RALPH MARINO, JR., Ed.D.
Superintendent

WOODMERE EDUCATION CENTER
One Johnson Place
Woodmere, NY 11598-1312
Telephone: 516-792-4800
Fax: 516-792-4481
Email: rmarino@hewlett-woodmere.net
www.hewlett-woodmere.net

January 2025

Welcome to Franklin Early Childhood Center! When your child walks through the front doors on the very first day at Franklin, he or she will become part of a wonderful community of young learners. As a parent or guardian, you can be sure that your child's transition from home to school will be comfortable and enjoyable, thanks to the warm and caring staff members at Franklin.

Your child will be immediately immersed in the rich traditions that define Franklin Early Childhood Center. The annual fall festival will have them marching in the Story Book Parade, and picking and decorating pumpkins. In December, they will be excited by our Holiday Sing-A-Long and Puff Ball Celebration, where each Pre-K child receives a home-made "Puff Ball" (a 55-year tradition at Franklin). The children will ring in the New Year with a dance party clad in their finest party attire. The winter will have them celebrating their 100th day of school milestone and the Parents as Reading Partners kick-off event. In the spring, the children will learn about many different cultures at the One World Multicultural Night. As the school year begins to wind down, all FECC students will participate in the ever-popular Field Day!

Your child will be stimulated both in and out of the classroom with unique, hands-on learning experiences, stories, songs, letters, numbers, crayons, and so much more! I am convinced there is no better school at which to begin an educational journey than Franklin Early Childhood Center. In fact, I wish my own children had the opportunity to attend FECC! It is truly a magical place!

Like you, health and safety are our highest priorities here at Hewlett-Woodmere Public Schools. Please know that when you entrust your child to us, they are in a safe, secure, and nurturing environment.

I look forward to getting to know your children when I visit their classrooms and join them at celebrations throughout the year. I learn so much about them, and from them, during my visits.

Once again, welcome to Franklin! I can't wait to greet your child on the first day of school!

Warm regards,

Ralph Marino, Jr., Ed.D.
Superintendent

HEWLETT WOODMERE PUBLIC SCHOOLS
Inspire ★ Engage ★ Achieve

Dr. Susan Farber
Assistant Superintendent for
Special Education and
Student Support Services

WOODMERE EDUCATION CENTER
One Johnson Place
Woodmere, NY 11598-1312
Telephone: 516.792.4804
Fax: 516.792.4864
E-mail: sfarber@hewlett-woodmere.net

Dear Parents/Guardians:

Welcome to Hewlett-Woodmere! Please note that the school district is required to inform all parents of children entering our schools of their child's rights with respect to special education. The law governing special education is known as the Individuals with Disabilities Education Act (IDEA).

In accordance with federal and state regulations, the Hewlett-Woodmere Public Schools provide appropriate special education services to students with disabilities. Any parent who suspects that his or her child may have a disability may refer the child for an evaluation by the Committee on Preschool Special Education (CPSE, from 3 years old until eligible for kindergarten) or the Committee on Special Education (CSE, those eligible for kindergarten and older) to determine eligibility for special education services. This written referral can be made to their school's principal or designee, or to Dr. Susan Farber, Assistant Superintendent of Special Education and Student Support Services, Hewlett-Woodmere UFSD, 1 Johnson Place, Woodmere, NY 11598.

More detailed information on this process is available in *A Parent's Guide to Special Education*, which is published on the New York State Education Department's website in English and Spanish and can be found at the following links:

English handbook:
https://www.nysed.gov/sites/default/files/programs/special-education/a-parents-guide-to-special-education.pdf

Spanish handbook:
https://www.nysed.gov/sites/default/files/programs/special-education/spanish-parent-guide_0.pdf

Before referring a student who is not currently enrolled in the Hewlett-Woodmere Public Schools, the parent/guardian needs to contact the Registration Office at (516) 792-4826 to arrange an appointment to register the child.

Online registration information and forms can be found at REGISTRATION (hewlett-woodmere.net)

Parents who suspect that their child under the age of three may need special education services should contact the Nassau County Department of Health's Early Intervention Program at (516) 227-8661.

If you have any questions, please feel free to contact me at (516) 792-4804

Sincerely,

Dr. Susan Farber

Dr. Susan Farber
Assistant Superintendent of Special Education and Student Support Services

SF/jh

DINA M. ANZALONE, ED.D.
Assistant Superintendent for Teaching, Learning, and Technology
WOODMERE EDUCATION CENTER
One Johnson Place
Woodmere, New York 11598-1312
Telephone: 516-792-4802
Fax: 516-792-4492
Email:danzalone@hewlett-woodmere.net

January 2025

Dear Parent(s)/Guardian(s),

The Hewlett-Woodmere School Community welcomes you to a new year of working together to provide your child with an exceptional education. I am writing to share some important information to set your child up for academic success.

The District utilizes FamilyID for online forms. FamilyID is a secure registration platform that provides you with an easy, user-friendly way to register your child for athletic teams, device loan agreements, acknowledgement of Board-approved policies, and more.

