

CLINTON CENTRAL SCHOOL DISTRICT
CLINTON ELEMENTARY SCHOOL

75 Chenango Avenue
Clinton, New York 13323-1395
315.557.2255
Fax: 315.557.2331

Meggan Alt
Elementary School Principal
Karen Holton
Elementary Assistant Principal

Dear Clinton Elementary Families,

Welcome to Clinton Elementary School! We are so happy to have you join our school community and look forward to partnering with you in your child's educational journey.

Whether you are enrolling a new student in our district, registering your child for PreK, or beginning an exciting adventure in Kindergarten, this is a special time filled with growth, discovery, and new beginnings. At Clinton Elementary, we are committed to creating a safe, nurturing, and engaging environment where every student feels valued and inspired to learn.

Included in this packet, you will find all necessary forms and information to complete the registration process. Please take the time to review each item carefully and don't hesitate to reach out with any questions. Our main office staff is happy to assist you. Please note that in addition to the completed forms, you will need **two proofs of residency (i.e utility bill), your child's immunization records, and original birth certificate**. We will make a copy of the original birth certificate and any other documents you need returned.

Our main office is open to the public Monday through Friday from 8:00am-3:00pm. Please try to avoid arrival (8:40am-9:10am) and dismissal (2:50pm-3:20pm) timeframes when visiting the office.

We are thrilled to welcome your family to the Comet community and can't wait to get to know your child. At Clinton Elementary, we believe that school is not just a place to learn—it's a place to belong.

With warmest regards,



Meggan F. Alt
Principal

Welcome to a new school year! We are committed to our students and families in Clinton Central School District! If you have any concerns or questions please feel free to contact me at the number listed below. Have a great school year!

**Elizabeth Ganey
Director of Pupil Personnel Services
315-557-2229**

Special Education Staff

**Elizabeth Ganey– Director of Pupil Personnel Services
Tina Lallier- Secretary
Caterina Kernan - School Psychologist
Scott Phelps-School Psychologist
Rachel Brenon- School Social Worker (Elementary)
Mackenzie Engle-School Social Worker (Elementary)
Alexis Kemp- School Social Worker (Middle School)
Anthony Siriani-School Social Worker
Courtney Gus - Speech/Language K-12**

Committee on Special Education (CSE)

Each Board of Education in the State of New York must appoint a Committee on Special Education in the district. The district must locate and identify all children from birth to age 22 who reside in the district. The purpose of the Committee on Special Education is to determine whether a child has a disability that impairs or affects his/her learning. The CSE determines the particular needs of the child with disabilities and recommends the appropriate educational program and/or services to meet each student's individual needs. The CSE is an interdisciplinary team composed of district staff and other required members. *If you wish to refer a student, please contact your student's building principal or the Director of Pupil Personnel Services, Elizabeth Ganey 315-557-2229.* Response to Intervention is typically the first step in this process.

Response to Intervention (RtI)

Response to Intervention represents an important educational strategy to close achievement gaps for all students, including students at risk, students with disabilities and English language learners, by preventing smaller learning problems from becoming insurmountable gaps. It has also been shown to lead to more appropriate identification of students with learning disabilities and in the identification of interventions for students.

Educators make important decisions about students' educational programs on a daily basis. These decisions include changes to programs and interventions for struggling learners with the goal being that all children have the tools to meet the standards. When determining whether or not a child is learning disabled, extensive and accurate information needs to be considered. Oftentimes, the students' needs can be met through the interventions provided by Rtl.

Procedures for using Response to Intervention

Educators make important decisions about students' educational programs, including decisions as to whether a student who is struggling to meet the standards set for all children might need changes in the nature of early intervention and instruction or might have a learning disability. This decision as to whether a student has a learning disability must be based on extensive and accurate information that leads to the determination that the student's learning difficulties are not the result of the instructional program or approach. Response to Intervention is an effective and instructionally relevant process to inform these decisions.

Appropriate instruction is provided to all students in the general education classroom. When a student requires interventions through Rtl, parents will receive written notification explaining the following:

- amount and nature of student performance data that will be collected and the general education services that will be provided;
- strategies for increasing the student's rate of learning; and
- parents' right to request an evaluation for special education programs and/or services.

