

## 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"/> <b>Broadalbin-Perth Elementary School</b><br>1870 Co Hwy 107, Amsterdam, NY 12010<br>Phone: 518-954-2700<br>hardingb@bpcsd.org                  | <input type="checkbox"/> <b>Broadalbin-Perth Middle School &amp; High School</b><br>100 Bridge Street, Broadalbin, NY 12025<br>Phone: 518-954-2620<br>Deana.Rowland@bpcsd.org |
| <input type="checkbox"/> <b>Broadalbin-Perth Department of Special Programs</b><br>100 Bridge Street, Broadalbin, NY 12025<br>Phone: 518-954-2725<br>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			
<b>Monday</b>	Home	Day Care	No Pick-up	<b>Monday</b>	Home	Day Care	No Drop-off
<b>Tuesday</b>	Home	Day Care	No Pick-up	<b>Tuesday</b>	Home	Day Care	No Drop-off
<b>Wednesday</b>	Home	Day Care	No Pick-up	<b>Wednesday</b>	Home	Day Care	No Drop-off
<b>Thursday</b>	Home	Day Care	No Pick-up	<b>Thursday</b>	Home	Day Care	No Drop-off
<b>Friday</b>	Home	Day Care	No Pick-up	<b>Friday</b>	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: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### HOME LANGUAGE QUESTIONNAIRE

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 English. Your assistance in answering these questions is greatly appreciated.

Student's date of arrival in the U.S.:  Born in the U.S.  
 Born in another country:  
\_\_\_\_\_ Date of Arrival \_\_\_\_\_ Country of Birth

What language(s) are spoken in the child's home?  English  Other \_\_\_\_\_  
What language(s) are spoken most of the time to the child at home?  English  Other \_\_\_\_\_  
What language(s) does the child understand?  English  Other \_\_\_\_\_  
What language(s) does the child speak?  English  Other \_\_\_\_\_  
What language(s) does the child read?  English  Other \_\_\_\_\_  
What language(s) does the child write?  English  Other \_\_\_\_\_

In your opinion, how well does the child understand, speak, read and write English?

	Very well	Only a little	Not at all
<b>Understands English</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Speaks English</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reads English</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Writes English</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Student's Ethnicity:**  
 Hispanic/Latino  Non-Hispanic

**Student's Race:**  
 American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

FOR OFFICE USE ONLY

Elementary  Junior High  Senior High

**Determination:**  
 Possible LEP  English Proficient

Student ID#: \_\_\_\_\_  
Date: \_\_\_\_\_

Name of school personnel completing this section:  
\_\_\_\_\_

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