Actions to Take Prior to the Start of the School Year

1. **NEW FAMILIES**: Access the FamilyID Family Sign-Up Guide to register for an account.
2. **ALL FAMILIES**: Sign onto FamilyID (Arbiter Sports) to complete the Required Notifications for Parents/Guardians 2024-2025 (Policies and Procedures Acknowledgment)
3. **MANDATORY GRADE 3, GRADE 9, AND NEW ENTRANTS IN GRADES 3-12**: Complete the Device Registration Agreement prior to receiving a device.

Student Device Information

Grade Level/Group	Note
P-2	Will have access to both Chromebooks and iPads during the school day.
Grade 3	Utilize devices in school only until teachers determine students are ready to bring them home.
Grades 4-12	Device travels between school and home and should be charged daily.

FRANKLIN EARLY CHILDHOOD CENTER

Office use only

Put on yellow

Please complete this application and bring it with you on the day you come to register.

PLEASE PRINT

Child's Name _____ ***Sex*** M ☐ F ☐

Address _____ ***Town*** _____

Date of Birth _____ ***Phone #*** _____

Day Care/ School now attending _____

Option # 1

UPK (Pre-Kindergarten) - Half-Day Program

No Tuition

The Hewlett-Woodmere School District provides its residents
with a half day of UPK Pre-Kindergarten, Monday through Friday.

Mornina 9:00 – 11:30 AM ***Afternoon 12:30 – 3:00 PM***

Option # 2

UPK (Pre-Kindergarten) – Full Day Program

No Tuition

The Hewlett-Woodmere School District provides its residents
with a full day of UPK Pre-Kindergarten, Monday through Friday.

Full-Day School Hours 9:00 AM – 2:55 PM

Please choose one:

#1 ☐ ***UPK – Pre-K Half-day only***

#2 ☐ ***UPK – Pre-K Full Day***

Please turn over to complete registration ⇨

HEWLETT-WOODMERE PUBLIC SCHOOLS

Registration & Attendance Office
1 Johnson Place, Rm. 206
Phone (516) 792-4826 / Fax: (516) 792-4489

Registration Information

Hewlett-Woodmere Public Schools is pleased to welcome all new students!

Hewlett-Woodmere Public Schools provides educational programs for students from Pre-kindergarten through Grade 12. Registration takes place throughout the year in the district's *Welcome Center* located in the Woodmere Education Center, 1 Johnson Place, Room 206, Woodmere, NY 11598.

In order to be deemed a bona fide resident (*residence is at the premises on the registration forms*) of the school district, in addition to the registration forms, the following documentation is requested to complete the registration process.
If you are not able to present any of the documents please speak with the Registrar in order to determine what other documents may be accepted.

1. In accordance with direction from the New York State Education Department, if available, one of the following documents must be presented as proof of age:
   -Birth Certificate
   - Baptismal Certificate
   If neither is available, a passport may be submitted. If you are not able to provide these documents, please speak with the Registrar.

2. The parent(s) or person(s) in parental relation must present the following:

   A. One of the following is required to evidence physical presence in the school district:
   -Residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement.
   -If submitting a copy of a lease, it is requested that you note your landlord's name and phone number to assist with residency verification.
   -Statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share the property in the school district.
   -Statement by a third party establishing the parent(s) or person(s) in parental relation's physical presence in the school district.
   -The school district or the parent(s) or person(s) in parental relation may request a home visit be conducted to confirm physical presence in the school district.

   B. The school district may require the parent(s) or person(s) in parental relation to provide an affidavit either:
   -Indicating they are the parent(s) whom the child lawfully resides, or
   -Indicating they are the person(s) in parental relation the child
   Note: the parent or person in parental relation may also evidence custody by submitting other documentation, including judicial custody orders, guardianship papers or a separation or divorce agreement.

   C. Additional documents chosen from the following list:
   -Pay stub
   -Income tax form or tax bill
   -Utility or cable television bill
   -Oil delivery bill
   -Voter registration card
   -Membership documents (based upon residency)
   -Driver's license, learner's permit, non-driver identification
   -State or other government issued identification
   -Documents issues by federal, state and local agencies
   -Bank or credit card statement

   D. If residency was established within the past 90 days, please provide one of the following:
   -Moving bill
   -Truck rental bill
   -Furniture delivery bill
   Note: the school district or the parent(s) or person(s) in parental relation may request a home visit be conducted to confirm physical presence in the school district.

   E. Confirmation of Residency form.

3. Proof of Immunization and Physical Examination
   If not provided at the time of enrollment, in order to remain in attendance students must evidence they are in compliance with New York State physical examination and immunizations requirements. Information about New York State physical examination and immunization requirements is included in the registration packet.