CSE EVALUATIONS

An evaluation helps to determine if special education services or programs are needed. An evaluation includes various tests and assessments to determine what your child's learning difficulties may be. An initial evaluation must include:

- A physical examination
- A psychological evaluation
- A social history
- Observation of your child in his or her current education setting
- Other tests or assessments that are appropriate for your child (such as speech and language assessment or a functional behavioral assessment)• Vocational assessments (required at age 14)

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STUDENT MEDICATION POLICY

The following procedures will be followed when medication is to be administered to/taken by a student during the day. This applies to prescription, non-prescription (“over the counter”), short-term, long-term, and as needed (prn’s) medication.

The New York State Education Department mandates the following guidelines:

1. The parent or legal guardian must submit a written request to the school for the administration of any medications. (Forms are available in the Health Office.)
2. A written prescription from the student’s physician indicating name of the medication, dosage, frequency, method of administration and reason for medication must be sent to the school. This may be FAXED to 315-557-2331, attention Alaina Clifford, R.N.
3. All medication must be in a properly labeled container. (Prescription medications must be in the original pharmacy container.) An adult must bring K-5 medication directly to the school nurse.
4. At the conclusion of the school year, an adult must pick up all medications. Unclaimed medication will be disposed of on the last day of school.

Thank you for your help with this. Please call me at 315-557-2258 if you should have any questions or concerns.

Sincerely,

Alaina Clifford, R.N.

Clinton Elementary Registration Packet Instructions

Please fill out all requested information on each form. If you have any questions, call the Elementary main office at 315-557-2256.

Form Name	Instruction
Clinton Central School Registration (2-sided)	<p>This form is used to gather basic information about the student and student contacts. It is also used to create the parent/guardian call order and the emergency contact call order.</p> <p>First page</p> <ul style="list-style-type: none"> • Ignore top line – the main office will complete • In the 'Parent/Guardian Information' section, enter the information in the order we should contact the parent/guardians • The 'Do Not Release To' should be used if there is a specific person or persons who we should not release your child to. Please note: if the person is a biological parent or legal guardian of the child, a copy of the court order indicating restrictions must be given to the main office. • If transferring from another school, complete the 'School/District Last Attended' section <p>Second page</p> <ul style="list-style-type: none"> • Complete emergency contact information in the 'Emergency Contact Information' section in the order they should be contacted in the event you are not available. <p>Note: by default, parents/guardians will be called before emergency contacts. If you prefer that an emergency contact be called before a parent/guardian please make a note on the form.</p>
Clinton Elementary Confidential (2-sided)	This form is used to gather information about your child's developmental history and personality.
Home Language Questionnaire (2-sided)	This form is used to identify student's language preferences and/or any concerns you may have regarding your child's ability to understand English.
Housing Questionnaire (2-sided: 1 side in English, 1 side in Spanish; with instructions)	This form is used to identify what type of residence the family resides in to determine what services may be available to the family.
Transportation Request (1-sided)	This form is used to request busing, or to indicate that your child will not be using the bus. It is also used to indicate where your child should be bused to in case of an emergency early school closing.
Directory Information Non-Disclosure Request Form (1-sided)	This form is used to inform you that the District is allowed to disclose directory information without your written consent when requested to the listed organizations, unless you indicate otherwise. By putting a checkmark next to the organizations in the list, your child's directory information will not be sent to that organization. If you give permission to have your child's directory information sent to all the organizations listed, simply sign and date the form.
Clinton Central School District Health Office (1-sided)	This form is used to identify the date of your child's last physical. You may also give your permission to allow the school nurse to perform a physical.
Required NYS School Health Examination Form (2-sided)	This form should be completed by your child's doctor. Some doctors' offices have their own health form that can be used instead. Note: your child's immunization records must also be included.
Dental Health Certificate (1-sided)	This form has two section: section one should be completed by the child's parent/guardian; section two should be completed by your child's dentist. Some dentists' offices have their own dental health certificates that can be used instead.

