



Student Registration Packet

Frankfort-Schuyler Central School District

Frankfort-Schuyler Elementary School
610 Reese Road, Frankfort, NY 13340
(315) 895-7491

Frankfort-Schuyler Jr./Sr. High School
605 Palmer Street, Frankfort, NY 13340
(315) 895-7461

Our Mission

Our purpose is to provide a positive learning environment in which students will have the opportunity to experience success and become life-long learners.

Our Vision

To establish and implement a framework for lifelong learning that incorporates quality instruction, resources, shared decision-making, clear communication, professional development, and ongoing evaluation to ensure continuous improvement for all members of the school district community.

OFFICE USE ONLY☐ Returning Student☐ New Student☐ Foster Care

STUDENT ID# _____ Entrance Date _____ Grade _____

PLACEMENT: ☐ Elementary School /Teacher _____ ☐ Jr./Sr. High School

BUS INFORMATION: Bus # _____ Bus Stop _____ Pickup Time _____

REGISTRATION CHECKLIST**Required Forms**

- ☐ Student Registration Form
- ☐ Enrollment Form – Residency Questionnaire
- ☐ Home Language Questionnaire (HLQ)
- ☐ Health Exam Form
- ☐ Student Health History
- ☐ Dental Health Certificate (if applicable)
- ☐ Authorization for Administration of Medication (if applicable)
- ☐ Child Care/Alternate Transportation Request
- ☐ Application for Free and Reduced Price School Meals/Milk (if applicable)
- ☐ Migrant Education Program - Parent Survey

Additional Required Documentation

- ☐ ☐ Proof of Residency
Parent(s)/Guardian(s) must provide **two (2)** proofs of residency in the Frankfort-Schuyler Central School District.
***Application will not be processed until all documents have been received.**
Examples of documentation include **current** versions of the following:
 - Deed or mortgage statement •Utility bill (National Grid, Mohawk Valley Water Authority, etc.) •Cell phone/home phone bill
 - Homeowner's insurance bill •Change of address paperwork from the Post Office •Driver's license/permit/identification card
 - Paperwork associated with the purchase of a home
 - Signed copy of a residential lease
 - Pay stub
 - Income tax form
 - Voter registration document
- ☐ ☐ Proof of Age (Date of Birth) **One (1)** of the following documents must be provided:
 - An original birth certificate
 - Original passport
- ☐ ☐ Certificate of Immunization from Doctor or County Health Department
- ☐ ☐ Most Recent Report Card/Current Grades (If Applicable)
Parent(s)/Guardian(s) must provide copies of most current grades and/or report card(s).
- ☐ ☐ Confidential Records (If Applicable)
Examples include Individualized Education Programs (IEPs), 504 Plans, Psychological Testing, etc.
- ☐ ☐ Parental/Custodial Affidavits (If Applicable)
If the student is residing with someone other than Parent(s)/Guardian(s), you must complete a Parent/Affidavit Form. Forms must be completed and notarized.
- ☐ ☐ Custody Agreements, Separation Agreements, Divorce Decrees, etc. (If Applicable)



Frankfort-Schuyler Central School District

Frankfort-Schuyler Elementary School
610 Reese Road, Frankfort, NY 13340
(315) 895-7491

Frankfort-Schuyler Jr./Sr. High School
605 Palmer Street, Frankfort, NY 13340
(315) 895-7461

Student Registration Form

Please use ink and print

Date: / /
MM DD YYYY

Student Information:

Last Name:		First Name:	Middle Name:
Date of Birth: / / MM DD YYYY		Place of Birth (City/Town):	State
Gender: ☐ Male ☐ Female	Is this student a foster child? ☐ Yes ☐ No		Current Grade: _____
Student lives with: ☐ Both Parents ☐ Mom ☐ Dad			

Student's Address:

Street Address:		Apt. #:	Home Phone #: () —
City/Town:	State:	Zip Code:	Cell Phone #: () —
Is this address a temporary living arrangement? ☐ Yes ☐ No			

Education Information:

Student is currently enrolled in (please check all that apply):

☐ Reading ☐ Math ☐ Special Education ☐ Speech ☐ English as a New Language (ENL) ☐ None ☐ Other

Does the student have an Individualized Education Program (IEP)? ☐ Yes ☐ No

Does the student have a 504 Plan? ☐ Yes ☐ No

Has the student ever received services from Early Intervention? ☐ Yes ☐ No

Is a language other than English used in the home? _____

Name, Address and Phone # of Most Recent School Attended: (If Applicable)

Name of School:		Grade(s):	Dates Enrolled: From: / / MM DD YYYY To / / MM DD YYYY
Street Address:		Phone #: () —	
City/Town:	State:	Zip Code:	

Ethnicity :

Hispanic/Latino: ☐ Yes ☐ No

Race (Choose all that apply regardless of Ethnicity):

☐ American Indian or Native American ☐ Black or African American ☐ Native Hawaiian or
☐ Asian ☐ White Other Pacific Islander

PLEASE FILL OUT STUDENT NAME FIELDS IN THE EVENT THAT THE PAGES OF THIS FORM BECOME DETACHED.