(Please Print)

Hewlett-Woodmere Public Schools
REGISTRATION FORM

OFFICE USE ONLY

STUDENT ID#:	DOB CUST PAPERS IMMUN AFFIDAVITS DENTAL SPECIAL ED PROOFS 1 2 3 LV_____ HV _____H O P INTAKE
☐Initial Entry ☐Change of Address ☐Other	
Grade Entered District_____ Current Grade_____	

BC_____ BS _____

STUDENT INFORMATION

Last Name:	First:	Middle:	Birth Date: / /	Age:	Sex: ❑ M ❑ F
Current Home Address:			Move in Date: / /		Home Phone No.: ( )
Apt. #:	City:		State:		ZIP Code:
Previous Home Address:	Apt. #:	City:	State:		ZIP Code:

Does your child have an IEP?: ❑ Yes ❑ No

Does your child reside at any other address during the school year? ❑ Yes ❑ No

PREVIOUS SCHOOL INFORMATION

Previous School Name and Address:	City:	State:	ZIP Code:

Dates of Attendance at Previous School: From: / / To: / /

Grade Levels Attended at Previous School:

MEDICAL INFORMATION

Doctor's Name:	Doctor's Phone No.:	Allergies/Medical Conditions:

STUDENT'S ETHNICITY

(Designation of ethnicity is required for Federal and State Reporting.) **QUESTIONS (1) AND (2) MUST BE ANSWERED.**

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

Check (√) only ONE box:

❑ Yes, Hispanic ❑ No, Not Hispanic

2. Select one or more races from the following five racial groups. For question (2) check (√) all groups that apply to your child; **ONE BOX MUST BE CHECKED (√).**

❑ **AMERICAN INDIAN OR ALASKA NATIVE**: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

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

❑ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

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

❑ **WHITE**: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Relationship to Student [Please check (√) ONE box below]:

❑ **Mother** ❑ **Father** ❑ **Guardian** ❑ **Other (Specify):**

I, THE UNDERSIGNED, ATTEST THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE. ANY FALSE STATEMENT MADE IN THIS APPLICATION IS PUNISHABLE AS A CLASS A MISDEMEANOR, PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Parent/Guardian Signature ***Date***

White-SCHOOL Yellow-ATTENDANCE Pink-TRANSPORTATION

Student's Name: _____ _____ _____

Last Name First Name Date

Hewlett-Woodmere Public Schools Contact Information

Parent/Legal Guardian Information: *(Select One)* **PRIMARY CONTACT**

☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ SINGLE ☐ WIDOWED ☐ REMARRIED

CONTACT'S NAME | RELATIONSHIP TO STUDENT | OCCUPATION

HOME PHONE NUMBER | WORK PHONE NUMBER | CELL PHONE NUMBER

☐ SAME ADDRESS AS STUDENT | ADDRESS | CITY, STATE | ZIP

PARENT/LEGAL GUARDIAN EMAIL | PREFERRED LANGUAGE

Parent/Legal Guardian Information: *(Select One)* **CONTACT #** ☐

☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ SINGLE ☐ WIDOWED ☐ REMARRIED

CONTACT'S NAME | RELATIONSHIP TO STUDENT | OCCUPATION

HOME PHONE NUMBER | WORK PHONE NUMBER | CELL PHONE NUMBER

☐ SAME ADDRESS AS STUDENT | ADDRESS | CITY, STATE | ZIP

PARENT/LEGAL GUARDIAN EMAIL | PREFERRED LANGUAGE

Additional Contact: (Optional) **CONTACT #** ☐

CONTACT'S NAME | RELATIONSHIP TO STUDENT

HOME PHONE NUMBER | WORK PHONE NUMBER | CELL PHONE NUMBER

Additional Contact: (Optional) **CONTACT #** ☐

CONTACT'S NAME | RELATIONSHIP TO STUDENT

HOME PHONE NUMBER | WORK PHONE NUMBER | CELL PHONE NUMBER

Information required if Parent/Legal Guardian are not listed in the contacts.

Mother's Name | Home Phone Number | Cell Phone Number

Address | City | State | Zip

Father's Name | Home Phone Number | Cell Phone Number

Address | City | State | Zip

If your marital status is anything other than married, please provide one of the following:

☐ A Death Certificate ☐ Affidavit of Parental Responsibility

You may also request that the Registration & Attendance consider the following to confirm parental realationship:

Separation/Divorce Agreement, Custody Agreement, or a letter from the non-resident parent confirming their child's living arrangements.

Student's Name: _____ _____

Last Name First Name

Household Form

OTHER CHILDREN IN THE HOUSEHOLD ATTENDING HEWLETT-WOODMERE UFSD

NAME	RELATIONSHIP TO STUDENT	BIRTHDATE	SCHOOL (Woodmere Middle School, George W. Hewlett HS, Hewlett Elementary School, Ogden Elementary School, Franklin Early Childhood Center)	CURRENT GRADE

OTHER CHILDREN IN THE HOUSEHOLD *NOT* ATTENDING HEWLETT-WOODMERE UFSD

NAME	RELATIONSHIP TO STUDENT	BIRTHDATE	SCHOOL	CURRENT GRADE

_____ _____

DATE PARENT/GUARDIAN'S SIGNATURE

Hewlett-Woodmere Public Schools
Enrollment Form - Residency Questionnaire

Name of School: _____

Name of Student: _____
Last First Middle

Gender: □ Male
□ Female

Date of Birth: _____/_____/_____ **Grade:** _____
Month Day Year *(preschool-12)*