CLINTON CENTRAL SCHOOL REGISTRATION

Date Registered _____ Entry Date _____ ID # _____ Busing ___ Yes ___ No

Student's Last Name	First	M.I.
Date of Birth _____	Birthplace _____	DO NOT RELEASE TO: Name <hr/> Relation to Student <hr/> Notes <hr/> <hr/> <hr/> <hr/>
Born a U.S. Citizen yes ___ no ___	Date Entered U.S. _____	
Gender: Male ___ Female ___	Grade _____ HR _____	
Mailing Address _____		
Residential Address (if different) _____		
Telephone _____	Listed Number: yes ___ no ___	

Parent/Guardian Information

Parent/Guardian Name _____	Relationship _____
Address _____	Home Phone Number _____
Employer _____	Work Phone _____ Cell _____
E-Mail Address _____	
Parent/Guardian Name _____	Relationship _____
Address _____	Home Phone Number _____
Employer _____	Work Phone _____ Cell _____
E-Mail Address _____	

Other Children in Household (under age 21):

<u>Name</u>	<u>Date of Birth</u>	<u>School</u>	<u>Grade</u>	<u>M/F</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Adults in Household:

<u>Name</u>	<u>Relationship to Student</u>
_____	_____
_____	_____

School/District Last Attended:

Address: _____
Telephone: _____
Contact Person/Position: _____

DO NOT RELEASE TO: _____ Relationship to child: _____

Emergency Contact Information

The individuals below have authorization to pick up my child and can be reached during school hours at the number listed.

Name 1 _____ Relationship to Child _____ Phone _____
Name 2 _____ Relationship to Child _____ Phone _____
Name 3 _____ Relationship to Child _____ Phone _____

Emergency & Health Information

Physician's Name: _____ Phone: _____
Dentist's Name: _____ Phone: _____
Preferred Hospital: _____
Emergency Comments/Special Circumstances: _____

Physical Update:

Has your child had any corrective treatment (glasses, dental care, immunizations, scoliosis checkup, etc.) surgery or illness requiring a physician's care this summer? Please specify: _____

Is there anything concerning the health of your child which the school should know to adjust or modify the school program? _____

Health Information Release: I give permission for the school nurse to share health information with his/her teachers and coaches. _____ Yes _____ No

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 and South America (Including Central America), and who maintains tribal affiliation or community attachment.

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 OR AFRICAN AMERICAN: 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.

Photographs: Throughout the school year there are times when the media may be publicizing our students and the school. A photo of your child may be taken at school or while on a field trip. Please note if we have permission to include your child in a photo or news clip if that opportunity arises.

_____ Yes, you may include my child.

_____ No, do **not** include my child in a photo opportunity.

I hereby declare under penalty of perjury that the information provided on this enrollment form is accurate and truthful to the best of my knowledge. I understand that the provision of false information may result in the exclusion of my child(ren) from attendance at the Clinton Central School District, the demand by the District for the

Parent/Guardian Signature _____ Date _____

CLINTON ELEMENTARY CONFIDENTIAL

Questionnaire completed by: _____ Relation _____

Child's Name: _____ Date of Birth: _____

Child's Nickname: _____

Parent/Guardian's Name: _____ Year of Birth: _____

Occupation: _____

Parent/Guardian's Name: _____ Year of Birth: _____

Occupation: _____

Step Parent's Name: _____

Occupation: _____

I. Developmental History:

1. Were there any problems during the pregnancy with this child? (e.g. German measles, toxemia, bleeding, RH incompatibility) _____

2. What was the child's condition at birth? (normal weight, breathing difficulties, etc.)

3. In your opinion, was this child low, average, or fast in:

Walking _____ Talking _____ Toilet Training _____

4. Does this child have any difficulty with speech, hearing, or sight? _____

5. Is this child or has this child been in speech therapy? _____

II. Description of Child:

1. Please use a few words to describe this child's personality. _____

2. What are his/her strengths? What does he/she do best? What does he/she like to do?

3. What are the most difficult subjects or areas for this child? _____

4. Do you feel this child has any special needs in school? _____

5. Did this child attend a preschool program? Yes _____ No _____
Where? _____ How many years? _____

6. Has this child ever been in any special education program such as a resource room, individual tutoring, work with a teacher of the hearing or vision impaired, psychiatric day care, infant stimulation program, etc.? Please explain: _____

7. How does this child get along with others? _____

Family: _____

Other Children: _____

III. Family History:

1. Have there been any events in the life of your family which have affected this child?
Examples: Family move, death, divorce, birth of a sibling. Please explain: _____

2. Have you taken this child for any professional consultations, therapy, clinic, visits, etc., which relate to his/her performance in school? _____



Lissette Colón-Collins, Assistant 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 Guardian:
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.

