WELCOME TO THE STOCKBRIDGE VALLEY CENTRAL SCHOOL DISTRICT!

Enclosed is the registration packet to enroll your child into the Stockbridge Valley Central School District. Completed forms can be faxed, emailed or mailed to Stockbridge Valley Central School District, Attn: Registrar.

Additional paperwork needed for registration:

*Proof Of Residency (utility bill, lease agreement, rent receipt - must have actual street address not a PO Box #)
*Child's Birth Certificate
*Immunization Records (including the most current shot records)
*Custody Paperwork (if applicable, must show that the person registering the child has primary physical custody)

All the above items must be received with the registration packet before the registration process can begin. Students may not start school until all forms have been received.

If you have any questions please call. Thank you and welcome to SVCS! Go Cougars!

Michelle Hillenbrand
Stockbridge Valley CSD, Registrar
6011 Williams Rd.,
Munnsville, NY 13409
Phone: 315-495-1904
Fax: 315-495-1901
Email: mhillenbrand@stockbridgevalley.org

Pesticide Notification

The Stockbridge Valley Central School uses Integrated Pest Management practices to reduce the use of pesticides in the Stockbridge Valley buildings and on the grounds. New York State law requires that schools maintain a list of staff and parents who wish to receive written notice forty-eight (48) hours prior to a pesticide application at their school facility if the building will be occupied within seventy-two (72) hours of an application. If you wish to be included on this notification list, or would like further information on the Stockbridge Valley's pesticide program, please contact Beth S. Lamb, Business Administrator at: Stockbridge Valley Central School, P.O. Box 732, 6011 Williams Rd., Munnsville, NY 13409

Student ID# _____

STOCKBRIDGE VALLEY CENTRAL SCHOOL DISTRICT
6011 WILLIAMS ROAD, MUNNSVILLE, NY 13409

REGISTRATION FORM

Child's Legal Name: _____ Gender: _____
First Middle Last

Place of Birth (City, State) _____ Date of Birth: _____

Last School Attended: _____ Grade Level: _____

Father's name: _____

Father's Address _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Work Place: _____

Email: _____ ☐ Can Pick Up Child ☐ Receives Mailings

Mother's name: _____

Mother's Address _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Work Place: _____

Email: _____ ☐ Can Pick Up Child ☐ Receives Mailings

Step-Parent's name: _____

Step-Parent's Address _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Work Place: _____

Email: _____ ☐ Can Pick Up Child ☐ Receives Mailings

Legal Guardian(s) With Whom Child Resides: (If other than parents) **(Guardianship Must Be Proven)**

Name(s): _____ Relationship: _____

Home Address _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Work Place: _____

Email: _____ ☐ Can Pick Up Child ☐ Receives Mailings

Child is currently living with: (please circle one)

Both Parents Mother Only Father Only Mother & Stepfather Father & Stepmother

Grandparents Foster Parents Legal Guardian

County of Residence: _____

(Optional) Is either parent in active duty in the armed forces? Yes / No (please circle one)

Please Provide At Least Two Emergency Contact Persons: (Additional contacts may be listed below)

Name(s): _____ Relationship: _____

Home Phone#: _____ Cell Phone #: _____ ☐ Can Pick Up Child

Name(s): _____ Relationship: _____

Home Phone#: _____ Cell Phone #: _____ ☐ Can Pick Up Child

Name(s): _____ Relationship: _____

Home Phone#: _____ Cell Phone #: _____ ☐ Can Pick Up Child

ADDITIONAL INFORMATION:

Has your child been referred to a Committee on Special Education? Yes / No (please circle one)

Does your child have a current 504 Plan or IEP? Yes / No (please circle one)

Please describe specific problems, if any, your child has encountered in school.

_____

_____

Please list any extra-curricular activities your child has been involved in, in the past.

_____

_____

Any other information that you would like us to know about your child (i.e. food or drug allergies, custody orders, should not be picked up by someone, additional emergency contacts, etc.).