The answer you give below will help the District determine what services your child may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

Where is the child presently living?
□ In permanent housing

IF THE ABOVE BOX IS *NOT* CHECKED, PLEASE CHECK ONE OF THE FOLLOWING:

□ In a hotel/motel
□ In a shelter
□ With another family or person because of loss of housing or as a result of economic hardship
□ In a car, park, bus, train, or campsite
□ Other temporary living situation (Please describe): _____

_____ _____
Print name of Parent, Guardian, or Student **Signature** of Parent, Guardian, or Student

Date_____

Presenting a false record of falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Please send a copy to the Office of Curriculum and Instruction, Room 305, at the Woodmere Education Center, One Johnson Place, Woodmere, NY 11598-1312

I certify the above named student is eligible for assistance under the provisions of the McKinney-Vento Act.

_____ _____
Date **District Homeless Liaison Signature**

Registration and Attendance Office

WOODMERE EDUCATION CENTER

One Johnson Place
Woodmere, NY, 11598-1312
Telephone: 516/792-4826
Fax: 516/792-4489
Email: registration@hewlett-woodmere.net

Parent to fill in previous

School Name and Address

TO:_____

_____

_____

_____

DISTRICT SCHOOLS

George W. Hewlett High School 60 Everit Avenue Hewlett, NY 11557	Fax to: 516-792-4413
Woodmere Middle School 1171 Peninsula Blvd. Woodmere, NY 11598	Fax to: 516-792-4431
Hewlett Elementary School 1571 Broadway Hewlett, NY 11557	Fax to: 516-792-4452
Ogden Elementary School 875 Longview Avenue Valley Stream, NY 11581	Fax to: 516-792-4471
Franklin Early Childhood Center 1180 Henrietta Place Hewlett, NY 11557	Fax to: 516-792-4460

The below named student has registered in the school checked above. In order to assist us in planning for this student, we would appreciate your forwarding, at your earliest convenience, the following checked items:

____1. Educational records) (i.e. transcript of grades, results of standardized testing, etc.)
____2. Health records
____3. Results of psychological testing (to attention of School Psychologist)
____4. Record of district committee on Special Education
____5. Records of participation in intellectually gifted programs
____6. Other pertinent records (i.e. speech, remedial reading, other special services)

PARENTAL AUTHORIZATION

I hereby authorize the release of school records as indicated above for _____,
(student name above)

to be sent to the school checked above.

_____ _____

Parent's 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:
Month	*Day*	*Year*
		❑ Male ❑ 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 *specify*	❑ 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 *specify*	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other *specify*	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other *specify*	❑ 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:

Registration and Attendance Office

WOODMERE EDUCATION CENTER

One Johnson Place
Woodmere, NY, 11598-1312
Telephone: 516/792-4826
Fax: 516/792-4489
Email: registration@hewlett-woodmere.net

Dear Parent(s)/Guardian(s):

New York State Law **requires a completed current physical examination, with updated immunizations**, and requests that a dental health certificate be provided when your child enters any of the following:

-New District Entrants
-Pre K or Kindergarten
-First Grade
-Third Grade
-Fifth Grade
-Seventh Grade
-Ninth Grade
-Eleventh Grade

New York State Law requires that students attending public school be immunized. The immunizing physician must provide an immunization certificate to the person in parental relationship to the child. It is requested that you provide documentation of your child's immunization by the first day of school. Please know that no child may attend school for more than fourteen (14) days without an appropriate immunization certificate. This period may be extended to no more than thirty (30) days, but only where such student has transferred from another state or country and can show a good faith effort to get the necessary evidence of immunization.

The mandated examination should be completed and signed by a duly licensed physician, physician assistant or nurse practitioner, who is authorized to practice in the state of New York. It is preferable to have your private physician conduct the examination since he or she is more familiar with the health history of your child and can complete a more comprehensive evaluation. The periodic physical exam is the time for your doctor to update your child's immunizations.

We are requesting that your child's healthcare provider complete a Body Mass Index information on the Health Appraisal Form. Please request that the provider complete that needed information in order to have a completed Health Appraisal on file in the school.

Examinations that were performed anytime within twelve (12) months prior to the first day of the school year will also be accepted. The enclosed health forms are to be completed and should be returned to the nurse by the first day of school, but no later than thirty (30) days after entrance to the school or grade.

School health services will provide hearing, vision and scoliosis screening according to NYS guidelines.

If you need assistance in fulfilling the immunization and/or physical examination requirements, please feel free to contact your child's school nurse or the Nassau County Department of Health.

