



DR. DINA M. ANZALONE
Superintendent

WOODMERE EDUCATION CENTER

One Johnson Place
Woodmere, NY 11598

Office: 516-792-4800

Email: danzalone@hewlett-woodmere.net
www.hewlett-woodmere.net

February 2026

There's something magical about watching a child walk through the doors of Franklin Early Childhood Center for the first time, wide-eyed, perhaps a little nervous, but filled with wonder about what lies ahead. As both an educator and a parent, I know that entrusting your most precious gift with us is an act of faith, and I promise you that we will honor that trust every single day.

Franklin is more than a school. It's where your child's story truly begins! It's where "I can't" transforms into "I CAN!" A place where shy smiles turn into confident laughter, and where little hands reach out to form their very first friendships. This is the foundation upon which everything else will be built, and we take that responsibility to heart.

Franklin Early Childhood Center is proud of the traditions that make our school such a special place. Throughout the year, children participate in meaningful celebrations that create lasting memories, from the Fall Festival and Storybook Parade to pumpkin decorating and seasonal festivities. December brings the cherished Holiday Sing-A-Long and Puff Ball Celebration, a Franklin tradition spanning more than five decades. Students also welcome the New Year with a lively dance celebration, commemorate their 100th day of school, and take part in the Parents as Reading Partners initiative. In the spring, our One World Multicultural Night highlights the diversity that enriches our community, and the school year concludes with a Field Day enjoyed by all students.

Every day, children engage in hands-on learning experiences that spark imagination and growth. Through stories, songs, art, early literacy, math, and creative play, your children are encouraged to explore, question, and discover in developmentally appropriate ways.

As a parent myself, I know that there is nothing more important than knowing your child is safe, loved, and truly seen. The health, safety, and well-being of every child is a top priority at Hewlett-Woodmere Public Schools. You can feel confident knowing that Franklin provides a secure, nurturing, and supportive environment where children are cared for each day.

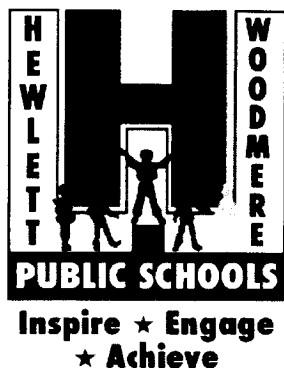
Franklin Early Childhood Center is truly a remarkable place for your child to begin their educational journey. I am confident that the foundation built here prepares children for future success while fostering joy and confidence in learning.

I look forward to visiting classrooms, joining celebrations, and getting to know you and your children throughout the year. I am excited to greet your child on the first day of school and to share in the wonderful year of magic that lies ahead.

With Hewlett-Woodmere Pride,

A handwritten signature in black ink, appearing to read "Dr. Dina M. Anzalone". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dr. Dina M. Anzalone
Superintendent



Dr. Susan Farber
Assistant Superintendent for
Special Education and
Student Support Services

WOODMERE EDUCATION CENTER
One Johnson Place
Woodmere, NY 11598-1312
Telephone: 516.792.4804
Fax: 516.792.4864
E-mail: sfarber@hewlett-woodmere.net

Dear Parents/Guardians:

Welcome to Hewlett-Woodmere! Please note that the school district is required to inform all parents of children entering our schools of their child's rights with respect to special education. The law governing special education is known as the Individuals with Disabilities Education Act (IDEA).

In accordance with federal and state regulations, the Hewlett-Woodmere Public Schools provide appropriate special education services to students with disabilities. Any parent who suspects that his or her child may have a disability may refer the child for an evaluation by the Committee on Preschool Special Education (CPSE, from 3 years old until eligible for kindergarten) or the Committee on Special Education (CSE, those eligible for kindergarten and older) to determine eligibility for special education services. This written referral can be made to their school's principal or designee, or to Dr. Susan Farber, Assistant Superintendent of Special Education and Student Support Services, Hewlett-Woodmere UFSD, 1 Johnson Place, Woodmere, NY 11598.

More detailed information on this process is available in *A Parent's Guide to Special Education*, which is published on the New York State Education Department's website in English and Spanish and can be found at the following links:

English handbook:

<https://www.nysed.gov/sites/default/files/programs/special-education/a-parents-guide-to-special-education.pdf>

Spanish handbook:

https://www.nysed.gov/sites/default/files/programs/special-education/spanish-parent-guide_0.pdf

Before referring a student who is not currently enrolled in the Hewlett-Woodmere Public Schools, the parent/guardian needs to contact the Registration Office at (516) 792-4826 to arrange an appointment to register the child.