STUDENT LAST NAME:		STUDENT FIRST NAME:	
Information:			
Parent/Guardian #1:			
Relation to Student: ☐ Mother ☐ Father ☐ Step-parent ☐ Foster Parent ☐ Guardian ☐ Other _____			
Last Name:		First Name:	
Street Address:		M.I.:	
City/Town:		State:	Zip Code:
Home Phone #: () —	Cell Phone #: () —	Work Phone #: () —	
Email:			
Parent/Guardian #2:			
Relation to Student: ☐ Mother ☐ Father ☐ Step-parent ☐ Foster Parent ☐ Guardian ☐ Other _____			
Last Name:		First Name:	
Street Address:		M.I.:	
City/Town:		State:	Zip Code:
Home Phone #: () —	Cell Phone #: () —	Work Phone #: () —	
Email:			
Primary Emergency Contact Information (other than parent/guardian):			
Last Name:	First Name:	Relationship to Student:	
Home Phone #: () —	Cell Phone #: () —	Work Phone #: () —	
Secondary Emergency Contact Information (other than parent/guardian):			
Last Name:	First Name:	Relationship to Student:	
Home Phone #: () —	Cell Phone #: () —	Work Phone #: () —	
Physician Information:			
Name of Physician:			
Street Address:		Phone #: () —	
City/Town:	State:	Zip Code:	

PLEASE FILL OUT STUDENT NAME FIELDS IN THE EVENT THAT THE PAGES OF THIS FORM BECOME DETACHED.

STUDENT LAST NAME:	STUDENT FIRST NAME:
--------------------	---------------------

Children in Household (Please list other children in your household birth through grade 12):					
	Last Name:	First Name:	Middle Name:	Date of Birth:	Gender:
1				/ / MM DD YYYY	☐ Male ☐ Female
2				/ / MM DD YYYY	☐ Male ☐ Female
3				/ / MM DD YYYY	☐ Male ☐ Female
4				/ / MM DD YYYY	☐ Male ☐ Female
5				/ / MM DD YYYY	☐ Male ☐ Female
6				/ / MM DD YYYY	☐ Male ☐ Female
7				/ / MM DD YYYY	☐ Male ☐ Female
8				/ / MM DD YYYY	☐ Male ☐ Female

If living separately, does the legal guardian give permission for the child's other parent to:

- Be listed in the school's database Yes ☐ No ☐
- Pick the child up from school Yes ☐ No ☐
- Receive school mailings Yes ☐ No ☐

Is there a court order or any custody alerts? If so, please describe briefly and **attach a copy to this document.**

Are you receiving or eligible to receive free or reduced price school lunch? Yes ☐ No ☐

Do you plan on having your child ride the school bus? Yes ☐ No ☐

If yes, what is the nearest corner to where you live? _____

***Please complete the attached transportation form if your child will be utilizing the bus.**

Will your child be going to daycare? If so, what is the address of the daycare provider?

PLEASE FILL OUT STUDENT NAME FIELDS IN THE EVENT THAT THE PAGES OF THIS FORM BECOME DETACHED.

STUDENT LAST NAME:	STUDENT FIRST NAME:
--------------------	---------------------

Certification:

To the Parent/Guardian: The information asked on the previous pages is needed as a permanent school record of your child and will be used by school personnel. This is to certify the information provided is correct. In the event a parent/guardian cannot be reached, I give my permission for emergency medical treatment to be administered to my child, and for officials of the school to contact the physician named on this form. I will not hold the school district financially responsible for the emergency care and/or transportation of my child.

Parent/Guardian Name (please print):

Date: ____/____/____
MM DD YYYY

Parent/Guardian Signature

Section 4402 of the Education Law of the State of New York requires the District to notify the parents/guardians of all incoming students of their rights regarding referral and evaluation for possible special education services. The state has made available "A Parent's Guide to Special Education" at: <http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf>

The guide provides a summary of the special education process and your child's rights under state and federal law. If you have any questions or would like a paper copy of the above guide, please contact the Director of Special Programs at (315) 895-7491.



Frankfort-Schuyler Central School District

Frankfort-Schuyler Elementary School
610 Reese Road, Frankfort, NY 13340
(315) 895-7491

Frankfort-Schuyler Jr./Sr. High School
605 Palmer Street, Frankfort, NY 13340
(315) 895-7461

Date: / /
 MM DD YYYY

Residency Questionnaire

Student Information:

Last Name:	First Name:	Middle Name:
Gender: ☐ Male ☐ Female	Grade:	Date of Birth: / / MM DD YYYY

Parent/Guardian Information:

Last Name:	First Name:	M.I.:
Street Address:		Apt #:
City/Town:	State:	Zip Code:
Home Phone #: () —	Cell Phone #: () —	Work 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.

Student Residency:

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
- ☐ In permanent housing
- ☐ Other temporary living situation (Please describe):

Name of Parent, Guardian, or Student (please print):

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

Date: / /
 MM DD YYYY



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 _____

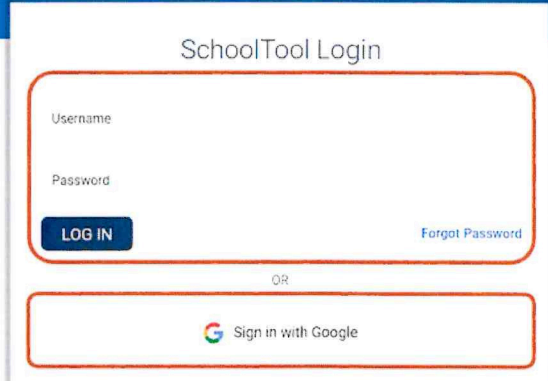
To submit this referral please fax to 607-436-3606, or by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.

1. LOG IN

Enter your district provided **username** and **password**.

OR

Click to **sign in with Google**.