Sincerely,

Barbara Giese

Barbara Giese
Executive Director of Communications, Community Services, Registration & Grants

Caroline Bormann

Caroline Bormann
School Nurse

2023-24 School Year
New York State Immunization Requirements for School Entrance/Attendance[1]

NOTES:
All children must be age-appropriately immunized to attend school in NYS. 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 vaccine[6]	**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) vaccine[7]	**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**		

NEW YORK STATE | Department of Health

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 9: 10 years; minimum age for grades 10, 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 2023-2024, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 9; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 10, 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 NYS 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 prekindergarten. Two doses are required for grades kindergarten through 12.
   c. Mumps: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
   d. Rubella: At least one dose is required for all grades (prekindergarten 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 10: 10 years; minimum age for grades 11 and 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
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437

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

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	Date
TB- PRN	☐	☐		☐ Test Done ☐ Lead Elevated ≥5 µg/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 Dominick 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 ONLY 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: *(please print)*

Provider Address:

Phone:	Fax:

Please Return This Form to Your Child's School Health Office When Completed.

Hewlett-Woodmere District 14
Immunization Record

LAST NAME	FIRST NAME	M.I.	BIRTHDATE (mm/dd/yy)

MEDICAL NOTES (allergies, vaccine reactions, etc.)

Vaccine	Type	Date Given (m/d/yy)	Administered By (clinic, doctor, etc)	Next Dose Date
Hepatitis B (HepB, Hib-HepB, HepA-HepB, DTaP-HepB-IPV)				
Diptheria, Tetanus, Pertussis (DTaP, DTP, DT, Td, Tdap, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, DTaP/Hib)				
boosters Tdap				
***Haemophilus influenzae* type b** (Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib)				
Pneumococcal (PCV7, PCV13, PPSV23)				
Polio (IPV, OPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV)				
Rotavirus (RV1, RV5, RV [unknown])				
Measles, Mumps, & Rubella (MMR, MMRV)				
Varicella (chickenpox) (VAR, MMRV)				

Vaccine	Type	Date Given (m/d/yy)	Administered By (clinic, doctor, etc)	Next Dose Date
Hepatitis A (HepA, HepA-HepB)				
Meningococcal (MCV4, MPSV4)				
Human papillomavirus (HPV4, HPV2)				
Zoster (shingles)				
Influenza (yearly) (TIV, LAIV)				
Other				
Covid #1				
Covid #2				
Covid Booster				

Dental Health Certificate - Optional

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

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

Child's Name: Last First Middle

Birth Date: / / Month Day Year

Sex: ☐ Male ☐ Female

Will this be your child's first visit to a dentist? ☐ Yes ☐ No

School: Name

Grade

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

I. Oral Health Status (check all that apply)

☐ Yes ☐ No **Caries Experience/Restoration History –** Has the child ever had a cavity (treated or untreated?

[A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

☐ Yes ☐ No **Untreated Caries –** Does this child have an open cavity?

[At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

☐ Yes ☐ No **Dental Sealants Present**

☐ Yes ☐ No **Soft Tissue Pathology**

☐ Yes ☐ No **Malocclusion**

II. Treatment Needs (check all that apply)

☐ **No need for Treatment**

☐ **Urgent Treatment –** abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

☐ **Restorative Care –** amalgams, composites, crowns, etc.

☐ **Preventive Care –** sealants, fluoride treatment, prophylaxis, mouthguard etc.

☐ **Other** – periodontal, orthodontic treatments

Please note _____

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

☐ **Yes, The student listed above *is* in fit condition of dental health to permit him/her attendance at the public schools.**

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

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

Dentist/Dental Hygienist Signature:

Date of Exam: / /

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

2024-25 School Year
New York State Immunization Requirements for School Entrance/Attendance[1]

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 vaccine[6]	**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) vaccine[7]	**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**		

Hewlett-Woodmere Public Schools
Registration & Attendance Office
One Johnson Place, Room 206
Woodmere, NY 11598
Phone: (516) 792-4826 Fax: (516) 792-4489

CONFIRMATION OF RESIDENCY

1. _____, state that the following information is true and accurate:
   (Parent / Guardian)
2. I and my family currently live (actually residing on a daily basis) at our home at:

   _____
   (address)
3. I and my family have been residing at this home on a daily basis since _____/_____/_____ (Date)
4. This is my legal residence (your true, fixed and permanent home) ☐ Yes ☐ No
5. Do you also reside at any other address during the school year? ☐ Yes ☐ No
   a. If 'yes', please provide the other address:_____
6. Do any children residing with you also reside at any other address during the school year? ☐ Yes ☐ No
   a. If 'yes', please provide the other address:_____
7. Our home is a: ☐ One Family ☐ Two Family ☐ Multiple Family
8. The following persons live in our home:

Name:	Relationship (to person filling out the form)

9. I will notify the Hewlett-Woodmere Union Free School District's Registration & Attendance Office, 1 Johnson Place, Woodmere, New York, 11598, in writing within five (5) business days, should there be a ***change in address*** or ***any of the terms listed above***. **PLEASE INITIAL:**_____

10. I recognize that the Hewlett-Woodmere U.F.S.D. will rely upon this representation that our home (also known as our domicile) is at the address shown in line 2, and I agree to bear legal responsibility for any inaccuracy of such representation.

