries, damages or losses received on such trips.

I also give permission to obtain emergency medical care for my child if necessary, during such trips.

Please complete the following information and return to your child's homeroom teacher.

| | | |
|--------|------------------|-------|
| School | Homeroom Teacher | Grade |
|--------|------------------|-------|

Students Name (print)

Address

| | | |
|------------|------------|------------|
| Home Phone | Cell Phone | Work Phone |
|------------|------------|------------|

| | |
|------------------|----------------------|
| Student's Doctor | Doctors Phone Number |
|------------------|----------------------|

Please list any special medical conditions, if any: _____

Applicable to trips less than 100 miles from New York Mill UFSD, if no overnight stay is planned.

| | | |
|-------------------------|-----------------------------|------|
| Parent/Guardian (print) | Parent/Guardian (signature) | Date |
|-------------------------|-----------------------------|------|



BUS TRANSPORTATION REQUEST

Transportation is provided to every K-6 grade elementary student within the school district, and every 7-12 grade high school student beyond 1.0 mile from the school district.

Fill in the child's name, address, and phone number.

| | | |
|---|---------|---------|
| Child's Name: | | |
| Address: | | |
| Home Phone #: | Cell #: | Work #: |
| Grade: | Date: | |
| I WILL TRANSPORT MY CHILD (No bus needed) <input type="checkbox"/> AM <input type="checkbox"/> PM | | |

If you need special busing for your child (Babysitter, Daycare Center, etc.) Please fill out the information below.

| |
|------------------------|
| Bus pick-up at: |
| Resident's Name: _____ |
| Address: _____ |
| Phone #: _____ |

| |
|-------------------------|
| Bus drop-off at: |
| Resident's Name: _____ |
| Address: _____ |
| Phone #: _____ |

Students will not be allowed to ride a bus of their choosing without prior written permission. If a high school student is staying after school and requires a late bus, the student must have a pass from the HS office.

WE DO NOT PROVIDE TANSPORTATION OUTSIDE OF THE DISTRICT

If you have any questions, please feel free to contact the following offices:

| | | |
|----------------------------|---|-----------------------------------|
| Bus Garage 315-768-7948 | Jr./ Sr. High School Office 315-768-8124 | Elementary Office 315-768-8129 |
|----------------------------|---|-----------------------------------|

IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take a few minutes to complete this questionnaire.

Has anyone in your family worked or looked for work at the following occupations during the past 3 years?

- Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- Work related to logging, harvesting, or initial processing of trees.
- Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



If you answered YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (_____) - _____ - _____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____ Grade _____

Student name: _____ Age _____ Grade _____

To submit this referral please fax to 607-436-3606 or send by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.

New York Mills Union Free School District
1 Marauder Boulevard
New York Mills, NY 13417

STUDENT RESIDENCY QUESTIONNAIRE

NOTE TO SCHOOLS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the **student is not required to submit proof of residency** and other required documents that may be part of the registration packet.

Name of School: _____

Name of Student: _____

Last

First

Middle

Gender: Male
 Female

Date of Birth: _____
MM/DD/YY

Grade: _____
K-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 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 **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 immunizations.

NOTE TO SCHOOLS: If the student is **NOT** living in permanent housing, please ensure that a STAC -202 Form is completed.

INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and BOCES. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The New York State Education Department (NYSED) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.

Other than the above uses, housing information **should be kept confidential** and **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/his child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status without prior parental consent. Contacting a landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

Completing the Form

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

Definitions of Temporary Housing Arrangements

"With another family or other person" (also referred to as "doubled-up")

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"Other temporary living situation"

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing"

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

Next Steps for LEAs with Students Living in Temporary Housing Arrangements

If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form. If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: http://nche.ed.gov/downloads/briefs/det_elig.pdf.

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.

| |
|----------------|
| STAC ID |
| |

The University of the State of New York
 THE STATE EDUCATION DEPARTMENT
 STAC/Medicaid Unit
 Room EB 25, Education Building
 Albany, NY 12234

| |
|---|
| STAC-202 HOMELESS DESIGNATION |
| Rev. 11/2022 |

Designation of School District of Attendance for a Homeless Child

Submitted by: Local Dept of Social Services (DSS) Designated School District of Attendance (PSD)

PLEASE READ THE INSTRUCTIONS ON THE REVERSE BEFORE COMPLETING THIS FORM

| | | | | | |
|---|-------------------------------|------------|--|---------------|---|
| 1. NAME OF CHILD | 2. DATE OF BIRTH | 3. GENDER | | | |
| <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">LAST NAME</td> </tr> <tr> <td style="text-align: center;">FIRST NAME</td> </tr> </table> | LAST NAME | FIRST NAME | <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">MO / DAY / YR</td> </tr> </table> | MO / DAY / YR | <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY |
| LAST NAME | | | | | |
| FIRST NAME | | | | | |
| MO / DAY / YR | | | | | |
| | <input type="checkbox"/> M.I. | | | | |