Please write clearly when completing this section.

STUDENT NAME:

First Middle Last

DATE OF BIRTH:

Month Day Year

GENDER:

Male
 Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name First Name Relation to Student

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? Mother _____ Father _____
specify *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 _____ Does not speak
specify
6. What language(s) does your child read? English Other _____ Does not read
specify
7. What language(s) does your child write? English Other _____ Does not write
specify

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

<i>Educational History</i>
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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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: Mother Father 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: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>Mo. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>Mo. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	

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.

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Date of Birth: ____ / ____ / ____ Grade: ____ ID#: ____
 Female Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

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 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.

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

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "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 **ANY** box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, 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 must 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.

INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and BOCES. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The New York State Education Department (NYSED) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing 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 Housing Questionnaire?

A Housing 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 administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing 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 Housing 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 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 Housing Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing 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.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/his child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status without prior parental consent. Contacting a landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

Completing the Form

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

Definitions of Temporary Housing Arrangements

"With another family or other person" (also referred to as "doubled-up")

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"Other temporary living situation"

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing"

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

Next Steps for LEAs with Students Living in Temporary Housing Arrangements

If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, **the LEA must complete a Designation Form**. If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: http://nche.ed.gov/downloads/briefs/det_elig.pdf.

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.

TRANSPORTATION REQUEST

PLEASE give the exact address of the pick up and drop off location and/or any information that would be helpful in identifying your home or the home of your childcare provider.

Child's Name _____ Grade _____

Address _____

Parent/Guardian _____ Relationship to child _____

Home # _____ Work # _____

Parent/Guardian _____ Relationship to child _____

Home # _____ Work # _____

.....
If your child will **not** require bus transportation, check the box and continue to the emergency closing section.
 My child does not require bus transportation.

.....
If your child will require bus transportation, complete this section and continue to the emergency closing section.

My child will be picked up and dropped off at the home address listed above.

My child will be picked up and/or dropped off at the alternate location listed below:

AM Bus pick child up at:

Resident's Name _____ Phone # _____

Address _____

PM Bus drop child off at:

Resident's Name _____ Phone # _____

Address _____

.....
In the case of an **emergency closing** while school is in session my child is to take the bus to:

_____ Bus # _____
Name of Resident

_____ Home Other
Address

DATE _____ PARENT SIGNATURE _____

NEW STUDENT HEALTH HISTORY

Clinton Central Schools

75 Chenango Avenue

Clinton, NY 13323

Phone: (315)557-2255 ♦ **Fax:** (315)557-2331

NAME OF STUDENT: _____ DOB: _____ PLACE OF BIRTH: _____

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

HOME ADDRESS: _____ TELEPHONE #: _____

NUMBER & AGES OF SIBLINGS: _____

1. Was your child born prematurely? Yes No

2. Did he/she have any growth or development problems as an infant or young child? Yes No

3. Does your child have any of these health problems? If so, please check and explain. (Please be specific):

- Ear problems _____
- Eye problems _____
- Diabetes _____
- Headaches _____
- Hearing Loss _____
- Heart condition _____
- Nosebleeds _____
- Seizure disorder _____
- Other _____

4. Does your child have asthma or allergies? Please provide specific information regarding reactions and treatments:

- Medications/Drugs _____
- Foods/Plants _____
- Bee/Insect Bites _____
- Animals/Other _____
- Treatment recommended by physician for allergic response _____

Is your child receiving allergy shots? Yes No

Has asthma been diagnosed by a physician? Yes No

What triggers your child's asthmatic episodes (exercise, respiratory infections, cold air, chemical fumes)? _____

5. Has your child had any of the following illnesses? If yes, please give dates and explanation.

- Chicken Pox
- German Measles
- Measles
- Mononucleosis
- Mumps
- Pneumonia
- Scarlet Fever
- Strep throat/multiple infections
- Tuberculosis
- Tuberculosis of a family member (indicate relationship to child)

6. Please list specific severe illnesses, injuries or surgeries:

_____ @ age _____ Hospitalized for _____ days
_____ @ age _____ Hospitalized for _____ days
_____ @ age _____ Hospitalized for _____ days

** If your child requires medication during the school day, please contact the school nurse regarding the school medication policy.*

