

Request for Records

Please be advised that my child, previously enrolled in your school, has transferred to the Broadalbin-Perth Central School District. I hereby authorize the following information on my child to be sent to the school indicated below.

RECORDS REQUESTED			
<input checked="" type="checkbox"/>	Academic transcripts and report cards (including all high school level science labs)		
<input checked="" type="checkbox"/>	Individualized Educational Plan (IEP)	<input checked="" type="checkbox"/>	Career assessment
<input checked="" type="checkbox"/>	504 Plan	<input checked="" type="checkbox"/>	Functional Behavioral Assessment
<input checked="" type="checkbox"/>	Scripts for related services	<input checked="" type="checkbox"/>	Social work
<input checked="" type="checkbox"/>	Health and immunization	<input checked="" type="checkbox"/>	Record of birth
<input checked="" type="checkbox"/>	Psychological	<input checked="" type="checkbox"/>	Teacher
<input checked="" type="checkbox"/>	Standardized tests	<input checked="" type="checkbox"/>	Attendance
<input checked="" type="checkbox"/>	State test scores	<input checked="" type="checkbox"/>	Withdrawal grades
<input checked="" type="checkbox"/>	Regents and RCT scores	<input checked="" type="checkbox"/>	Discipline
<input checked="" type="checkbox"/>	Other pertinent data to ensure proper placement of student		

STUDENT INFORMATION

Last Name		First Name		Middle Name		Date of Birth	
Last School Attended				School District Street Address			
City			State			Zip Code	
School Phone				School Fax			

Parent/Guardian Signature: _____ Date: _____

Please mail or email the information requested above to the school/department checked below:

- | | |
|--|---|
| <input type="checkbox"/> Broadalbin-Perth Elementary School
1870 Co Hwy 107, Amsterdam, NY 12010
Phone: 518-954-2700
hardingb@bpcsd.org | <input type="checkbox"/> Broadalbin-Perth Middle School & High School
100 Bridge Street, Broadalbin, NY 12025
Phone: 518-954-2620
Deana.Rowland@bpcsd.org |
| <input type="checkbox"/> Broadalbin-Perth Department of Special Programs
100 Bridge Street, Broadalbin, NY 12025
Phone: 518-954-2725
davidsong@bpcsd.org | |

Student Transportation Request Form

Child's Name: _____ Child's Grade & Teacher: _____

Parent/Guardian Name(s): _____ Child's Date of Birth: _____

Home Address: _____

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

Alternate Day Care Provider Name: _____

Alternate Day Care Provider Address: _____

Alternate Day Care Provider Phone (list all applicable numbers) — Home: _____

Work: _____ Cell: _____

The Broadalbin-Perth Central School District Transportation Department will be responsible for providing transportation for students between school and either their home or the identified alternate day care provider ONLY. Furthermore, a consistent schedule for student pick-up and drop-off is essential for the safety of all B-P students.

Please identify below the location(s) for pick-up/drop-off of the above student for each day of the week. Please select "No Pick-up" or "No Drop-off" if school transportation is not needed.

If you need to make emergency changes in your child's pick-up or drop-off locations, please contact your child's school office.

Morning				Afternoon			
Monday	Home	Day Care	No Pick-up	Monday	Home	Day Care	No Drop-off
Tuesday	Home	Day Care	No Pick-up	Tuesday	Home	Day Care	No Drop-off
Wednesday	Home	Day Care	No Pick-up	Wednesday	Home	Day Care	No Drop-off
Thursday	Home	Day Care	No Pick-up	Thursday	Home	Day Care	No Drop-off
Friday	Home	Day Care	No Pick-up	Friday	Home	Day Care	No Drop-off

This transportation schedule is to be in effect as of the following date: _____

CERTIFICATION: I have read and understand the policies and procedures as stated in the B-P Transportation Handbook, as well as the above student transportation guidelines, and consent to having my child transported as I have indicated on this form for the duration of the school year. If I wish to make adjustments to this schedule, I will resubmit this Student Transportation Form no less than **two days** prior to the requested transportation schedule change.

Parent/Guardian Signature: _____ Date: _____

Data for Health Record

Child's Name: _____ Date of Birth: _____ Gender: M F Non-binary

Address: _____ Telephone: _____

Mother's Name: _____ Father's Name: _____

Child's Place of Birth: _____

Child's Birth Weight: _____ lbs., _____ ounces **Was the child born premature?** Yes No

Were there any specific problems during the child's birth? Yes No If yes, please specify: _____

Has your child had any of the following conditions?

Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Glasses/Contact Lenses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chickenpox	<input type="checkbox"/> Yes <input type="checkbox"/> No	Strep Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizure Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unusually High Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Braces/Capped Teeth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emotional Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumonia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Traumatic Brain Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scoliosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Migraines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Skin Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list: _____			
Allergy to Bee Stings	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what treatment is prescribed? _____			
Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____			
Serious Injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____			

Does your child have any health problems the school should be aware of? Yes No

If yes, please specify: _____

If yes, can this information be shared with the appropriate school staff? Yes No

Is your child on medication? Yes No If yes, please specify: _____

If yes, does your child need to take medication during the school day? Yes No

Does your child have any physical or activity restrictions? Yes No If yes, please specify: _____

Family Physician: _____ Telephone: _____

Physician's Address: _____

Family Dentist: _____ Telephone: _____

Dentist's Address: _____

If your child experiences new health problems, please notify the school nurse as soon as possible.

