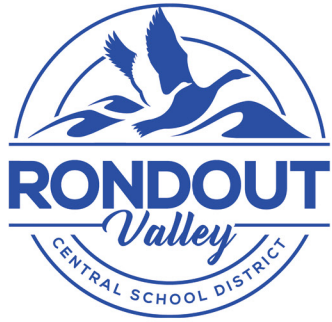




RONDOUT VALLEY CENTRAL SCHOOL DISTRICT

PO BOX 9 • ACCORD, NY 12404 • (845) 687-2400

Paul Spadaro, Ph.D., Superintendent • Ext. 4803

Meg Braren, Asst. Superintendent • Ext. 4863

Tabatha Biggane, Asst. Superintendent • Ext. 4812

Natalie Harjes, Asst. Superintendent • Ext. 4805

SPRING 2026

4-year-old Full Day Universal Pre-Kindergarten Program

Dear Parent/Guardian,

Attached you will find an application for anticipated Universal Pre-Kindergarten seats for the 2026-2027 academic year. Seats will be offered based on a lottery to be held May 12, 2026, at 4:00pm. Access to the Lottery will be available on Zoom, link will be posted on the Rondout Valley CSD website.

You must be a resident of the Rondout Valley School District.

Your child must be 4 years old on/before December 1, 2026.

All enclosed forms must be completed and returned to the Rondout Valley Central School District Office by **12:00PM on April 30, 2026.**

Please review the enclosed information carefully. All required documents must be received no later than 12:00PM on April 30, 2026, at the District Office. We must have an updated Physical form and updated immunizations before they can attend UPK. (You can have your Dr. fax us confirmation of your scheduled appointment if it is after April 30, 2026.)

You may bring your required documents to the District Office, and we will copy them for you, or they may be faxed to:

Attn: UPK

845-687-0945.

or mailed to:

Rondout Valley CSD DO-SSS-UPK

PO Box 9

Accord, NY 12404

Megan Braren

Assistant Superintendent of Student Support Services

845-687-2400

Ext. 4863



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4-Year-Old Full Day Universal Pre-Kindergarten Application

Name of Student: _____

Gender – Male/Female/Non-Binary (Please Circle one)

Date of Birth: _____

Must be 4 years old on December 1, 2026

Parent/Legal Guardian: _____

Cell#: _____

Parent/Legal Guardian: _____

Cell#: _____

Mailing Address: _____

Home Phone #: _____

****Parents are responsible for transportation to ALL Universal Pre-Kindergarten programs****

The Brookside School in Cottekill on Lucas Ave.

Lederman Children's Center on Rt 213

UCCC Children's Center on Cottekill Road

Kerhonkson Elementary School - Residents only!

Please indicate below your preference in rank order with:

1-first choice 2- second choice 3- third choice 4-fourth choice 5- fifth choice

_____ Brookside School *before and after-care available**

_____ Lederman Children's Center *before and after-care available**

_____ UCCC Children's Center *before and after-care available**

_____ Kerhonkson Elementary School *no before or after care*

_____ Brookside Half Day Program *AM or PM available**

This Lottery Application and all enclosed Registration Forms must be delivered to the Office of Student Support Services at the Rondout Valley Central School District Office by 12:00PM on April 30, 2026

4YO Full Day Universal Pre-Kindergarten lottery will take place on a Zoom to be held May 12, 2026 at 4:00pm. Access to Zoom will be on the Rondout Valley CSD website.

All UPK programs pending NYS Budget and Grant approvals.



**Due to NYS Immunization requirements, we must ask for documentation.
All Preschoolers must be up to date on immunizations and Well Child exam before attending school.**

***PLEASE NOTE: DOCUMENTS REQUIRED BY 12:00PM April 30, 2026**

Universal Pre-K (UPK) Lottery Information for Families

Thank you for your interest in the district's **Universal Pre-K (UPK) Program**. When the number of applications exceeds the number of available seats, the district conducts a **lottery** to ensure a fair and transparent process for all families.

The lottery determines the **order in which families will be invited to choose their program placement**.

The drawing will be **livestreamed on Zoom** so families and community members may observe the process.

What Your Lottery Number Means

Your child's lottery number determines the **order in which families are contacted to choose a UPK placement**.

Families will be contacted in **lottery number order** and will have the opportunity to choose their **preferred program location from the seats still available at that time**.

If all available seats are filled before your number is reached, your child will be placed on the **UPK waitlist in lottery order**.