SchoolTool Login

Username

Password

LOG IN [Forgot Password](#)

OR

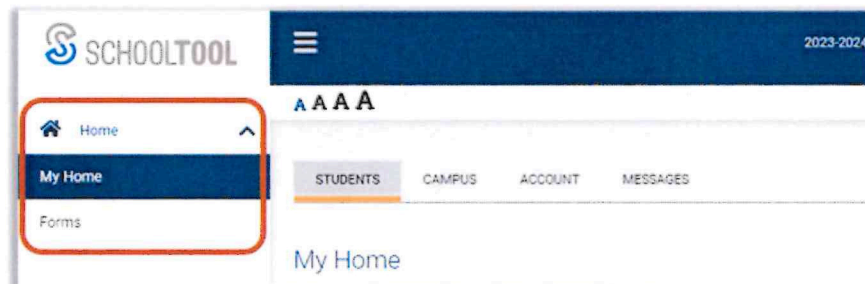
 Sign in with Google

2. THE SCHOOLTOOL MENU

Use the **menu on the left** to navigate between sub-modules, which may include My Home and Forms depending on your district's settings.

My Home will allow you to view your student(s) and their information.

Forms will allow you to complete and review forms that have been shared with you.



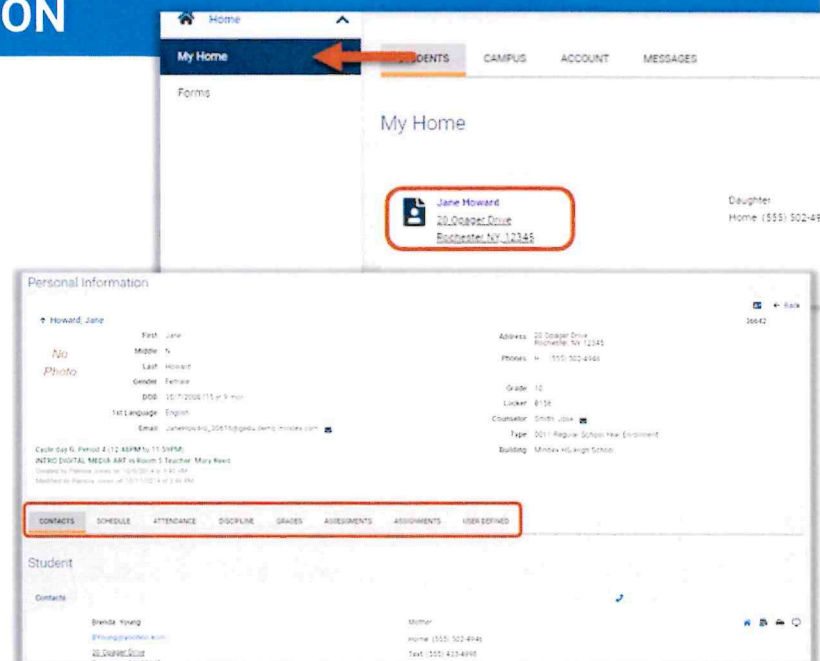
3. VIEWING STUDENT INFORMATION

Click on the **My Home** sub-module. Then click on the photo or name of the student you wish to view. This will bring you to the **student record**.

Here, you can view the **Personal Information** section at the top.

Underneath this area, you may select to view various **tabs for more information**, based on your district's settings.

See the next page for more information on each tab.



PARENT PORTAL TABS

**Note: Tabs vary by district*

CONTACTS TAB

This tab displays contacts listed for the selected student.

Icons to the right of each contact will show their contact rights.

Icon	Contact Right
	Primary contact
	Receives mail
	Pickup
	Parent Portal

TIP: Click the  button above all contacts to view the call order for contacts.

Click the  button at the top right of the personal info section to request contact changes.

Mother

Home: (555) 502-4946

Text: (555) 433-4998

Address: 20 Opager Drive
Rochester, NY 12345

Phones: H: (555) 502-4946

SCHEDULE TAB

View the student schedule in Standard or Grid format. If enabled, click the printer to print the schedule.

CONTACTS **SCHEDULE** ATTENDANCE DISCIPLINE GRADES ASSESSMENTS ASSIGNMENTS

Student

☒ Standard View ☐ Grid View

Fall Semester - Mindex HS - High School

Period	Section	Course	Days	Room	Teacher
1	AMCTEC	ELA			
1	COMMON CORE ELA 2	ELA			Mr. Kelly

ATTENDANCE TAB

View attendance data for Daily or Course Attendance by year. When viewing Course Attendance, click the  button, to view attendance tallies.

CONTACTS SCHEDULE **ATTENDANCE** DISCIPLINE GRADES ASSESSMENTS ASSIGNMENTS

Student

☐ Daily Attendance ☒ Course Attendance All

School Year: 2023-2024

Type	Date	Course	Period	Teacher
Absent	9/21/2023	ECONOMICS & GOVERNMENT - 02781 - (SN 03)	3	Adams
Absent	9/14/2023	ECONOMICS & GOVERNMENT - 02781 - (SN 03)	3	Adams

DISCIPLINE TAB

View Discipline Incidents by year.

CONTACTS SCHEDULE ATTENDANCE **DISCIPLINE** GRADES ASSESSMENTS ASSIGNMENTS

Student

2022-2023

Date Seen	Incident Date	Incident Type	Offense	Disposition
1/3/2023	1/4/2023	Referral	Pass Misuse	Detention - Lunch
9/14/2022	9/14/2022	Referral	Inappropriate Display of Affection	In-School Suspension

GRADES TAB

View *published* student grades by year and marking period. If enabled, click the printer to print report cards.