_____

_____

_____

Brothers:	Name	Date of Birth	Grade in School
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Sisters:	Name	Date of Birth	Grade in School
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

_____ _____ _____

Parent/Guardian Signature Printed Name Date

Updated: July 2021

STOCKBRIDGE VALLEY CENTRAL SCHOOL DISTRICT
6011 WILLIAMS ROAD, MUNNSVILLE, NY 13409

AUTHORIZATION FOR RELEASE OF INFORMATION

DATE: _____

LAST SCHOOL ATTENDED: (please fill out address completely)

TO: _____ Phone #: _____

_____ Fax #: _____

_____

The following student has enrolled in the Stockbridge Valley Central School District:

NAME OF STUDENT: _____

BIRTHDATE: _____ GRADE: _____

Signature of Parent/Guardian: _____

Stockbridge Valley CSD is requesting the following records for the above named student:

- Permanent record information (transcripts & credits received)
- Educational records (report cards, standardized tests, etc.)
- Attendance records
- Health record information/Immunization records
- Birth Certificate
- Reports or evaluations from the following: Occupational/Physical therapist, Psychiatrist, Psychologist, Speech therapist, Education assessment, Social workers or Student Support team.
- Disciplinary records
- IEP or 504 Plan
- Custody Paperwork
- Any other pertinent information

Forward To:

Stockbridge Valley Central School
Attn: Registrar
6011 Williams Road,
Munnsville, New York 13409
Phone: 315-495-1904
Fax: 315-495-1901

According to the final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within an educational institution and officials of other school systems in which the student may intend to enroll, may receive a student's records without a written consent for such a release.

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the **student is not required to submit proof of residency** and other required documents that may be part of the registration packet.

STOCKBRIDGE VALLEY CSD ENROLLMENT FORM – HOUSING QUESTIONNAIRE

Name of LEA: Stockbridge Valley Central School District

Name of School: Stockbridge Valley Central School District

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: _____ Grade: _____ ID#: _____

Address: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? *(Please check only **one** box)*

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing as a result of economic hardship *(sometimes referred to "doubled-up")*
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation *(Please describe):* _____
- ☐ In permanent housing

_____ _____

Print name of Parent, Guardian, or Student *(for unaccompanied homeless youth)*

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

Date: _____

If the student is **NOT** living in permanent housing, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled. After** the student has been enrolled, the district/school much contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: if the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

Updated: July 2021

INSTRUCTIONS FOR COMPLETING THE ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

Purpose of the Enrollment Form - Residency Questionnaire

All LEAs are required to identify students experiencing homelessness. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. SED encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Model Enrollment Form - Residency Questionnaire attached here,
2. Update/modify the Model Enrollment Form - Residency Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

Who should fill out the Enrollment Form - Residency Questionnaire?

A Enrollment Form - Residency Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. Preschool includes any LEA program for 3-5 year olds, such as pre-k, Head Start, or Even Start. The Form - Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's completed **Enrollment Form -** Residency Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.

Other than the above uses, housing information **should be kept confidential** and generally **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Enrollment Form **-** Residency Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Enrollment Form - Residency Questionnaire with Students and Families

In reviewing the Enrollment Form **-** Residency Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

STOCKBRIDGE VALLEY CENTRAL SCHOOL DISTRICT
6011 WILLIAMS ROAD, MUNNSVILLE, NY 13409

STANDARD RESIDENCY AGREEMENT

Instructions: Insert names and pertinent information where indicated. Although phrased in a plural, this affidavit is also intended for use by single parents so as to avoid multiplicity of forms. If this form is utilized by a single parent, the words "single parent" should be inserted in the space indicated by (*).

_____ and (*) _____
being duly sworn, depose and state:

We are the parents of _____
who is an applicant for admission to the Stockbridge Valley Central School District as a non-tuition paying resident student. We presently reside with our child at:

_____,
within the boundaries of the Stockbridge Valley Central School District.

In order to induce the Stockbridge Valley Central School District to accept our child on a non-tuition paying resident student basis, we duly certify that the foregoing address is our legal domicile or place where we intend to permanently reside with our child both at the date of the affidavit and for the duration of his/her enrollment as a student in the Stockbridge Valley Central School District.

We agree, upon request of District Officials, to furnish such officials with written verification that the listed address is our permanent place of residence. Such written evidence may include, but shall not be limited to, motor vehicle operator licenses, motor vehicle registrations, voter registration records, utility bills, or any other piece of evidence tending to verify that the foregoing address is our permanent place of residence.

We agree that in the event our permanent residence changes during the period of our child's enrollment in the Stockbridge Valley Central School District, we shall immediately advise District Offices as to our new place of residence.