After the Lottery

Following the lottery drawing:

- Families will receive **mailed notification** with their child's lottery number.
- The district will begin **contacting families in lottery order** to select program placements.

Commitment to Fairness and Transparency

The lottery is conducted using a **digital randomizer** and is **livestreamed on Zoom** to ensure a transparent and equitable process for all families.

We appreciate your interest in our UPK program and look forward to supporting your child's early learning journey.



Rondout Valley

Central School District

Welcome to the Rondout Valley Central School District! Pre-K REGISTRATION CHECKLIST'

- _____ **Completed registration packet**
- _____ **Student's proof of age** – Birth Certificate or other admissible documents listed on the next page if needed.
- _____ **Student's immunization record and recent physical** - Please give the enclosed School Health Examination form to your doctor to complete and sign. It should include information from a physical conducted within one year from your student's start date. You might need to provide your doctor's office with written consent to fax the document to RVCSD Central Registration: 845-377-0977. Or, you can bring the original form to your registration appointment. "My Chart" reports are not admissible. For more information regarding physical and immunization requirements for new students, please refer to the Health Office webpage on our website:
https://www.rondout.k12.ny.us/departments/health_office
- _____ **Parent/Guardian's proof of residence within the Rondout Valley Central School District** – one photocopy of 2 proofs of residency.
See list of admissible documents on the next pages. If you cannot provide proof of residency in your name, please call the Central Registration office prior to registering your child (845-687-2400 ext. 4814). An additional form may be required.
- _____ **Parent/Guardian's ID with name and picture** – one photocopy of original ID. Parent/Guardian identification is required.
- _____ **Student's recent report card (and transcript for high school students)** – one copy.
Academic records are not required for registration, but they quicken the admission process.
- _____ **IEP or 504 Plan** – Only applicable for students receiving special education services. If your child receives special education services by a district other than Rondout Valley, please provide one copy of your child's IEP or 504 Plan. It is not required for registration, but it quickens the admission process.

**When the registration packet is complete with required other documents
drop off or Scan to: rvregistration@rondout.k12.ny.us**

ANY questions call 845-687-2400 ext. 4814



Dear Parent/Guardian:

Welcome to the Rondout Valley Central School District! The following documents are required when registering your child in the district.

PROOF OF RESIDENCY

Please submit evidence establishing your residency and your child's residency in the school district.

Evidence may include:

A copy of a residential lease, rental agreement, or proof of ownership of a house or condominium, such as a deed or mortgage statement

If you do not have the documentation listed above, the District will consider other forms of documentation. You must provide at least **two** other documents as verification of residency, which may include, but are not limited to:

- pay stub
- income tax form
- utility or other bills
- membership documents based upon residency (e.g., library cards)
- voter registration document(s)
- official driver's license, learner's permit, or non-driver identification
- state or other government issued identification
- documents issued by federal, state, or local agencies (e.g., local social service agency, Office of Refugee Resettlement, etc.)
- evidence of custody of the child, including but not limited to, judicial custody orders or guardianship papers

If the student is age 17 or under and not living with a parent OR is living with a non-custodial parent, the District requires the parent/guardian(s) and person(s) in parental relation to the child to provide a **notarized** affidavit indicating that they are:

- 1) the person(s) in parental relation to the child, *over whom they have total and permanent custody and control*, and describing how they obtained total and permanent custody and control, whether through guardianship or otherwise; OR
- 2) the parent(s) with whom the child lawfully resides.

Legal documentation from the court that granted the guardianship to be submitted with the affidavits.

Affidavits are provided on the Central Registration page of the District's website, <https://www.rondout.k12.ny.us/home>. Click on "Guardianship Documentation".

The District will also accept other proof, such as documentation indicating that the child resides with a sponsor with whom the child has been placed by a federal agency (i.e., foster care).

PROOF OF AGE

Please provide documentation establishing your child's age. Evidence may include:

- 1) a certified transcript of a birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth.
Information about replacing a birth certificate is available through the Village and Town Clerks where the birth occurred: <https://ulstercountyny.gov/countyclerk/courtrecords.html>
- 2) Where such documentation is not available, a passport (including a foreign passport) may be used.

If the birth certificate or passport is not available, the District may consider certain other evidence, which has been in existence two years or more. An affidavit of age cannot be accepted as verification.