CONTACTS SCHEDULE ATTENDANCE DISCIPLINE **GRADES** ASSESSMENTS ASSIGNMENTS

Student

School Year: 2021-2022 View Marking Period Grades for Marking Period 4

Course	Teacher	MP	Days	Period	Section	Grade
CAREER & FINAN MANG	Ms. Parker	F.A.S.P.	B	1	1	73

ASSESSMENTS TAB

View 3-8 Testing and User Defined Assessments. Click the printer to print 3-8 Assessment scores.

CONTACTS SCHEDULE ATTENDANCE DISCIPLINE GRADES **ASSESSMENTS** ASSIGNMENTS

Student

☒ 3-8 Testing ☐ User Defined Assessments

School Year	Assessment	Date	Performance Level	Raw Score	Scale Score
2017-2018	Grade 6 Math	5/1/2018	2	19	598
2017-2018	Grade 6 ELA	4/10/2018	3	31	605

ASSIGNMENTS TAB

View course assignments and their grades for selected courses by marking period.

CONTACTS SCHEDULE ATTENDANCE DISCIPLINE GRADES ASSESSMENTS **ASSIGNMENTS**

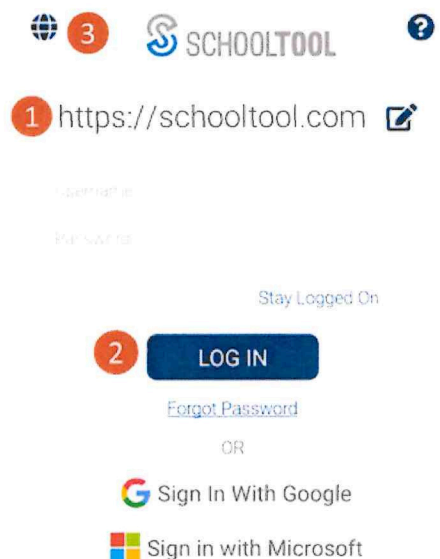
Student

School Year: 2020-2021 Marking Period: Marking Period 1 Courses: All Courses

Course	Category	Assignment Name / Description	Date	Max	Score	Notes
LIVING ENVIRONMENT R (Taylor)	Assessment	136 UI Ecology I Assessment	11/9/2020	44	30	

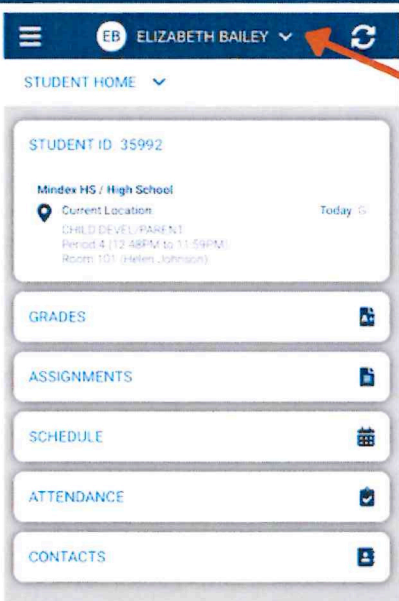
1 LOG IN SCREEN

- 1 Enter your school's SchoolTool Website using the Edit Button 
- 2 Enter your Username and Password and click Log In OR click to sign in with Google or Microsoft
- 3 Select a Language using the  icon



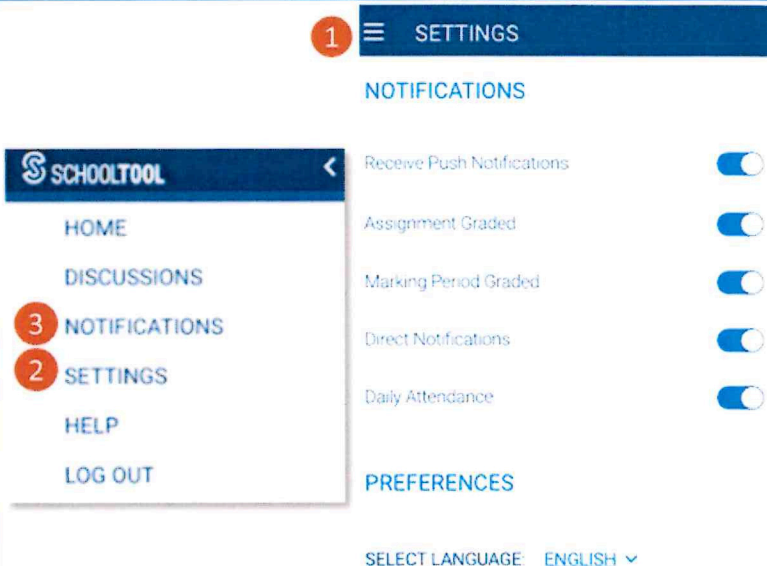
2 STUDENT HOME

- 1 Use the down arrow  to select the student you would like to view
- 2 Select which tab you would like to view: Student Information, Grades, Assignments, Schedule, Attendance, or Contacts



3 SETTINGS & NOTIFICATIONS

- 1 Click the hamburger icon  to go to the Menu
- 2 Click Settings to change your Notification and/or Language preferences
- 3 Click Notifications to review your notifications





Frankfort-Schuyler Central School District

Frankfort-Schuyler Elementary School
610 Reese Road, Frankfort, NY 13340
(315) 895-7491

Frankfort-Schuyler Jr./Sr. High School
605 Palmer Street, Frankfort, NY 13340
(315) 895-7461

Frankfort-Schuyler Central School District Parent Portal Access Request Form

This form is used to request access to the Frankfort-Schuyler Central School District Parent Portal. Only one form per family needs to be submitted. Each Parent/Guardian requesting access will need to sign that they agree to the **Parent Portal Terms of Access**. A unique User Login and Password is issued to each Parent/Guardian for access to the SchoolTool Parent Portal. Instructions for login will be sent to each user by email.