_____	_____	_____
Parent Signature	Printed Name	Date
_____	_____	_____
Parent Signature	Printed Name	Date
_____	_____	_____
Witness Signature	Printed Name	Date

Updated: July 2021

STOCKBRIDGE VALLEY CENTRAL SCHOOL DISTRICT
6011 WILLIAMS ROAD, MUNNSVILLE, NY 13409

STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School:	
School District Student Identification Number:	**Date of Birth (Month/Day/Year):**
Student Name: Last, First, Middle:	**Grade Level:**

DIRECTIONS TO PARENT/GUARDIAN
PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check (√) the box that best describes your child.] Check (√) only ONE box.

1. Is the student Hispanic, Latino, or of 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.

☐ **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;
check (√) **at least** ONE box.]**:**

☐ **AMERICAN INDIAN OR ALASKA NATIVE**: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.

☐ **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**: 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.

_____ _____
Signature of Parent/Guardian/Other Date

Relationship to Student (please check one box below):
☐ Mother ☐ Father ☐ Guardian ☐ Other (Specify): _____

See reverse for important message to Parents/Guardians and Confidentiality Procedures and Regulations.

STOCKBRIDGE VALLEY CENTRAL SCHOOL DISTRICT
6011 WILLIAMS ROAD, MUNNSVILLE, NY 13409

STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/Guardian: The federal government through the Elementary and Secondary Education Act of 1965 (ESEA), as reauthorized by the No Child Left Behind Act of 2001 (NCLB) dictates how data on multiple races will be reported and aggregated.

The information will be used to:

- Report information to the State and federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Study the movement of students in different ethnic groups as they move from school to school.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check (√) in the box for the category or categories which best describe your child. The ***Stockbridge Valley Central School District*** understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student's permanent record as confidential information.

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

Please complete the form on the reverse side of this page.

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

Elisa Alvarez, Associate Commissioner Office of
Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

Dear Parent or Person in Parental Relation:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

STUDENT NAME:		
First	*Middle*	*Last*
DATE OF BIRTH:		GENDER:
		❑ Male ❑ Female
Month	*Day*	*Year*
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:

STOCKBRIDGE VALLEY CENTRAL SCHOOL
6011 WILLIAMS ROAD, MUNNSVILLE, NY 13409
BUS GARAGE 315-495-4599

STUDENT TRANSPORTATION FORM

Dear Parent(s) or Guardian(s),

If you plan on using a childcare location for pickup and/or drop off please note that the childcare location must be in the Stockbridge Valley Central School district and must be Monday through Friday each week.

If you plan on transporting your child to and/or from school on a daily basis we would like you to notify us of that as well.

Due to limited space on buses, if your child is going to another address for any reason you must notify their Principal in writing at least 3 days in advance. The administration has the right to deny requests.

If you do not fill out the form, we will schedule transportation to and from your home location.

Thank you for helping us to transport your child safely,
Brian Leach
Head Bus Driver

✂----------

Students' name: _____ Grade: _____

Home address: _____

A.M. pick up @ _____

Name of individual responsible: _____ Phone #: _____

P.M. drop off @ _____

Name of individual responsible: _____ Phone #: _____

Additional information: _____

_____

Parent/Guardian signature: _____ Phone #: _____

Updated: July 2021

STOCKBRIDGE VALLEY CENTRAL SCHOOL
6011 WILLIAMS ROAD, MUNNSVILLE, NY 13409

STUDENT PICK-UP AUTHORIZATION LETTER

I, _____, the parent/legal guardian of the following student(s):

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

hereby give my permission for Stockbridge Valley Central Schools to release my student(s) in the event of an emergency or in the event that a parent/guardian cannot be reached.

Authorized Adult: _____ Relationship: _____

Authorized Adult: _____ Relationship: _____

Authorized Adult: _____ Relationship: _____

Authorized Adult: _____ Relationship: _____

Authorized Adult: _____ Relationship: _____

Furthermore, I do NOT give permission or consent for the following people to pick up my student(s):

Unauthorized Adult: _____ Relationship: _____

Unauthorized Adult: _____ Relationship: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE 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	Sex: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No ☐ Yes, indicate type	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
Asthma ☐ No ☐ Yes, indicate type	☐ Intermittent ☐ Persistent ☐ Other : ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
Seizures ☐ No ☐ Yes, indicate type	Type: Date of last seizure: ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
Diabetes ☐ No ☐ Yes, indicate type	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: ☐ No ☐ Yes ☐ Not Done **Hypertension:** ☐ No ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