Online registration information and forms can be found at [REGISTRATION \(hewlett-woodmere.net\)](http://REGISTRATION.hewlett-woodmere.net)

Parents who suspect that their child under the age of three may need special education services should contact the Nassau County Department of Health's Early Intervention Program at (516) 227-8661.

If you have any questions, please feel free to contact me at (516) 792-4804

Sincerely,

Dr. Susan Farber

Dr. Susan Farber

Assistant Superintendent of Special Education and Student Support Services

SF/jh

FRANKLIN EARLY CHILDHOOD CENTER

Office use only

Put on yellow

Please complete this application and bring it with you on the day you come to register.

PLEASE PRINT

Child's Name _____ Sex ☐ M ☐ F

Address _____ Town _____

Date of Birth _____ Phone # _____

Day Care/ School now attending _____

Option
1

UPK (Pre-Kindergarten) - Half-Day Program

No Tuition

**The Hewlett-Woodmere School District provides its residents
with a half day of UPK Pre-Kindergarten, Monday through Friday.**

Mornina 9:00 – 11:30 AM

Afternoon 12:30 – 3:00 PM

Option
2

UPK (Pre-Kindergarten) – Full Day Program

No Tuition

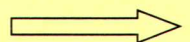
**The Hewlett-Woodmere School District provides its residents
with a full day of UPK Pre-Kindergarten, Monday through Friday.**

Full-Day School Hours 9:00 AM – 2:55 PM

Please choose one:

#1 ☐ UPK – Pre-K Half-day only

#2 ☐ UPK – Pre-K Full Day



Important Information

Please tell us about your child.....

To assist us in placing your child in an appropriate classroom environment, please tell us about your child. Write friends of your child, any concerns or comments about your child that would assist us to plan classes accordingly:

Must be completed

HEWLETT-WOODMERE PUBLIC SCHOOLS

Registration & Attendance Office
1 Johnson Place, Rm. 206
Phone (516) 792-4826 / Fax: (516) 792-4489

Registration Information

Hewlett-Woodmere Public Schools is pleased to welcome all new students!

Hewlett-Woodmere Public Schools provides educational programs for students from Pre-kindergarten through Grade 12. Registration takes place throughout the year in the district's *Welcome Center* located in the Woodmere Education Center, 1 Johnson Place, Room 206, Woodmere, NY 11598.

In order to be deemed a bona fide resident (*residence is at the premises on the registration forms*) of the school district, in addition to the registration forms, the following documentation is requested to complete the registration process.
If you are not able to present any of the documents please speak with the Registrar in order to determine what other documents may be accepted.

1. In accordance with direction from the New York State Education Department, if available, one of the following documents must be presented as proof of age:
 - Birth Certificate
 - Baptismal Certificate

If neither is available, a passport may be submitted. If you are not able to provide these documents, please speak with the Registrar.

2. The parent(s) or person(s) in parental relation must present the following:

- A. One of the following is required to evidence physical presence in the school district:

- Residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement.
 - If submitting a copy of a lease, it is requested that you note your landlord's name and phone number to assist with residency verification.
- Statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share the property in the school district.
- Statement by a third party establishing the parent(s) or person(s) in parental relation's physical presence in the school district.
- The school district or the parent(s) or person(s) in parental relation may request a home visit be conducted to confirm physical presence in the school district.

- B. The school district may require the parent(s) or person(s) in parental relation to provide an affidavit either:
 - Indicating they are the parent(s) whom the child lawfully resides, or
 - Indicating they are the person(s) in parental relation the child

Note: the parent or person in parental relation may also evidence custody by submitting other documentation, including judicial custody orders, guardianship papers or a separation or divorce agreement.

- C. Additional documents chosen from the following list:

- | | |
|-----------------------------------|--|
| -Pay stub | -Membership documents (based upon residency) |
| -Income tax form or tax bill | -Driver's license, learner's permit, non-driver identification |
| -Utility or cable television bill | -State or other government issued identification |
| -Oil delivery bill | -Documents issues by federal, state and local agencies |
| -Voter registration card | -Bank or credit card statement |

- D. If residency was established within the past 90 days, please provide one of the following:

- Moving bill
- Truck rental bill
- Furniture delivery bill

Note: the school district or the parent(s) or person(s) in parental relation may request a home visit be conducted to confirm physical presence in the school district.

- E. Confirmation of Residency form.

3. Proof of Immunization and Physical Examination

If not provided at the time of enrollment, in order to remain in attendance students must evidence they are in compliance with New York State physical examination and immunizations requirements. Information about New York State physical examination and immunization requirements is included in the registration packet.