Please note that the timeframe for grading assignments and getting them posted on-line can vary based on the nature of the assignment.

Parent/Guardian Name	E-mail Address	Home Phone	Cell Phone

I am a parent, guardian or person in parental relation of the student(s) in the Frankfort-Schuyler Central School District listed below. **Signature:** _____

Student First Name	Student Last Name	Address Where Student Resides	Date of Birth	Grade



I request that the District provide me with a **login password** that will allow me to access information about my child. I understand this information is stored in a database called SchoolTool which is maintained by the District with support from the Mohawk Regional Information Center of the Madison-Oneida BOCES. In return for the District providing me with a login password, I agree to the following Terms of Network Access:

Please **initial** each item to acknowledge it, and sign below:

- _____ I will maintain a valid e-mail address that the District may use to send me the login password and other pertinent information concerning SchoolTool or my child. My present email address for this purpose is listed on the 1st page of this form.
- _____ I will only attempt to view information about the student(s) listed on the first page of this form. I will not attempt to "hack", manipulate, or otherwise try to evade the security measures to access information regarding any other person.
- _____ I will not intentionally transfer to the SchoolTool system any virus, Trojan horse, or other malicious computer code.
- _____ I understand that the District's use of the SchoolTool network is supported by technical assistance from the Mohawk Regional Informational Center, Mindex Inc., and possibly other consultants and those employees of these entities are instructed to keep confidential any personally-identifiable information, including educational records, they see in the performance of their duties. I consent to the disclosure of information about me or the student(s) listed above under these circumstances.
- _____ I understand that all information stored in the SchoolTool database remains the property of the District, and may be accessed, examined or modified by the District or its vendors at any time.
- _____ I understand that the SchoolTool network may record and retain information about when and how I use SchoolTool through the Parent Portal and that this information is the property of the District and subject to review by the District.
- _____ I agree that I will not disclose my login password to any other person, not even other people in my family or household. I accept responsibility for all actions that are performed by anyone gaining access to the SchoolTool database using the login password assigned to me.
- _____ I understand that the District retains the discretion to block my access to SchoolTool whenever it has reasonable suspicion to believe that I have violated one of the foregoing Terms of accessing SchoolTool and other Network resources.

Parent/Guardian/Person in Parental Relation

(Print Full Name) _____ Date _____

(Sign Full Name) _____ Date _____

(Print Full Name) _____ Date _____

(Sign Full Name) _____ Date _____

For District Use Only:

Received By: _____

Processed By: _____ Date _____

_____ Date _____



Frankfort-Schuyler Central School District

Frankfort-Schuyler Elementary School
610 Reese Road, Frankfort, NY 13340
(315) 895-7491

Frankfort-Schuyler Jr./Sr. High School
605 Palmer Street, Frankfort, NY 13340
(315) 895-7461

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, handicap condition or immigration status.

Student ID Number: _____

Student Name: _____

Date of Birth: _____ Grade: _____

Please read and answer questions 1 and 2. For question 1, please check the box that best describes your child.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin, means a person Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.

☐ Yes- Hispanic

☐ No- Not Hispanic

2. Select one or more races from the following racial groups (please specify all that apply)

☐ **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in 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 people of the Far East, Southeast Asia or the Indian Subcontinent including for example- Cambodia, China, India, Japan, Korea, Malaysian, Pakistan, the Philippines 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.

☐ **BLACK OR AFRICAN AMERICAN:** A person having origins in any of the racial groups in Africa.

☐ **WHITE-** A person having origin in any of the original peoples of Europe, North Africa or the Middle East.

Signature or Parent/Guardian

Date (MM/DD/YYYY)



Frankfort-Schuyler Central School District

Frankfort-Schuyler Elementary School
610 Reese Road, Frankfort, NY 13340
(315) 895-7491

Frankfort-Schuyler Jr./Sr. High School
605 Palmer Street, Frankfort, NY 13340
(315) 895-7461

Dear Parents:

Please provide us with the following information so that we may set up your child's bus transportation. You may call or write us a note with any changes after today. Also,, if your child needs to be dropped off after school at a different location for one (1) day, please send a note with him/her to his/her teacher giving the date, address, name of adult that will be responsible for your child, and the bus (if you know it).

Thank you.

Student Name: _____

Home Address: _____

Nearest Corner: _____

Morning bus pick-up: (Check One)

☐	Home
☐	Other

Address: _____

Responsible Adult(s): _____

Nearest Corner: _____

Afternoon bus drop-off: (Check One)

☐	Home
☐	Other

Address: _____

Responsible Adult(s): _____

Nearest Corner: _____

Frankfort-Schuyler CSD

Computer Network and Internet Access: Parental Notification / Student Agreement Form

Dear Students, Parents and Guardians:

- (I) We are pleased to offer students of the District access to the District computer network, the BOCES regional network and the Internet.
- (II) Access to these resources will enable students to explore thousands of libraries, databases, Google Apps for Education, and bulletin boards while exchanging messages with Internet users around the world. The district does have a firewall and strict filtering on all web content, however, families should be warned that some material accessible via the internet may contain items that are illegal defamatory, inaccurate or potentially offensive to some people. While our intent is to make this access available to further educational goals and objective, students may find ways to access other material as well. We believe that the benefits to students from this access, in the form of information resources and opportunities for collaboration, exceed any disadvantages.
- (III) Network and Google Storage areas may be treated like school lockers. Network administrators and district administrators may review files and communications to maintain system integrity, to ensure that users are using the system responsibly and to check their content. Users should not expect that files stored on the district and google servers will be private.
- (IV) As outlined in Board Policy and procedures on students' rights and responsibilities, copies of which are available in school offices, the following are not permitted:
 - a. Sending or displaying offensive messages or pictures
 - b. Using obscene language
 - c. Harassing, insulting or attacking others
 - d. Damaging computers, computer systems or networks
 - e. Violating copyright laws
 - f. Using another's password
 - g. Trespassing in another's folders, work or files
 - h. Intentionally wasting limited resources
 - i. Employing the network for commercial purposes

Violations may result in the loss of access as well as other disciplinary or legal action.

Damaged machines may be billed back to the parent or legal guardian

I have read and understand the information presented above and give my permission for my child to participate in this program:

Parent or Legal Guardian Name & Signature _____

I have read and understand the information as presented above and I hereby agree to abide by the District's policy and guidelines, as well as all directions I receive from District Personnel, regarding the appropriate use of computer resources made available to me by the district.

Student's Name & Signature _____



Frankfort-Schuyler Central School District

Frankfort-Schuyler Elementary School
610 Reese Road, Frankfort, NY 13340
(315) 895-7491

Frankfort-Schuyler Jr./Sr. High School
605 Palmer Street, Frankfort, NY 13340
(315) 895-7461

New York State REQUIRES physical examinations for new students entering the District, upon registration, as well as Kindergarten students and Grades 2, 4, 7 and 10.

If we do not receive a physical exam report from a private physician, clinic, physician assistant or nurse practitioner, notification will be sent to you that a physical will be scheduled for your child with the school's physician assistant.

For your convenience, attached is a physical exam form for your health provider to fill out and sign. Please return it to the health office as soon as possible.

Please fill out the following and return it to the health office. Any questions please call your child's school nurse at 315-895-3007 (Elementary) or 315-894-1768 (High School)

☐ HAS A PHYSICAL SCHEDULED WITH OWN PHYSICIAN.

DATE OF APPOINTMENT _____

☐ REPORT OF PHYSICAL ALREADY SENT IN.

☐ WILL SCHEDULE AN APPOINTMENT WITH PHYSICIAN
(Please call the Nurse's office with that date)

☐ PLEASE HAVE THE SCHOOL PHYSICIAN ASSISTANT EXAMINE MY CHILD.

Child's Name _____

Parent Signature _____

Physician Information:

Name of Physician: _____ Phone #: _____

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____



Frankfort-Schuyler Central School District

PERMISSION FORM

Please indicate your permission and/or understanding for the following:

YES

NO

Child's Name: _____

☐☐

Field Trips: I give permission for my child to take part in field trips and school activities. I understand that transportation will be provided by Birnie Bus or other tour busses such as High Adventure Tours. Parents will be notified of all field trips ahead of time.

☐☐

Photos: I give permission for my child to take part in picture-taking activities which may be released to the news media or used for public relations.

☐☐

Telephone and Address Release: I authorize the school to give out my address and/or telephone number to other parents in regards to birthday parties, etc.

☐☐

I give my son/daughter permission to watch PG or PG13 movies where appropriate.

Signature of Parent/Guardian

Date

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: ☐ Female ☐ Male	Gender Identity: ☐ Female ☐ Male ☐ Nonbinary ☐ X	
School:	Grade:	Exam Date:

HEALTH HISTORY

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

☐ Allergies	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ Asthma	☐ Intermittent ☐ Persistent ☐ Other: ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ Seizures	Type: Date of last seizure: ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ Diabetes	Type: ☐ 1 ☐ 2 ☐ Medication/Treatment Order Attached ☐ 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	☐	☐		☐ Test Done ☐ Lead Elevated ≥ 5 $\mu\text{g/dL}$
Sickle Cell Screen-PRN	☐	☐		

☐ **System Review Within Normal Limits**

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

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine/Neck	☐ Skin	☐ Social Emotional
☐ Mental Health	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ **Assessment/Abnormalities Noted/Recommendations:**

Diagnoses/Problems (list)

ICD-10 Code*

☐ 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 ☐ Yes ☐ No	Right	Left	Referral	Not Done
Distance Acuity		20/	20/	☐ Yes	☐ ☐
Near Vision Acuity		20/	20/		☐
Color Perception Screening ☐ Pass ☐ Fail					
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 ☐ Pass ☐ Fail	Left ☐ Pass ☐ Fail	Referral ☐ Yes		☐
Notes					
Scoliosis Screening: Boys grade 9, Girls grades 5 & 7		Negative	Positive	Referral	Not Done
		☐	☐	☐ Yes	☐
FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK					
☐ *Family cardiac history reviewed – required for Dominic Murray Sudden Cardiac Arrest Prevention Act					
☐ Student may participate in all activities without restrictions.					
If Restrictions Apply – Complete the information below					
☐ Student is restricted from participation in:					
☐ Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.					
☐ Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball.					
☐ Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.					
☐ 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: ☐ I ☐ II ☐ III ☐ IV ☐ V					
☐ 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					
☐ Order Form for medication(s) needed at school attached					
COMMUNICABLE DISEASE			IMMUNIZATIONS		
☐ Confirmed free of communicable disease during exam			☐ Record Attached ☐ 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.					