Laboratory Testing	Positive	Negative	Date
TB- PRN	☐	☐	
Sickle Cell Screen-PRN	☐	☐	
Lead Level Required Grades Pre- K & K			**Date**
☐ Test Done ☐ Lead Elevated ≥ 5 µg/dL			

List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)

☐ **System Review and Abnormal Findings Listed Below**

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

☐ Assessment/Abnormalities Noted/Recommendations:

☐ Additional Information Attached

Diagnoses/Problems (list) ICD-10 Code*

*Required only for students with an IEP receiving Medicaid

Name:	DOB:

SCREENINGS

Vision (w/correction if prescribed)	**Right**	**Left**	**Referral**	**Not Done**
Distance Acuity	20/	20/	☐ Yes ☐ No	☐
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 ☐ No	☐
Notes				

Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7	**Negative**	**Positive**	**Referral**	**Not Done**
	☐	☐	☐ Yes ☐ No	☐

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Student may participate in all activities without restrictions.**

☐ **Student is restricted from participation in:**

- ☐ **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- ☐ **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
- ☐ **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
- ☐ **Other Restrictions:**

Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V Age of First Menses (if applicable) : _____

☐ **Other Accommodations*:** (e.g. Brace, orthotics, insulin pump, prostectic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School Attached**

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS

HEALTH CARE PROVIDER

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone: Fax:

Please Return This Form To Your Child's School When Completed.

STOCKBRIDGE VALLEY CENTRAL SCHOOL DISTRICT
6011 WILLIAMS ROAD, MUNNSVILLE, NY 13409
NURSE: 315-495-4500

HEALTH HISTORY

Child's Name: _____ Date of Birth: _____ Grade: _____

1.

Date		Date		Date	
	Chicken Pox		Rheumatic Fever		Tuberculosis
	Pneumonia		Scarlet Fever		Asthma/Allergies
	Hepatitis		Diabetes		Ear Condition
	Frequent Colds		Epilepsy/Seizure Disorder		Operations
	Sore Throats		Heart Disease/Problems		Serious Illness/Injuries
	Tuberculosis Contact		Food Allergies		Bee Stings

Full-term or Premature Pregnancy (circle one)

2. Is your child currently on medication for any physical problem? _____ Yes _____ No
If yes, please specify _____

3. Family Physician (Name & Ph #) _____
Date of last well-child physical _____

4. Is there anything concerning the eyes and/or ears or is the child under treatment at the present time for any health problem? _____

5. In the event of any emergency, attempts will be made to contact the parent or guardian. If necessary, the child will be taken to the hospital emergency room. Do you have a preference in hospitals?
_____ Oneida Healthcare _____ Community Memorial, Hamilton _____ No Preference

6. Public Health Law, Section 2164, requires that every child entering school in New York State have satisfactory proof of having received, or is in the process of receiving immunization against the following vaccine-preventable diseases: polio, diphtheria, regular measles, German measles, mumps, varicella and hepatitis B immunization before entering school.

Please bring in official immunization records.

IN THE EVENT THAT YOUR CHILD HAS NOT MET IMMUNIZATION REQUIREMENTS, HE/SHE WILL NOT BE PERMITTED TO ENTER ANY NEW YORK STATE PUBLIC SCHOOL.

_____ _____
Parent/Guardian Signature Date

As immunizations, injuries, diseases, etc. occur, please send in a note to the school nurse so that your child's health record is updated. It is especially important to inform the school when your child has illnesses or injuries that may not keep him/her from attending school, but may require that the teacher or school nurse be aware that he/she is being treated.

School Physician: Dr. Taylor, Munnsville Family Health Center, Community Memorial Hospital

Updated: July 2021

STOCKBRIDGE VALLEY CENTRAL SCHOOL DISTRICT
6011 WILLIAMS ROAD, MUNNSVILLE, NY 13409
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It is the law that if your child needs medical, dental, health, or hospital services, a parent must give permission.

What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician determines a true emergency exists. That means the doctor determines if the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk in the child's life or health. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for unexpected care your child might need when you are away from home. To do this, make sure babysitters know how to reach you at all times. And when you know you will be hard to reach, you can give permission to other adults to act for you by permitting your child to be treated when unexpected care is needed.

This is a legal document. It does not have to be notarized. With it you may appoint relatives, friends, teachers, clergy, and neighbors – anyone who is 18 years of age – to give permission for treatment for your child when you are away from them. It is especially important to prepare this form for the occasions when you know it will be hard to contact you.