Other evidence may include, but will not be limited to the following:

- official driver's license
- state or other government issued identification
- school photo identification with date of birth
- consulate identification card
- hospital or health records
- military dependent identification card
- documents issued by federal, state, or local agencies (e.g., local social service agency, Office of Refugee Resettlement, etc.)
- court orders or other court-issued documents
- Native American tribal document
- records from non-profit international aid agencies and voluntary agencies

EVIDENCE OF IMMUNIZATIONS & PHYSICAL

In accordance with New York State Department of Health Immunization Bureau's Immunization Requirements for School Entrance/Attendance (NYS Public Health Law), the District must receive evidence that your child has been immunized. These records are necessary to ensure your child's continued attendance. *Ulster County Department of Public Health Immunization Clinic provides immunizations for children ages 18 years and younger. Information: <https://ulstercountyny.gov/health/health-department-clinics>*

Additionally, please provide record of the most recent physical examination your student has received. New York State mandates that each new student entering a public school is required to have a physical examination upon entering the District. A physical completed no more than twelve months before the first day of the school year in question will meet this requirement.

NOTICE OF RIGHTS REGARDING REFERRAL FOR EVALUATION FOR SPECIAL EDUCATION

If you suspect that your child is in need of special education services or programs, you may refer your child to the District's Committee on Special Education for evaluation. The referral should be made to Megan Braren, Assistant Superintendent of Student Support Services, Rondout Valley Central School District, PO Box 9 Accord, New York 12404. The New York State Education Department website has information regarding this process and your rights. A copy of the Parent Guide to Special Education may be obtained from the following websites or upon your written request to the Committee on Special Education Chairperson. <http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>
<http://www.p12.nysed.gov/specialed/publications/policy/spanishparentguide.htm>

If you have any questions with respect to the foregoing, please contact the Student Support Services office at (845) 687-2400 ext. 4863.



UPK REGISTRATION APPLICATION

STUDENT INFORMATION

SCHOOL YEAR: _____

Student's Name:		
<i>First</i>	<i>Middle</i>	<i>Last</i>
Student's Physical Address:		
Mailing Address:		
Birth Date: <i>mm / dd / yyyy</i>	☐ Male ☐ Female ☐ Non-Binary	Pre-K
Ethnic Origin: (for statistical purposes only)	2. Please select one or more races from the following: ☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander	
1. Are you Hispanic/Latino? ☐ Yes ☐ No		

PARENT INFORMATION

Primary Phone:	Primary Email:
Parent/Guardian Name: <i>First</i> <i>Last</i>	Cell:
Complete Physical Address:	☐ Male ☐ Female ☐ Non-Binary Home:
Mailing Address:	Work:
Email Address:	Relationship to student:
Parent/Guardian Employer:	☐ Parent ☐ Grandparent ☐ relative ☐ Step-Parent ☐ Legal Guardian ☐ Other:
Active Duty Armed Forces? Branch:	Entry Date:

Parent/Guardian Name: <i>First</i> <i>Last</i>	Cell:
Complete Physical Address:	☐ Male ☐ Female ☐ Non-Binary Home:
Mailing Address:	Work:
Email Address:	Relationship to student:
Parent/Guardian Employer:	☐ Parent ☐ Grandparent ☐ relative ☐ Step-Parent ☐ Legal Guardian ☐ Other:
Active Duty Armed Forces? Branch:	Entry Date:

SCHOOL(S) PREVIOUSLY ATTENDED

Name of School	City/Town, State, Country	Grade(s)	Dates Attended

CUSTODY INFORMATION

Information of Rights of Parent from the Family Education Rights and Privacy Act (FERPA): An education agency or institution shall give full rights under the Act to either parent, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding document relating to such matters as divorce, separation, or custody that specifically revokes the rights. (Authority: 20U.S.C 1232g)

- Please inform your school of changes in custodial arrangements. -

☐ Two Parents in Home ☐ Divorced/Separated ☐ Joint Custody ☐ Single Parent ☐ Sole Custody
☐ Custody Transfer (i.e. Adoption) ☐ Foster Placement (DDS-2999/3424 must be provided) ☐ Unaccompanied Youth

Custody paperwork provided during registration? ☐ Yes ☐ No

Restrictions of contact and/or information: *Paperwork must be provided to Student Support Services*

☐ No Restrictions for Parents/Guardians ☐ Custody Papers Specify Restriction ☐ Order of Protection

☐ Other Documentation, specify: _____ Expiration Date: _____

Person(s) Restricted: _____ Relationship to student: _____

SIBLING INFORMATION

Siblings Residing in the Home:

Last Name	First Name	Gender	DOB	Gr	Rondout Valley School
		☐ M ☐ F ☐ X			
		☐ M F ☐ X			
		M F ☐ X			
		☐ M ☐ F ☐ X			

STUDENT SUPPORT SERVICES

Does the student have an IEP: ☐ Yes ☐ No

Please check any service the student currently receives:

☐ Remedial Reading

☐ Occupational Therapy

☐ School Counseling

☐ Remedial Math

☐ Physical Therapy

☐ Counseling from an Outside Agency

☐ ESOL

☐ Speech Therapy

Name of Agency: _____

STUDENT'S PHYSICIAN INFORMATION

Name:

Phone:

Name of Practice:

Address:

Allergies/Health Concerns: _____

Required Medications: _____

If physical is not within one year, date of upcoming appointment: _____

EMERGENCY CONTACT INFORMATION * Parents/Guardians will be contacted first *

Name:

Cell:

Address:

Alt. Phone:

Relationship to student:

Permitted to pick up student: ☐ Yes ☐ No

Name:

Cell:

Address:

Alt. Phone:

Relationship to student:

Permitted to pick up student: ☐ Yes ☐ No

Print Name: _____ **Signature:** _____

Relationship to Student: _____ **Date:** _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

STUDENT'S NAME: _____
First Middle Last

Name:	Cell:
Address:	Alt. Phone :
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone
	Relationship to student:
	Permitted to pick up student: Yes No

Name:	Cell:
Address:	Alt. Phone
	Relationship to student:
	Permitted to pick up student: Yes No

Print Name: _____ **Signature:** _____

Relationship to Student: _____ **Date** _____



Rondout Valley

Central School District

Pre-K RESIDENCY QUESTIONNAIRE

Name of LEA: RONDOUT VALLEY CENTRAL SCHOOL DISTRICT

Student Name: _____ Date of Birth _____

Male ☐ Female ☐ Non-binary ☐

Grade: Pre- K

Complete current physical address: _____

Other students or adults in location: _____

The answers 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 of 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.

Please answer both questions:

2. Are you living in the Rondout Valley District as a result of being displaced from a natural disaster, civil conflict, or health crisis? Yes ☐ No ☐

If yes, which; natural disaster ☐ civil conflict ☐ health crisis ☐

Please identify the situation (Hurricane, Ukraine war, etc.) _____

3. Where is the student currently living? (please check **one** box below)

P= ☐ permanent housing (check here if you own, lease, rent, or share housing) S = ☐ shelter – housing unit provided by an agency

D= ☐ doubled up - With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as “doubled-up”)

H= ☐ hotel/motel

U= ☐ unsheltered - car, park, bus, or

campsite, etc. T = ☐ Transitional Housing

Print Name: _____ Signature: _____

Date _____

Pre-K MEDICAL INFORMATION

Name of School _____ ID# _____

Name of Student _____ Date of Birth _____ Gender _____
mm / dd / yyyy

Name of Parent/Guardian Completing Form _____

Parent/Guardian Name _____ / _____
(Home address) (Primary phone) (Secondary Phone)Parent/Guardian Name _____ / _____
(Home address if different than above) (Primary phone) (Secondary Phone)

Physician's Name _____ Physician's Phone _____

Dentist's Name _____ Dentist's Phone _____

1. Any known allergies to foods, bee/insect stings, latex, medicines, environmental, etc.? D Describe reaction: (local swelling, hives, face swelling) _____ D Are emergency medications required? Yes No	Yes	No
2. Sustained any injury or illness which required medical attention and/or hospitalization or surgery? If yes, your child may need to be cleared with a medical doctor's note to participate in sports/gym.	Yes	No
3. Is your child under a physician's care now for any existing problem? If yes, please explain below.	Yes	No
4. Absence or loss of function for eye, kidney, testicle, or other organ?	Yes	No
5. Requires any ongoing medication at home or school? Please list below.	Yes	No
6. Has asthma? If yes, are emergency meds required? Yes No	Yes	No
7. Had seizures, concussion, loss of consciousness, or has a neurological condition?	Yes	No
8. Has diabetes?	Yes	No
9. Has recurrent headaches? Explain below (frequency, intensity, any medication).	Yes	No
10. Complained of chest pain or fainting during physical exertion?	Yes	No
11. Has heart disease, murmur, or irregular heart beat?	Yes	No
12. Wears orthodontic braces? D Is a specialized mouthpiece from an orthodontist required for sports/PE? Yes No	Yes	No
13. Had any teeth capped or replaced artificially?	Yes	No
14. Wears glasses? D For sports? Yes No D If yes, are glasses impact resistant? Yes No D Contact lenses? Yes No If yes, how long?	Yes	No
15. Wears hearing aid devices? If yes, type?	Yes	No
16. Is there any medical condition or restriction which may be made worse by playing sports/PE?	Yes	No
17. Required by medical doctor to wear brace/support device to play sports/PE?	Yes	No
IF ANSWER IS YES TO ANY OF THE QUESTIONS ABOVE, EXPLAIN BY NUMBER AND GIVE DATE OF OCCURRENCE: _____		