7. Does your child have any disabilities or chronic illness? _____
8. Does your child take any medications on a regular basis? _____
9. Has your child ever been diagnosed or treated for an emotional disorder? Yes No
10. Does your child wear glasses or contact lenses? Yes No
11. Does your child have dental problems, or is he/she receiving orthodontic treatment? Yes No
12. What is the date of his/her most recent exam? _____
13. What school did your child last attend? _____
14. Was the most recently completed school year a healthy one for your child? Yes No
15. Approximately how many school days did he/she miss because of illness during the last school year?
16. Have you already provided the school with a record of your child's immunizations? Yes No

*(A signed record from a physician or clinic, or a copy of a school immunization record, must be presented before school attendance begins. If this information is not received, **New York State Public Health Law** requires that your child be excluded from school.)*

Signature of Parent _____ Date _____

PLEASE RETURN THIS FORM TO THE SCHOOL HEALTH OFFICE.

CLINTON CENTRAL SCHOOL

75 Chenango Avenue
Clinton, New York 13323-1395
(315) 557-2238 or (315) 557-2230
Fax (315) 853-8727

Dear Parent(s)/Guardian(s):

New York State Education Law Requires physical examinations for children when they enter the school district for the first time, are in grades Pre-K, K, 1, 3, 5, 7, 9, and 11, and when they participate in interscholastic sports.

If your child has had a private physical exam for the 2025-2026 school year, please make sure to submit a copy of the physical to our office and complete the form below so that no duplicate physicals are performed on your child. An acceptable physical must be within 12 months from the start of the school year. **If we do not receive a copy of the physical or receive a response to this letter, a physical will automatically be done by the school's nurse practitioner.**

Thank you,
The Clinton Central School Health Offices.

-----**Please Complete Bottom Portion And Return To Nurse**-----
OR email response to aclifford@ccs.edu (Elem.), jmitchell@ccs.edu (Middle School) or bturczyn@ccs.edu (High School)

Child's Name _____ Grade _____ Last Physical On File _____

_____ **My child may have a school physical.** (Please make them aware that this will be happening and what the physical may include. The boys will be given an exam to detect undescended testicles. A few minutes of discussion with your child can make him/her much more at ease.)

_____ **My child had a physical within the last year. I will provide documentation to the school.**

_____ **My child will have a physical done with their primary doctor.**

Date of upcoming physical exam: _____

Parent/Guardian Signature _____ Date _____

**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: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

<input type="checkbox"/> Allergies	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Asthma	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Seizures	Type: _____ Date of last seizure: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Diabetes	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> 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	Date
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥5 µg/dL	
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>			

System Review Within Normal Limits

Abnormal Findings – List Other Pertinent Medical Concerns Below (e.g./ concussion, mental health, one functioning organ)

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine/Neck	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list) ICD-10 Code*
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Additional Information Attached *Required only for students with an IEP receiving Medicaid

Name:	Affirmed Name (if applicable):	DOB:
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SCREENINGS

Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11

Vision	With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No	Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening	<input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/>

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
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Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes	<input type="checkbox"/>
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Notes

Scoliosis Screening: Boys grade 9, Girls grades 5 & 7	Negative <input type="checkbox"/>	Positive <input type="checkbox"/>	Referral <input type="checkbox"/> Yes	Not Done <input type="checkbox"/>
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FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK

*Family cardiac history reviewed – required for Dominick 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 ONLY 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

Confirmed free of communicable disease during exam

IMMUNIZATIONS

Record Attached Reported in NYSIIS

HEALTHCARE PROVIDER

Healthcare Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone:

Fax:

Please Return This Form to Your Child's School Health Office When Completed.

Clinton Central School

Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name:		
Last	First	Middle
Birth Date: <small>Month / Day / Year</small>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No

School: <small>Name</small>	Grade
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Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving the preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature _____ Date _____

Section 2. To be completed by the Dentist

I. The Dental Health condition of _____ on _____ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

- Yes. The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.
- No. The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including Pain, swelling, or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp)	Dentist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here.

- II. Oral Health Status (check all that apply):
- Yes No Caries Experience/Restoration History - Has the child ever had a cavity (treated or untreated)? [A filling temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
 - Yes No Untreated Caries - Does this child have an open cavity? [At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.]
 - Yes No Dental Sealants Present

Other problems (Specify): _____

- III. Treatment Needs (check all that apply)
- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
 - May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
 - Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.