Fill out this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for the children.

AUTHORIZATION FOR MEDICAL AND SURGICAL TREATMENT

I, _____ MOTHER/FATHER OF _____
(Parent's Name) (Child's Name)

hereby give permission for Medical and Surgical treatment to be administered to my child, and authorize

_____ to act in my behalf. (School Nurse or Designee)

Allergies to Medications: _____

Tetanus Immunization: _____ Is child up to date on other Immunizations? _____

Family Physician: (Name, Phone and Address): _____

_____

Are there any medical problems we should be aware of? _____

_____

Medical Insurance Provider: _____

Parent phone/cell numbers: _____

Parent Signature: _____ Date: _____

Updated: July 2021

STOCKBRIDGE VALLEY CENTRAL SCHOOL
6011 WILLIAMS ROAD, MUNNSVILLE, NY 13409

PERMISSION TO PHOTOGRAPH, VIDEO TAPE AND/OR TAPE RECORD STUDENT

There are occasions throughout the school year when the use of photographs and video recordings best describe our educational program. In order to utilize these media to the best advantage of all concerned, we are requesting your permission to photograph, video tape and/or tape record your child – with the under-standing that the use of such media will not reflect negatively upon your child.

Examples of such use would include newspaper press releases, school newsletters, the yearbook, the school website, video productions, video-conferences, learning fair displays and teacher lesson plans.

NOTE: If this form is not returned, the Stockbridge Valley Central School District will infer that the parent/guardian **grants** the District the right to use pictures and recordings of the student and/or the student's work in its publications, productions and presentations.

_____ I hereby grant Stockbridge Valley Central School permission to record (Student's Name) _____'s likeness, name and/or voice for use by television, film, radio and printed media sanctioned by the school to further the aims of education.

_____ I do not want (Student's Name)_____'s likeness, name and voice recorded for use in the public programs of the district. While the district will attempt to make accommodations for the participation of the student in activities that are recorded, I understand that there are times when full participation in such activities may not be possible.

_____ _____

Parent/Guardian Signature Date

Updated: July 2021

STOCKBRIDGE VALLEY CENTRAL SCHOOL DISTRICT
6011 WILLIAMS ROAD, MUNNSVILLE, NY 13409

REQUEST FOR PERMISSION TO ACCESS THE SCHOOLTOOL PARENT PORTAL

My Name (please print): _____

I am a parent, guardian, or person in parental relation, of a student in the Stockbridge Valley Central School District ("District'), namely:

Student Name	Grade Level (oldest first)

I request that the District provide me with a **login password** that will allow me to access information about my student's school performance, including classes, teacher names, attendance, grades, and discipline. I understand that this information is stored in a database called SchoolTool, which is maintained by the District with support from the Mohawk Regional Information Center of the Madison-Oneida BOCES. In return for the District providing me with a login password, I agree to the following Terms of Network Access:

Please initial each item to acknowledge it, and sign on the back.

_____ I will maintain a valid e-mail address that the District may use to send me the login password and other messages about SchoolTool or my child. My present e-mail address for this purpose is: _____@_____

_____ I will only attempt to view information about the student(s) listed above. I will not attempt to "hack," manipulate, or otherwise try to evade the security measures to access information regarding any other person.

_____ I will not intentionally transfer to the SchoolTool network any virus, Trojan horse, or other malicious computer code.

_____ If granted the ability to enter data into my child's record, I will only enter accurate information,

_____ I understand that the District's use of the SchoolTool network is supported by technical assistance from the Mohawk Regional Information Center, Mindex Inc., and possibly other consultants, and that employees of these entities are instructed to keep confidential any personally-identifiable information, including educational records, they may see in the performance of their duties. I consent to the disclosure of information about me or the student(s) listed above under these circumstances.

_____ I understand that all information stored in the SchoolTool database remains the property of the District, and may be accessed, examined, or modified by the District or its vendors at any time.

_____ I understand that the SchoolTool network may record and retain information about when and how I use SchoolTool through the Parent Portal, and that this information is the property of the District and subject to review by the District.

_____ I agree that I will n**ot disclose my login password** to any other person, not even other people in my family or household. **I accept responsibility for all actions that are performed by anyone gaining access to the SchoolTool network using the login password assigned to me.**

_____ I understand that the District retains the discretion to block my access to SchoolTool whenever it has reasonable suspicion to believe that I have violated one of the foregoing Terms of Network Access.