5. Racial/Ethnic Category of Child (See definitions on reverse side of last page.)

American Ind or Alaskan Native Asian or Pacific Isl. Black Hispanic White

6. GRADE LEVEL FOR WHICH PLACEMENT IS SOUGHT |

7. COMPLETE ADDRESS BEFORE CHILD/FAMILY BECAME HOMELESS

7A. NYS SCHOOL DISTRICT OF ATTENDANCE BEFORE BECOMING HOMELESS

7B. NYS SCHOOL DISTRICT WHERE LAST ENROLLED

| | |
|---|---|
| 8. COMPLETE ADDRESS OF CURRENT LOCATION | DATE CHILD/FAMILY PLACED IN TEMPORARY HOUSING |
| | |
| | MONTH DAY YEAR |

8A. NYS SCHOOL DISTRICT OF CURRENT LOCATION

| | |
|---------------------------------------|----------------|
| 9. DATE DISTRICT OF ATTENDANCE CHOSEN | |
| | MONTH DAY YEAR |

9A. NYS DESIGNATED DISTRICT OF ATTENDANCE

| | |
|--------------------------------------|----------------|
| 10. DATE PLACED IN PERMANENT HOUSING | |
| | MONTH DAY YEAR |

One of four school districts may be chosen to provide the education component: the school district of attendance before becoming homeless, the school district where last enrolled, the school district of current location or a school district participating in a Regional Placement Plan. This designation may be changed either prior to the end of the first semester of attendance or within 60 days of making this designation, whichever occurs later.

11. Check the appropriate box if the designated school district of attendance (9A) is different from the district of attendance before becoming homeless (7A) and from the district of current location (8A).

District participating in a Regional Placement Plan OR District where last enrolled (7B) if it is different from the district where last permanently housed (7A) and the district of current location (8A).

12. NAME OF PARENT OR PERSON IN PARENTAL RELATIONSHIP _____ AREA CODE _____ TELEPHONE NUMBER _____

13. SIGNATURE OF PERSON IN PARENTAL RELATIONSHIP TO CHILD _____ DATE _____
 IT HAS BEEN REPORTED TO ME THAT THIS CHILD IS UNDER THE AGE OF 21 YEARS AND IS THEREFORE ELIGIBLE FOR EDUCATIONAL SERVICES. THE CHILD HAS BEEN ADVISED OF HIS/HER RIGHT TO DESIGNATE THE SCHOOL DISTRICT OF ATTENDANCE.

14. PRINT NAME OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE _____ TITLE _____

15. SIGNATURE OF LOCAL DSS OR SCHOOL DISTRICT REPRESENTATIVE _____ DATE _____

16. PLACEMENT COUNTY _____ Local DSS use only _____ AREA CODE _____ TELEPHONE NUMBER _____

INSTRUCTIONS FOR COMPLETING THE STAC-202 FORM
Designation of School District of Attendance for a Homeless Child

Education of homeless children means 1) a child or youth who lacks a fixed, regular, and adequate night-time residence, including a child or youth who is (i) sharing the housing of other persons due to a loss of housing, economic hardship or a similar reason; (ii) living in motels, hotels, trailer parks or camping grounds due to the lack of alternative adequate accommodations; (iii) abandoned in hospitals, (iv) awaiting foster care placement; or (v) a migratory child, as defined in § 1309(2) of the Elementary and Secondary Education Act of 1965, as amended, who qualifies as homeless under any of the provisions of clauses (i) through (iv) of this subparagraph or subparagraph two of this paragraph; or 2) a child or youth who has a primary nighttime location that is (i) a supervised publicly or privately operated shelter designed to provide temporary living accommodations including, but not limited to, shelters operated or approved by the state or local department of social services, and residential programs for runaway and homeless youth established pursuant to article nineteen-H of the executive law; or (ii) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a child or youth who is living in a car, park, public space, abandoned building, substandard housing, bus or train stations or similar setting.

1. Enter the youth's complete last name and first name.
2. Enter the youth's date of birth.
3. Place a check in the box which identifies the gender of the youth.
4. Item reserved for future use.
5. Place a check in the box which identifies, to the best of your knowledge, the racial/ethnic category with which the youth most closely identifies.

Racial/Ethnic Categories:

American Indian or Alaskan Native - A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

Black - A person having origins in any of the black racial groups of Africa.