I certify that the above information is true and accurate and understand that it will be relied upon by the Rondout Valley Central School District. If medication is prescribed (only valid for current school year) on the health appraisal form completed by the health care provider, I authorize the school nurse to administer the prescribed medication as directed by the health care provider. I authorize the school nurse to contact the health care provider regarding information on this form and the health appraisal form for one calendar year from the date I signed below.

Parent/Legal Guardian Signature _____ Date _____ This
exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director.

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
TB- PRN	☐	☐		☐ Test Done ☐ Lead Elevated ≥ 5 $\mu\text{g/dL}$
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 Dominic 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 <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					
☐ 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 NYSIS		
HEALTHCARE PROVIDER					
Healthcare Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form to Your Child's School Health Office When Completed.					

2025-26 School Year

New York State Immunization Requirements for School Entrance/Attendance¹

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 shown on the schedule 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 gradeless 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 and the series was started at less than 1 year of age 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 given after age 10 years	
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 years 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	Grade 12: 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		

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.
'Serological titers are never accepted for tetanus, diphtheria, pertussis, meningococcal, haemophilus influenzae type b, and pneumococcal diseases.
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.
 - d. For further information, refer to the [CDC Catch-Up Guidance for Children 4 Months through 6 Years of Age](#)
 - e. For further information, refer to the [CDC Catch-Up Guidance for Children 7 through 9 Years of Age](#)
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 11: 10 years; minimum age for grade 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 2025-26, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 11; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grade 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.
 - d. For further information, refer to the [CDC Catch-Up Guidance for Children 10 through 18 Years of Age](#)
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 New York State 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.
 - e. For further information, refer to the [CDC Catch-Up Guidance for Children 4 Months through 17 Years of Age](#)
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 pre-kindergarten. Two doses are required for grades kindergarten through 12.
 - c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
 - d. Rubella: At least one dose is required for all grades (pre-kindergarten 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 12: 10 years).
 - a. One dose of meningococcal conjugate vaccine 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](#). Depending on vaccine brand, schedule may change.

For further information, contact:

**New York State Department of Health
Division of Vaccine Excellence
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437**

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

New York State Department of Health/Division of Vaccine Excellence
health.ny.gov/immunization



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:

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.

¹ 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.



RONDOUT VALLEY CENTRAL SCHOOL DISTRICT

PO BOX 9 • ACCORD, NY 12404 • (845) 687-2400

Paul Spadaro, Ph.D., Superintendent • Ext. 4803

Meg Braren, Asst. Superintendent • Ext. 4863

Tabatha Biggane, Asst. Superintendent • Ext. 4812

Natalie Harjes, Asst. Superintendent • Ext. 4805

OPTIONAL

This form is optional.

Dear Parent/Guardian,

Our district likes to celebrate student achievements, activities, and opportunities by sharing them with our community. We do this in many ways, such as (but not limited to) school and/or district newsletters, the district's website, and the district's official social media sites.

Parents who **OBJECT** to the use of their child's name and/or photograph being used must send written notification to their child's building principal. Notification should be received by October 1 and must be updated yearly. Unless otherwise directed, prior year's permission will be in effect until this date. Returning this form to your child's building principal will serve as written notification that you **OBJECT** to the use of your child's name and/or photograph being used.

Please complete the following ONLY if you DENY permission for your child to be included. No action is necessary if you grant permission for your child's name/photograph to be used as described below.

- ☐ **I OBJECT** to the use of my child's name only, but a photograph/video alone is fine.
- ☐ **I OBJECT** to both my child's photograph/video and their name being used for any of the above uses.

If you return this form with neither of the above boxes checked, it will be understood that permission has been granted.

Child's Name: _____ School: _____ Grade: _____

Parent/Guardian Name (Print): _____ Date: _____

Parent/Guardian Signature: _____