_____ _____
Parent / Guardian's Signature Date

Infinite Campus Parent Portal

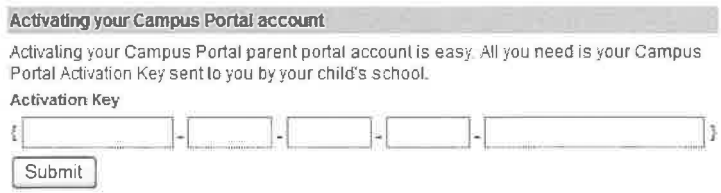
How to Create Your User Account and Log In

1. Using a computer with Internet access, go to the Hewlett-Woodmere Web site (www.hewlett-woodmere.net) and click **"CLICK HERE for Parent Portal"** located under announcements on the home page or **click Parent Portal for Infinite Campus** under the Parents and Students section. This will direct you to the Welcome Page. Click the link that says "Click here to connect". You will now be in the Parent Portal.

OR

2. Click on the link that says:
   If you have been assigned a Campus Portal Activation Key, click here

3. Type in your Activation Key, which appears on the enclosed letter, and click the **Submit** button. You will have to enter this Activation Key only once to create your account.

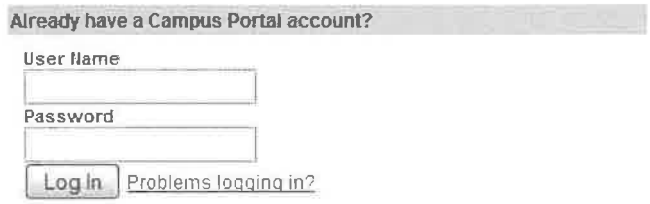


4. Enter a user name and password, and click the **Create Account** button. You must enter a unique user name and a strong password (i.e., a combination of at least eight letters, numbers, and other characters).

An example of a strong password

h@wl@tt2

5. Once your account has been created, follow the link to the Portal login page. Enter your user name and password and click the **Log In** button. This is how you will log in from now on.



(X) Required
( ) Local
(X) Notice

STUDENT BULLYING, HARASSMENT PREVENTION AND INTERVENTION

The Board of Education is committed to providing a positive, safe and supportive educational and working environment that promotes respect, dignity and equality. The Board recognizes that discrimination, such as harassment, hazing and bullying are detrimental to student learning and achievement. These behaviors interfere with the mission of the District to educate its students and disrupt the operation of the schools. Such behavior affects not only the students who are its targets/victims but also those individuals who participate and witness such acts.

I. Definitions

Harassment and Bullying

"Harassment" and "bullying" are defined as the creation of a hostile environment by conduct or by threats, intimidation or abuse, including cyberbullying, that (a) has or would have the effect of unreasonably and substantially interfering with a student's educational performance, opportunities or benefits, or mental, emotional or physical wellbeing; or (b) reasonably causes or would reasonably be expected to cause a student to fear for his or her physical safety; or (c) reasonably causes or would reasonably be expected to cause physical injury or emotional harm to a student; or (d) occurs off school property and creates or would foreseeably create a risk of substantial disruption within the school environment, where it is foreseeable that the conduct, threats, intimidation or abuse might reach school property.

Acts of harassment and bullying shall include, but not be limited to, those acts based on a person's actual or perceived:

- race,
- color,
- weight,
- national origin,
- ethnic group,
- religion,
- religious practice,
- disability,
- sex,
- sexual orientation, or
- gender (including gender identity and expression).

In order to implement this program the Board will designate at its annual organizational meeting a *Dignity Act Coordinator* (DAC) for every school building and who will be instructed in the provisions of the Dignity for All Students Act; thoroughly trained to handle human relations in the areas of race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender (including gender identity), military status, predisposing genetic characteristics, marital status, and sex; and provided training: (1) which addresses the social patterns of harassment, bullying and discrimination, including but not limited to those acts based on a person's actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender (including gender identity), military status, predisposing genetic characteristics, marital status, and sex; (2) in the identification and mitigation of harassment, bullying and discrimination; and (3) in strategies for effectively addressing problems of exclusion, bias, and aggression in educational settings. Each Coordinator shall be employed by the School District and be licensed and/or certified by the Commissioner as required by law. The name and contact information of the Dignity Act Coordinator shall be disseminated in accordance with state law and the Commissioner's Regulations.

The Dignity Act Coordinator is the school employee charged with receiving reports of harassment, bullying and discrimination.

Any student who believes that he or she is being bullied, harassed or discriminated against, or who has knowledge of bullying, harassing or discriminating behavior is strongly encouraged to report it. Students may make oral or written reports of bullying, harassment or discrimination to any staff member.All School District personnel are responsible for taking action if they become aware of any bullying, harassment or discrimination against a student. Staff members must make an oral report promptly of all complaints of bullying, harassment, and discrimination that they receive from students or others, whether oral or written, as well as any instances of bullying, harassment or discrimination that they are aware of, to the Dignity Act Coordinator not later than one (1) school day after receipt of a report or witnessing an incident and must file a written report with the Dignity Act Coordinator not later than two (2) school days after making the oral report.