Hispanic - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

White - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

6. Enter the grade level for which placement is being sought.
7. Enter the complete last permanent address prior to becoming homeless.
- 7A. Enter the name of the school district that served the area where the child resided prior to becoming homeless.
- 7B. Enter the name of the school district where the student was last enrolled. This will be different from 7A if the student was previously temporarily housed in a different district and enrolled in that district as a non-resident homeless student.
8. Enter the complete address of current temporary housing including the name of the shelter if applicable and the date the student moved to the current location. If the location is confidential (for example, if the student is living in a domestic violence shelter), the name and address of the location do not need to be provided.
- 8A. Enter the name of the school district of current location.
9. Enter the date of designation.
- 9A. Enter the name of the designated school district of attendance. One of four districts may be designated to provide the educational component:
 - District of attendance before becoming homeless,
 - District where last enrolled,
 - District of current location of temporary housing, or
 - District participating in a Regional Placement Plan (RPP).
10. Enter, if applicable, the date the child moved to permanent housing and is no longer eligible as a homeless student.
11. If the student attends school in a district participating in a Regional Placement Plan or the district where last enrolled (7B), and that district is different from both the district of attendance before becoming homeless (7A) and the district of current location (8A), check the corresponding box where the student attends school (either the District participating in a Regional Placement Plan or the District where last enrolled).
12. Print the name and telephone number of the designator. The designator can be the parent, person in parental relation, the unaccompanied youth (a youth who meets the definition of homeless and is not in the physical custody of a parent or guardian), or the director of a residential program for runaway and homeless youth if the student is living in such a program.
13. The signature of the designator and current date.
14. Print the name of the local Department of Social Services or School District representative and title.
15. The signature of the local Department of Social Services or School District representative is required attesting that this child has moved to temporary housing. A telephone number is required in case the STAC & Special Aids Unit has questions relating to the information provided.
16. The name of the local Department of Social Services that has placed the child in temporary housing, if applicable.

NOTE: Copies should be distributed to the following:

1. State Education Department, only if designated district of attendance is entitled to reimbursement for educational services pursuant to N.Y. Educ. Law § 3209(3);
2. Designated School District of Attendance;
3. District of Attendance before becoming homeless;
4. District where last enrolled;
5. Parent/Guardian/Unaccompanied youth/director of a residential program for runaway and homeless youth; and
6. Local Department of Social Services, only if placed in temporary housing by DSS.

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTHCARE 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: | Affirmed Name (if applicable): | DOB: |
| Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male | Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X | |
| School: | Grade: | Exam Date: |

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

| | |
|---|--|
| <input type="checkbox"/> Allergies | Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached |
| <input type="checkbox"/> Asthma | <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 |
| <input type="checkbox"/> Seizures | Type: _____ Date of last seizure: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached |
| <input type="checkbox"/> Diabetes | 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: Yes Not Done **Hypertension:** Yes Not Done

PHYSICAL EXAMINATION/ASSESSMENT

| | | | | |
|---------------------------|--------------------------|--------------------------|---------------|--|
| Height: | Weight: | BP: | Pulse: | Respirations: |
| Laboratory Testing | Positive | Negative | Date | Lead Level Required for PreK & K |
| TB- PRN | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g}/\text{dL}$ |
| Sickle Cell Screen-PRN | <input type="checkbox"/> | <input type="checkbox"/> | | |

System Review Within Normal Limits

Abnormal Findings – List Other Pertinent Medical Concerns Below (e.g., concussion, mental health, one functioning organ)

| | | | | |
|--|---|--|---------------------------------------|---|
| <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/Neck | <input type="checkbox"/> Skin | <input type="checkbox"/> Social Emotional |
| <input type="checkbox"/> Mental Health | <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: | | Affirmed Name (if applicable): | | DOB: | |
| SCREENINGS | | | | | |
| Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11 | | | | | |
| Vision | With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No | Right | Left | Referral | Not Done |
| Distance Acuity | | 20/ | 20/ | <input type="checkbox"/> Yes | <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"/> |
| Notes | | | | | |
| Scoliosis Screening: Boys grade 9, Girls grades 5 & 7 | | Negative | Positive | Referral | Not Done |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> |
| FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK | | | | | |
| <input type="checkbox"/> *Family cardiac history reviewed – required for Dominic Murray Sudden Cardiac Arrest Prevention Act | | | | | |
| <input type="checkbox"/> Student may participate in all activities without restrictions. | | | | | |
| If Restrictions Apply – Complete the information below | | | | | |
| <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 | | | | | |
| <input type="checkbox"/> Other Accommodations*: (e.g., brace, orthotics, insulin pump, prosthetic, sports goggles, etc.) Use additional space below to explain. | | | | | |
| *Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions. | | | | | |
| MEDICATIONS | | | | | |
| <input type="checkbox"/> Order Form for medication(s) needed at school attached | | | | | |
| COMMUNICABLE DISEASE | | | IMMUNIZATIONS | | |
| <input type="checkbox"/> Confirmed free of communicable disease during exam | | | <input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS | | |
| HEALTHCARE PROVIDER | | | | | |
| Healthcare Provider Signature: | | | | | |
| Provider Name: <i>(please print)</i> | | | | | |
| Provider Address: | | | | | |
| Phone: | | | Fax: | | |
| Please Return This Form to Your Child's School Health Office When Completed. | | | | | |