2025-26 School Year

New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

All children must be age-appropriately immunized to attend school in New York State. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the "[ACIP-Recommended Child and Adolescent Immunization Schedule](#)." Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes must meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Pre-Kindergarten (Day Care, Head Start, Nursery or Pre-K)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)2	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older	3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)3	Not applicable		1 dose	
Polio vaccine (IPV/OPV)4	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years or older		
Measles, Mumps and Rubella vaccine (MMR)5	1 dose	2 doses		
Hepatitis B vaccine6	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years		
Varicella (Chickenpox) vaccine7	1 dose	2 doses		
Meningococcal conjugate vaccine (MenACWY)8	Not applicable		Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib)9	1 to 4 doses	Not applicable		
Pneumococcal Conjugate vaccine (PCV)10	1 to 4 doses	Not applicable		

1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019, and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
 - c. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 10: 10 years; minimum age for grades 11 and 12: 7 years).
 - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
 - b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2024-25, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 10; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 11 and 12.
 - c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
 - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
 - d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward New York State school polio vaccine requirements. Doses of OPV given before April 1, 2016, should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016, must not be counted.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
 - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. Measles: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
 - c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
 - d. Rubella: At least one dose is required for all grades (pre-kindergarten through 12).
6. Hepatitis B vaccine
 - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
 - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
 - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 through 11: 10 years; minimum age for grade 12: 6 weeks).
 - a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
 - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
 - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
 - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
 - d. If dose 1 was received at 15 months or older, only 1 dose is required.
 - e. Hib vaccine is not required for children 5 years or older.
 - f. [For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.](#)
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
 - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
 - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
 - e. PCV is not required for children 5 years or older.
 - f. [For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.](#)

For further information, contact:

**New York State Department of Health
Division of Vaccine Excellence
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437**

**New York City Department of Health and Mental Hygiene
School Compliance Unit, Bureau of Immunization
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433**

New York State Department of Health/Division of Vaccine Excellence
health.ny.gov/immunization



Frankfort-Schuyler Jr./Sr. High School
605 Palmer Street, Frankfort, NY 13340
(315) 895-7461

Dental Health Certificate - Optional

Return the completed form to your child's school as soon as possible.

SECTION II ITEMS 1-3 TO BE COMPLETED BY THE DENTIST/DENTAL HYGIENIST:

Dentist's Office Name:	Dentist's/Dental Hygienist's Name <i>(please print)</i> :
Dentist's Office Address:	Dentist's/Dental Hygienist's Signature:

PLEASE FILL OUT STUDENT NAME FIELDS IN THE EVENT THAT THE PAGES OF THIS FORM BECOME DETACHED.

STUDENT LAST NAME:

STUDENT FIRST NAME:

SECTION II CONTINUED - ITEMS 1-3 TO BE COMPLETED BY THE DENTIST/DENTAL HYGIENIST:

Optional Information - Parent/Guardian, if you agree to release this information to your child's school, please initial in the box to the right.

INITIAL HERE

2. Oral Health Status:

- ☐ 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 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- ☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify):

Optional Information - Parent/Guardian, if you agree to release this information to your child's school, please initial in the box to the right.

INITIAL HERE

3. Treatment Needs:

- ☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- ☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- ☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.



Frankfort-Schuyler Central School District

Frankfort-Schuyler Elementary School
610 Reese Road, Frankfort, NY 13340
(315) 895-7491

Frankfort-Schuyler Jr./Sr. High School
605 Palmer Street, Frankfort, NY 13340
(315) 895-7461

BMI and Weight Status

As part of a required school health examination, a student is weighed and his/her height is measured. These numbers are used to figure out the student's body mass index or 'BMI'. The BMI helps the doctor or nurse know if the student's weight is in a healthy range or is too high or too low. Recent changes to the New York State Education Law require that BMI and weight status group be included as part of the student's school health examination. A sample of school districts will be selected to take part in a survey by the New York State Department of Health. If our school is selected to be part of the survey, we will be reporting to New York State Department of Health information about our students' weight status groups. Only summary information is sent. No names and no information about individual students are sent. However, you may choose to have your child's information excluded from this survey report.

The information sent to the New York State Department of Health will help health officials develop programs that make it easier for children to be healthier.

If you do not wish to have your child's weight status group information included as part of the Health Department's survey this year, please print and sign your name below and return this form to your school Nurse.

Please do/ Please do not (circle one) include my child's weight status information in the School Survey.

Print Child's Name

Date

Print Parent's Name

Parent's Signature



Frankfort-Schuyler Central School District

Frankfort-Schuyler Elementary School
610 Reese Road, Frankfort, NY 13340
(315) 895-7491

Frankfort-Schuyler Jr./Sr. High School
605 Palmer Street, Frankfort, NY 13340
(315) 895-7461

REQUEST FOR STUDENT RECORDS

Date_____

Name of Student_____

First	Middle	Last
-------	--------	------

Date of Birth_____ Grade_____

The above named student has enrolled in our school district. Please forward the following records:

- 1) Report Card/Current Grades
- 2) Health Records
- 3) Standardized Test Results
- 4) Individual Education Plan/504 Plan 5) Psychological/Confidential Records
- 6) Cumulative School Records/Transcript
- 7) ESL Services/NYSESLAT Records

Previous School Information

Name of Previous School:_____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

I agree to the release of the above named records

Parent/Guardian Signature: _____

Date: _____

NOTE: Parent/Guardian Signature is no longer required when records are requested by authorized school personnel (Family, Educational & Privacy Act Final Rule on Educational Records Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673).