Bullying, harassment or discrimination of a sexual nature, as defined by the School District's sexual harassment policy, must be reported to the School District's Title IX officer. Bullying, harassment or discrimination which involves criminal activity, or where there is reasonable belief that criminal activity may occur, must be immediately reported to the Principal. If the Principal believes that any harassment, bullying or discrimination constitutes criminal conduct, he/she shall promptly notify the appropriate local law enforcement agency. To the extent possible, allegations of bullying, harassment or discrimination will be kept confidential; however, the School District reserves the right to disclose the identity of the parties and witnesses in appropriate circumstances.

appropriate circumstances. The staff member responsible for investigating complaints will discuss confidentiality standards and concerns with all complainants.

Intervention

Intervention by adults and bystanders is an important step in preventing escalation and resolving issues at the earliest stages. Intervention will emphasize education and skill-building.

Successful intervention may involve remediation. Remedial responses to bullying, harassment and/or discrimination include measures designed to correct the problem behavior, prevent another occurrence of the behavior and protect the target. Remediation may be targeted to the individual(s) involved in the bullying harassment and discrimination behavior or environmental approaches which are targeted to the school or District as a whole.

In addition, intervention will focus upon the safety of the target/victim. Staff is expected, when made aware of bullying, harassment and discrimination, to either refer the student to designated resources for assistance, or to intervene as appropriate and when safe to do in accordance with this policy and regulation.

V. Provisions for students who do not feel safe at school

The Board acknowledges that, notwithstanding actions taken by District staff, intervention may require a specific coordinated approach if the child does not feel safe at school. Students who do not feel safe at school are limited in their capacity to learn and reach their academic potential. Staff, when aware of bullying, harassment and discrimination should determine if accommodations are needed in order to help ensure the safety of the student and bring this to the attention of the building principal. The building principal, other appropriate staff, the student and the student's parent will work together to define and implement any needed accommodations.

The District recognizes that there is a need to balance accommodations which enhance student safety against the potential to further stigmatize the targeted student. Therefore, each case will be handled individually. The student, parent/guardian, and school administration will collaborate to establish safety provisions that best meet the needs of the targeted student. Follow-up discussion and/or meetings will be scheduled, as needed, to ensure that safety concerns have been adequately addressed.

VI. Training

The Board recognizes that in order to implement an effective bullying, harassment and discrimination prevention and intervention program, professional development is needed. The Superintendent of Schools, the DACs at each building in collaboration with social workers, and the District Professional Development Team will incorporate training to support this program in new teacher orientation and the Annual Professional Development Plan, as needed which will include, but not be limited to: raising awareness and sensitivity

IX. Disciplinary Consequences

While the focus of this policy is on prevention, bullying, harassing and discrimination acts may still occur. In these cases, offenders will be given the clear message that their actions are wrong and the behavior must improve. Student offenders will receive in-school guidance in making positive choices in their relationships with others. If appropriate, disciplinary action will be taken by the administration in accordance with the District's Code of Conduct, as applicable. If the behavior rises to the level of criminal activity, law enforcement will be contacted.

Consequences for a student who commits an act of bullying, harassing and discrimination shall be unique to the individual incident and will vary in method and severity according to the nature of the behavior, the developmental age of the student, and the student's history of problem behaviors, and must be consistent with the District's Code of Conduct.

X. Non-Retaliation

All complainants, victims, witnesses and/or any individuals who initiate, testify, participate or assist in the investigation of a complaint of discrimination such as harassment, hazing and bullying in conformity with state law and District policies, who have acted reasonably and in good faith, have the right to be free from retaliation of any kind.

Administrators will monitor participants in investigations to ensure that the behavior has ceased, no retaliation has occurred and support or counseling has been afforded to the involved individuals, as needed.

XI. Dissemination, Monitoring Review, and Reporting

This policy, or a plain language summary, shall be published in student registration materials, and posted on the District's website and shall be otherwise disseminated in accordance with law. All employees shall receive information about this policy and regulation at least once a year.

A bullying, harassing and discrimination complaint form will be available on the District's website. The District will ensure that the process of reporting bullying is clearly explained.

Each year, as part of the annual review of the Code of Conduct, this policy will be reviewed to assess its effectiveness and compliance with state and federal law. If changes are needed, revisions will be recommended to the Board for its consideration.

The building principals shall provide a report at least once during the school year on data and trends related to harassment, bullying, and discrimination to the Superintendent of Schools or his/her designee. The District shall report material incidents

STUDENT BULLYING, HARASSMENT PREVENTION AND INTERVENTION

Reporting and Investigation

In order for the Board to effectively enforce the Board's policy on student bullying prevention and intervention and to take prompt corrective measures, it is essential that all targets and persons with knowledge of bullying, harassment or discrimination report such behavior immediately to the principal, the principal's designee or the building's Dignity Act Coordinator promptly after the incident so that it may be effectively investigated and resolved.