Oneida-Herkimer-Madison BOCES

P.O. Box 70 • 4747 Middle Settlement Road • New Hartford, NY 13413-0070
www.oneida-boces.org

Kate Dorr, RDN, MBA

Director, School Food Services

T: 315.223.6068

F: 315.223.6069

kdorr@oneida-boces.org

August 2024

Dear Parent/Guardian,

The 2024-2025 school year is approaching and the OHM BOCES Food Service is so excited to announce that the following schools have been approved to continue operating under the Community Eligibility Provision (CEP) - that means each student can receive breakfast and lunch for FREE!

These approved CEP schools are as follows:

Brookfield Central School District

Clinton Central School District

Frankfort-Schuyler Central School District

Herkimer Central School District

New Hartford Central School District

New York Mills Union Free School District

OHM BOCES - Middle Settlement Academy
and Lincoln Ave locations

Oriskany Central School District

Owen D. Young Central School District

Poland Central School District

Remsen Central School District

Richfield Springs Central School District

Sauquoit Valley Central School District

Waterville Central School District

Westmoreland Central School District

Families in these schools do not need to fill out a free/reduced meal application, but it is helpful to your district if you fill out the income collection form available at EzMealApp.com or the hard copy included in this packet. Accurate data is important to ensure correct funding for your district!

Our OHM BOCES staff in your district take great care in providing nutritious, well-balanced meals, including whole grains, lean proteins and lots of fresh fruits and vegetables. Our school nutrition professionals have extensive food safety training, make accommodations for students with food allergies, and have the skills and knowledge to ensure a safe and healthy experience for all.

Beyond FREE meals, additional items such as chips, drinks or ice cream may be offered for purchase. Please visit EZSchoolPay.com to see your student's account activity and add money to their account if you choose.

Please take a few minutes to complete the Income Collection Form and submit anytime after July 1, 2024. The quickest and best way to complete the income form is by going to EzMealApp.com, selecting your school district and following the prompts from there. Alternatively, you can complete the hard copy application and return it to your school building office or the OHM BOCES School Food Service, 502 Court Street 2nd floor, Utica, NY 13502.

Sincerely,

Kate Dorr, RDN, MBA

OHM BOCES DIRECTOR OF SHARED FOOD SERVICES

Community Eligibility Provision (CEP) Provision 2 Non-Base Year Household Income Eligibility Form

OHM BOCES is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional state and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete only one form for your household, sign your name and return it to the school named above. Call 315-223-6068, if you need help.

1. List all of the children in your household who attend school:

| STUDENT NAME | SCHOOL | GRADE TEACHER | FOSTER CHILD | NO INCOME |
|--------------|--------|---------------|--------------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and case number here. Skip to part 5, and sign the application.

Name: _____ Case # _____

3. Household Gross Income:

List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

| NAME OF HOUSEHOLD MEMBER | Earnings from work before deductions | Child Support, Alimony | Pensions, Retirement Payments | Other Income, Social Security | No Income |
|--------------------------|--------------------------------------|------------------------|-------------------------------|-------------------------------|-----------|
| | AMOUNT/HOW OFTEN | AMOUNT/HOW OFTEN | AMOUNT/HOW OFTEN | AMOUNT/HOW OFTEN | |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | |

4. Signature: An adult household member must sign this application.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school may receive federal funds.

Signature: _____ Date: _____

Email Address: _____ Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

DO NOT WRITE BELOW THIS LINE - FOR SCHOOL USE ONLY

____ SNAP/TANF/FOSTER

____ Income Household: Total Household Income/How Often: \$ _____ / _____ Household Size: _____

____ Free Eligibility ____ Reduced Eligibility ____ Denied Eligibility

Signature of Reviewing Official _____ Date: _____

CEP/Provision 2 Non-Base Year Household Income Form Instructions

PART 1

ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.

1. Print the names of the children, including foster children, for whom you are applying on one form.
2. List their grade and school.
3. Check the box to indicate a foster child living in your household, and check the box for each child with no income.

PART 2

HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

1. List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
2. An adult household member must sign the form in PART 4. SKIP PART 3 - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.

PARTS 3 & 4

ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.

1. Write the names of everyone in your household and whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
2. Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. Specify how often this income amount is received: weekly, every other week (bi-weekly), twice per month, monthly. If no income, check the box. The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should not be considered as income for this program.

Nondiscrimination Statement

This explains what to do if you believe you have been treated unfairly. In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or the USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact the USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> from any USDA office, by calling (866) 632-9992 or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to the USDA by:

MAIL

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

FAX

(202) 690-7442; or

EMAIL

program.intake@usda.gov

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