Signature of Parent/Guardian/Person in Parental Relation:

_____

Date: _____

_____

For District Use Only

Received By: _____ Date: _____

Login Sent By: _____ Date: _____

Updated: July 2021

STOCKBRIDGE VALLEY
CENTRAL SCHOOL DISTRICT

A Culture of Excellence

BOARD OF EDUCATION
Jonathan Strain, President
Kristin Guinto,Vice President
Herb Bingel
Daniel Gilbert
Carol Marshall
Joseph Monfiletto
Jaime Renner

ADMINISTRATION
Jason A. Mitchell, Superintendent
Beth Lamb, Business Administrator
Julie Suber, K-6 Principal/
Director of Special Education
Daniel Tucker, 7-12 Principal

August 2025

Dear Parents/Guardians:

We are grateful to once again be able to offer the **Free School Lunch and Breakfast Community Eligibility Program (CEP) for the 2025-26 school year,** per the attached Letter to Parents.

Even though we have been approved for this program, ***we highly encourage all families to continue to review & complete the CEP Household Income Eligibility Form as this information may lead to additional benefits for your children, and directly supports state aid revenue to the district, thus reducing obligations to taxpayers,*** *and, will provide information to support the continuation of the CEP program in future years.* Please be assured that all information provided on these Forms is handled in a confidential manner and does not specifically identify children as they enter and exit through the serving line. We wish to extend our thanks to our Food Service Team for all they do to support the district's eligibility for this *Free* meal certification program!

If you have any questions regarding the Breakfast/Lunch program, please contact Ms. Kathy Carney at: 315-495-1909. We look forward to your partnership in creating a successful school year for your child(ren).

Sincerely,

Beth S. Lamb

Beth S. Lamb, Business Administrator

Public Announcement for School Meals
Special Provision Options (Provision 2 Non-Base Year & Community Eligibility Provision)

The ***Stockbridge Valley CSD*** will continue its policy for serving meals for children served under the National School Lunch Program and School Breakfast Program for the ***2025-2026*** school year, which would allow for all children at all schools/sites to be served meals at no charge.

For additional information please contact the following person:
Stockbridge Valley CSD

Attention:
Kathleen Carney
School Cook Manager
Food Service Department
6011 Williams Road Munnsville, NY 13409
(315)495-1909
Kcarney@moboces.org

PLEASE NOTE: *This notice **can** be sent to the local media and your local unemployment office at the beginning of each school year.*
The school or district may request the media to print the entire notice.
*The media **are not required to print** any of the notice.*
The school or district must maintain on file a copy of the letter to the media and the article (if printed).
The school or district should not pay to have this notice printed.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or

2. fax:
   (833) 256-1665 or (202) 690-7442; or

3. email:
   Program.Intake@usda.gov

This institution is an equal opportunity provider.

Community Eligibility Provision (CEP)
Household Income Eligibility Form

Stockbridge Valley CSD is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for, including Summer Electronics Benefit Program (EBT). Read the instructions on the back, complete **only one** form for your household, sign your name and return it to the school named above. Call **Kathleen Carney School Cook Manager 315-495-1909,** if you need help.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. SNAP/TANF/FDPIR Benefits:
If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Then skip to Part 4.

Name: _____ CASE #_____

3. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions ***Amount / How Often***	Child Support, Alimony ***Amount / How Often***	Pensions, Retirement Payments ***Amount / How Often***	Other Income, Social Security ***Amount / How Often***	No Income
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐
	$ _____ / _____	$ _____ / _____	$ _____ / _____	$ _____ / _____	☐

4. Signature: An adult household member must sign this application.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school may receive federal funds. The school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: Date:

Email Address:

Home Phone

Work Phone

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster Income

Total Household Income/How Often:

Household Size:

Free Eligibility Reduced Eligibility Denied Eligibility

Signature of Reviewing Official

Home Address

CEP/Provision 2 Non-Base Year Household Income Form INSTRUCTIONS

PART 1 **ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.**

(1) Print the names of the children, including foster children, for whom you are applying on one form.
(2) List their grade and school.
(3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

PART 2 **HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.**

(1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
(2) An adult household member must sign the form in PART 4. **SKIP PART 3** - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.

PARTS 3 & 4 **ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.**

(1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
(2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.

PRIVACY ACT STATEMENT

View our LEA's privacy policy statement online at www.stockbridgevalley.org