School personnel who observe any incidents of student-to-student and/or staff-to-student bullying, harassment and/or discrimination, or receive a verbal or written report of such harassment, bullying and/or discrimination, are required to promptly verbally notify their building principal or other administrator who supervises their employment within one school day after they witness or receive a report of harassment, bullying and/or discrimination. Such school personnel are also required to file a written report with their building principal or other administrator who supervises their employment within two school days after making such verbal report.

In order to assist investigators, individuals should document the bullying, harassment or discrimination as soon as it occurs and with as much detail as possible including: the nature of the incident(s); dates, times, places it has occurred; name of perpetrator(s); witnesses to the incident(s); and the victim's response to the incident.

The District will make a bullying, harassment and discrimination complaint form available on its website to facilitate reporting. The District will collect relevant data from written and verbal complaints to allow reporting to the Superintendent of Schools and the Board of Education on an annual basis.

An administrator at each building will be designated who will promptly investigate all complaints, either formal or informal, verbal or written. To the extent possible, all complaints will be treated in a confidential manner, although limited disclosure may be necessary to complete a thorough investigation.

If, after appropriate investigation, the District finds that a student, or employee has violated this policy, prompt corrective and possible disciplinary action will be taken in accordance with the code of conduct, applicable collective bargaining agreement, District policies and applicable state law. If the reported behavior constitutes a civil rights violation, the complaint procedure associated with that policy will be followed, as applicable. If either of the parties disagrees with the findings of the initial investigation, an appeal may be made to the Superintendent of Schools in accordance with the process described below.

The District recognizes that there is a need to balance accommodations which enhance student safety against the potential to further stigmatize the targeted student. Therefore, each case will be handled individually, and the student, parent/guardian, and school administration will collaborate to establish safety provisions that best meet the needs of the targeted student. Follow-up discussion and/or meetings will be scheduled, as needed, to ensure that safety concerns have been adequately addressed and to determine when and if accommodations need to be changed or discontinued.

Parents of student victims and accused students should be notified within one school day of allegations that are serious or involve repeated conduct.

Where appropriate, informal methods may be used to resolve the complaint, including but not limited to:

a. discussion with the accused, informing him or her of the District's policies and indicating that the behavior must stop;
b. suggesting counseling, skill building activities and/or sensitivity training;
c. conducting training for the department or school in which the behavior occurred, calling attention to the consequences of engaging in such behavior;
d. requesting a letter of apology to the victim;
e. writing letters of caution or reprimand; and/or
f. separating the parties.

Appropriate disciplinary action shall be recommended and imposed in accordance with District policy, the applicable collective bargaining agreement or state law. The administrator shall report back to both the victim and the accused, within two weeks, notifying them regarding the outcome of the investigation (i.e., whether the reported incident(s) was determined to be founded or unfounded). Pursuant to the Family Educational Rights and Privacy Act (FERPA) (20 USC §1232g et seq.), the specific action taken to resolve the complaint will not be disclosed. The actions taken will be in conformance with the Remediation/Discipline/Penalties section of this regulation, and the action taken to resolve the complaint. The actions taken will be in conformance with the Remediation/Discipline/Penalties section of this regulation. The victim shall report immediately if the objectionable behavior occurs again or if the alleged perpetrator retaliates against him/her.

If a complaint contains evidence or allegations of serious or extreme bullying, harassment or discrimination, or a civil rights violation, the complaint shall be referred promptly to the Superintendent. The complainant will also be advised of other avenues to pursue their complaint, including contact information for state and federal authorities.

In addition, where the administrator has a reasonable suspicion that the alleged bullying, harassment or discrimination incident involves criminal activity, he/she should immediately notify the Superintendent, who shall then contact the school attorney, appropriate child protection and, if appropriate, law enforcement authorities.

Disciplinary measures available to school authorities include, but are not limited to the following:

Students: Discipline may range from a reprimand up to and including suspension from school, to be imposed in a manner consistent with the student conduct and discipline policy and applicable law.

Employees: Discipline may range from a warning up to and including termination, to be imposed consistent with all applicable contractual and statutory rights.

Adoption date:
February 16, 2011
Amended: June 20, 2012; June 18, 2013, June 17, 2015, June 14, 2017
Reviewed: June 18, 2014, June 13, 2018, May 22, 2019, June 17, 2020, July 1, 2021, April 26, 2022, May 17, 2023

5. Please list the name (if known) of anyone who witnessed the incident or may have information related to your complaint.

_____ _____
_____ _____
_____ _____

The following question is optional, but may help the district's investigation.

6. Have you previously complained about or provided information (verbal or written) about bullying, harassment or discrimination or related incidents to the district? _____Yes _____No

If yes, when and to whom did you complain or provide information?

7. If you have retained legal counsel and would like us to work with them, please provide their contact information.

_____
_____
_____

I certify that all statements on this form are accurate and true to the best of my knowledge.

_____ _____
Name Relationship to student

_____ _____
Signature Date

Preferred contact method (please select one): phone, email, mail, in person

Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.).

Return this form to: ***(insert applicable name and address of school staff)***

Note on confidentiality:
In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s)/staff.

Adoption date: May 17, 2023