Frankfort-Schuyler Central School District

Frankfort-Schuyler Elementary School
610 Reese Road, Frankfort, NY 13340
(315) 895-7491

Frankfort-Schuyler Jr./Sr. High School
605 Palmer Street, Frankfort, NY 13340
(315) 895-7461

Instructions for using Parent Portal

SchoolTool Parent Portal

Parents of Frankfort-Schuyler School District students can access their children's school performance, including classes/schedule, teacher names, attendance, assignments, progress reports, and report cards via the secure SchoolTool Parent Portal.

If interested, the District will provide you with a login/password to your child's information. Each student's information is completely private and can be accessed only by his/her parent(s).

Apply for an account

Please fill out the Parent Portal Request Form. Submit it to the office at your child's school. You will be notified via email when your account has been set up and receive instructions on how to access the portal. Please be sure you check your junk or spam mail folders in your email.

Logging in to SchoolTool

Once you have been notified your account has been created, log into SchoolTool Parent Portal.

Your username is your email address used to set up the account. If it is your first time logging in, log in with the temporary password received and update it on the Accounts Tab.

SchoolTool Mobile App

Parent Portal has a mobile app available for iOS and Android devices. With this app, parents or legal guardians who have Parent Portal accounts can view information about current schedules, attendance, assignments, grades and discipline.

Problems or questions?

If you have questions or problems regarding SchoolTool Parent Portal, please contact Nicole Castronovo by email at ncastronovo@frankfort-schuyler.org. Please include your name and your child's name to confirm your account and settings.

Update your email

To avoid confusion and to ensure that you receive news of any changes to our SchoolTool system, please be certain that your Parent Portal email account matches the email you have on file at the school. Email the Parent Portal of any changes to your email account as soon as possible. You will be notified via email once your user account has been updated.

Forms

To gain Parent Portal access, you will need to complete the Parent Portal Request Form.



Frankfort-Schuyler Central School District

Medical Form

Student First Name: _____ Middle Initial: _____ Student Last Name: _____

Date of Birth: _____ Place of Birth: _____

Parent/Guardian Name: _____ Relationship: _____ Phone: _____

Parent/Guardian Name: _____ Relationship: _____ Phone: _____

Who does the student live with?: _____

Doctor's Name: _____ Doctor's Address: _____ Phone: _____

Please indicate whether your child has had any of the following and what year. Use this year's date if it is current or a chronic problem.

Chicken Pox	Asthma	Fainting Spells
Measles	Seizures	Frequent Sore Throats
Mumps	Diabetes	Frequent Colds
German Measles	Anemia	Frequent Nose Bleeds
Scarlet Fever	Arthritis	Eye Problems
Rheumatic Fever	Pneumonia	Ear Problems
Heart Disease	Tuberculosis	Kidney/Bladder Problems

Please name and give dates of any serious injuries: _____

Please name and give dates of any operations: _____

Please name all allergies: _____

Is an epi pen used: Yes/No (Circle One)

Does your child use an inhaler at home? _____ How Often: _____

Will he/she use one in school? _____

Does your child take any medications? _____ What is the name and dose of the medications? _____

When is it taken? _____

What reason? _____

Does your child wear glasses? _____ When? _____

Are they shatterproof? _____

Does your child have any other health concerns? _____

Name of Parent/Guardian: _____

Please Print

Parent/Guardian Signature: _____ Date: _____



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

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:
		☐ Male
Month	Day	Year
		☐ 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?	☐ English	☐ Other	_____ specify
2. What was the first language your child learned?	☐ English	☐ Other	_____ specify
3. What is the Home Language of each parent/guardian?	☐ Parent 1	☐ Parent 2	_____ specify
	☐ Guardian(s)		_____ specify
4. What language(s) does your child understand?	☐ English	☐ Other	_____ specify
5. What language(s) does your child speak?	☐ English	☐ Other	_____ ☐ Does not speak
6. What language(s) does your child read?	☐ English	☐ Other	_____ ☐ Does not read
7. What language(s) does your child write?	☐ English	☐ Other	_____ ☐ Does not write

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? _____

Month: Day: Year:

Signature of Parent or of Person in Parental Relation

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:

Mo. Day YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

- ☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

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



NEW STUDENT ATHLETIC PARTICIPATION FORM

Student: _____ Date: _____

Entering Grade: _____ ☐ Male/Female ☐ Date of Birth: _____ Age _____

Date of last Health Examination (Physical) _____

Attached documentation

New Address: _____

Parents' Name: _____ Telephone: _____

With Whom Are You Living in This District: _____

***** PREVIOUS SCHOOL INFORMATION *****

Previous School: _____

Sports Played in Previous School		Level & Number of Years Played	
Fall	Sport _____	Modified _____	JV _____ Varsity _____
Winter	Sport _____	Modified _____	JV _____ Varsity _____
Spring	Sport _____	Modified _____	JV _____ Varsity _____

Previous Address: _____

With Whom Did You Live: _____

Reason For Leaving Previous School: _____

Were you subject to the APP Process as a 7th or 8th grader? ☐ Yes ☐ No

***** ACADEMIC INFORMATION *****

Year Entered 9th Grade: _____ Verification: _____

Have You Repeated a Grade in JR High or High School: ☐ Yes ☐ No

Counselor's Initials

If Yes, which grade: _____
Date of the student's registration accepted: _____
Guidance Department should forward this form to the Director of Athletics when student has been accepted for registration.
Please list any other high school attended on back.