Parent/Guardian Signature: _____ Date: _____



**NEW YORK STATE EDUCATION DEPARTMENT
Emergent Multilingual Learners Language Profile for
Prekindergarten Students¹**

*Dear Parent or Guardian,
Thank you for completing the Emergent Multilingual Learners Language Profile. This survey will assist your new school with valuable information about your child's experience with languages. Information gathered will assist Prekindergarten educators in delivering academically and linguistically relevant instruction that strengthens the language and literacy of all students.*

THIS SECTION TO BE COMPLETED BY ENROLLMENT OR SCHOOL PERSONNEL ONLY AND MAINTAINED ON FILE
Date Profile Completed:
Student Name:
Gender:
Date of Birth:
District or Community Based Organization Name: Broadalbin-Perth
Student ID (if applicable):
Name of Person Administering Profile:
Title:

Parent or Person in Parental Relation Information

Name of parent or person in parental relation:

Relationship (to student) of person providing information for this profile: mother father other _____

In what language(s) would you like to receive information from the school? English other home language:

Language in the Home

1. In what language(s) do you (parents or guardians) speak to your child at home?

2. What is/are the primary language(s) of each parent/guardian in your home? (List all that apply.)

3. Is there a caretaker in the home? yes no

If yes, what language(s) does the caretaker speak most frequently?

4. What language(s) does your child understand?

5. In what language(s) does your child speak with other people?

6. Does your child have siblings? yes no

If yes, in what language(s) do the children speak with each other most of the time?

7a. At what age did your child begin to speak in short sentences?

In what language?

7b. At what age did your child begin to speak in full sentences?

In what language?

8. In what language does your child pretend play?

9. How has your child learned English so far (television shows, siblings, childcare, etc.)?

Language Outside the Home/Family

10. Has your child attended any nursery, Head Start or childcare program? yes no

If yes, in what language was the program conducted?

In what language does your child interact with other people in the nursery or childcare setting?

11. How would you describe your child's language use with friends?

Language Goals

12. What are your language goals for your child? For example, do you want child to become proficient in more than one language?

13. Have you exposed your child to more than one language to ensure that he or she is bilingual or multilingual? yes no

14. Does your child need to speak a language other than English in order to communicate with your relatives or extended family?

yes no

If yes, in what language(s)?

Emergent Literacy

15. Does your child have books at home or does he or she read books from the library?

In what language(s) are these books read to him or her?

16a. Can your child name any letters or sounds in English? yes no

16b. Can your child recognize letters or symbols in another language? yes no

If yes, in what language(s)?

17a. Does your child pretend to read? yes no unsure

If yes, in what language(s)?

17b. Does your child pretend to write? yes no unsure

If yes, in what language(s)?

18. Does your child tell the stories from his/her favorite books or videos? yes no

If yes, in what language(s)?

19. Does your child's childcare or nursery program describe goals for his or her learning? yes no

If so, what goals do they describe?

20. Please describe anything special you did to prepare your child to begin Prekindergarten.

ⁱ For more information contact: the New York State Education Department Office of Early Learning at (518) 474-5807 or email OEL@nysed.gov or the New York State Education Department Office of Bilingual Education and World Languages at (518) 474-8775 or (718) 722-2445 or email OBEWL@nysed.gov.

Child's Name: _____ Grade: _____

MCKINNEY-VENTO ASSISTANCE ACT

This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act (NCLB). The questions below are to assist in determining if the student meets the definition of homelessness.

CONFIDENTIAL INFORMATION

- (1) Is your current address a temporary living arrangement (i.e., 1-6 months)? Yes No
If yes, please explain: _____
- (2) Is this temporary living arrangement due to loss of housing (eviction/damaged home) or economic hardship, violence, abandonment, etc? Yes No If yes, please explain: _____

***If you answered YES to either of the above questions, please complete the remainder of this form.
If you answered NO to both questions, you may stop here.***

Where is the student presently living? (Check one box)

- Living in a motel/hotel, campground or a similar situation due to lack of alternative, adequate housing.
 Living in an abandoned building. Living in a shelter.
 Living with a relative or others due to lack of housing. Living in a car.
 A youth not living with a parent or guardian.

Student's Last Name	Student's First Name	Date of Birth
Last School District of Residence	School District Address	
Student's Last Address		

I, _____, declare as follows:

1. I am the parent/legal guardian of _____ who is of school age and is seeking admission in the Broadalbin-Perth Central School District.
2. Since _____ (date) our family has not had a permanent home; however, we have been residing within the school boundaries and intend to remain here.

I declare under penalty of perjury, NY State Penal Law 210.10, that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to testify.

Signature: _____ Date: _____

I regularly receive my mail at:

Name	Emergency Phone Number		
Street Address	City	State	Zip Code

FOR OFFICE USE ONLY

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature: _____ Date: _____



Stephen M. Tomlinson
Superintendent
tomlinsons@bpcsd.org

Dear Parent/Guardian:

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that the Broadalbin-Perth Central School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, the School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the School District to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- College of attendance;
- Honor roll or other recognition lists;
- Graduation programs;
- The school newspaper;
- School calendar and newsletter;
- All district social media channels such as Facebook and Twitter;
- School District website; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require school districts receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with the following information – names, addresses, and telephone listings – unless parents have advised the school district that they do not want their student's information disclosed without their prior written consent.

This letter is to inform you that if you do **NOT** want Broadalbin-Perth to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing by **October 1**. Broadalbin-Perth has designated the following information as directory information:

- | | |
|-----------------------------|---|
| -Student's name | -Participation in officially recognized activities and sports |
| -Address | -Dates of attendance |
| -Telephone listing | -Weight and height of members of athletic teams |
| -Honors and awards received | -Yearbook individual and group photos |
| -Photograph | -Grade level |

Sincerely,

Superintendent of Schools