

Pine Plains Central School District

2829 Church Street
Pine Plains, NY 12567

Cold Spring Early Learning Center
358 Homan Road
Stanfordville, NY 12581
School Nurse, J. Heath, RN
j.heath@ppcsd.org
(845) 868-7451 ext. 2239; (845) 868-1105 (f)

Seymour Smith Intermediate Learning Center
41 Academy Street
Pine Plains, NY 12567
School Nurse, J. Funk, RN
j.funk@ppcsd.org
(518) 398-3000 ext. 3103; (518) 398-1141 (f)

Stissing Mountain Jr./Sr. High School
2829 Church Street
Pine Plains, NY 12567
School Nurse, M. Anderson, RN
m.anderson@ppcsd.org
School Nurse, J. Zengen, RN
j.zengen@ppcsd.org
(518) 398-7181 ext. 1335; (518) 398-0169 (f)

Dear Parent/Guardian,

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 yearly. ***Our district has been selected this year to complete the Weight Status Category Survey.*** School districts selected to report for the 2025-2026 school year are required to submit the information from health examination forms for students who were in grades Pre-K, K, 1, 3, 5, 7, 9, and 11 during the 2024-2025 school year. This information will be reported to the New York State Department of Health. Only summary information is sent. **No names and no information about individual students will be 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, sign your name below and return this form to your child's Health Office by January 2nd, 2026.

Please do not include my child's weight status information in the **2025-2026** School Survey.

Print Child's Name

Date

Print Parent's Name

Parent's Signature