Requirements for Student Age & Residency:

The Hewlett-Woodmere Union Free School District's requirements for student age and residency may be found in the following Board of Education Policies, which are available on the school district website, www.hewlett-woodmere.net, as well as in the Office of Curriculum & Instruction, 1 Johnson Place, Rm. 202, Woodmere, New York 11598:

**Policy 5150 / Initial Entrance and Placement in District 14 Schools
Policy 5152 / Non-Resident Students**

Instructions & Registration Process

Registration forms and documents are to be submitted to:

Hewlett-Woodmere Public Schools
Registration & Attendance Office
1 Johnson Place, Rm. 206
Woodmere, New York 11598
Phone: (516) 792-4826 / Fax: (516) 792-4489

Registration forms and documents are reviewed by the Registrar and upon approval, the student is enrolled. Upon enrollment, the registration forms and documents are forwarded to the school the child will be attending. The school will then contact the parent concerning placement. Depending upon the student's grade of entry, the school may arrange for a screening to facilitate class placement or schedule an appointment with a guidance counselor to develop a class schedule. The Transportation Office will issue a bus pass if the student is eligible for transportation. For additional information, please call (516) 792-4814.

The school district will act to enroll students and begin attendance on a next day basis or as soon as is practicable. Within three business days of enrollment, the Registration & Attendance Office will review the documentation submitted and make a determination as to the student's entitlement to attend the Hewlett-Woodmere Public Schools. Parent(s) or person(s) in parental relations will be contacted by the Registration & Attendance Office in the event there is a need for additional information and/or documentation.

Registration forms are available on the school district website at www.hewlett-woodmere.net.

Please feel free to contact the Registration Office with any questions you may have or to request that forms be mailed to you.

(Please Print)

Hewlett-Woodmere Public Schools REGISTRATION FORM

OFFICE USE ONLY

STUDENT ID#:

☐ Initial Entry

☐ Change of Address

☐ Other

Grade Entered District _____ Current Grade _____

DOB

IMMUN

DENTAL

PROOFS 1 2 3

LV _____

HV _____ H O P INTAKE _____

CUST PAPERS

AFFIDAVITS

SPECIAL ED

BC

BS

STUDENT INFORMATION

Last Name: _____ First: _____ Middle: _____ Birth Date: _____ / _____ / _____ Age: _____ Sex: ☐ M ☐ F

Current Home Address: _____ Move in Date: _____ / _____ / _____ Home Phone No.: _____ () _____

Apt. #: _____ City: _____ State: _____ ZIP Code: _____

Previous Home Address: _____ Apt. #: _____ City: _____ State: _____ ZIP Code: _____

Does your child have an IEP?:

☐ Yes ☐ No

Does your child reside at any other address during the school year?

☐ Yes ☐ No

PREVIOUS SCHOOL INFORMATION

Previous School Name and Address: _____ City: _____ State: _____ ZIP Code: _____

Dates of Attendance at Previous School:

From: _____ / _____ / _____ To: _____ / _____ / _____

Grade Levels Attended at Previous School:

MEDICAL INFORMATION

Doctor's Name: _____ Doctor's Phone No.: _____ Allergies/Medical Conditions: _____

STUDENT'S ETHNICITY

(Designation of ethnicity is required for Federal and State Reporting.) **QUESTIONS (1) AND (2) MUST BE ANSWERED.**

1. Is the student Hispanic, Latino, or 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.

Check (✓) only ONE box:

☐ 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; **ONE BOX MUST BE CHECKED (✓).**

☐ **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.

Relationship to Student [Please check (✓) ONE box below]:

☐ Mother ☐ Father ☐ Guardian ☐ Other (Specify): _____

I, THE UNDERSIGNED, ATTEST THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE. ANY FALSE STATEMENT MADE IN THIS APPLICATION IS PUNISHABLE AS A CLASS A MISDEMEANOR, PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Parent/Guardian Signature

Date

White-SCHOOL

Yellow-ATTENDANCE

Pink-TRANSPORTATION

Rev 4/21

Student's Name: _____

Last Name

First Name

Date

Hewlett-Woodmere Public Schools Contact Information

Parent/Legal Guardian Information: (Select One)			PRIMARY CONTACT	
☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ SINGLE ☐ WIDOWED ☐ REMARRIED				
CONTACT'S NAME		RELATIONSHIP TO STUDENT		OCCUPATION
HOME PHONE NUMBER		WORK PHONE NUMBER		CELL PHONE NUMBER
☐ SAME ADDRESS AS STUDENT		ADDRESS		CITY, STATE ZIP
PARENT/LEGAL GUARDIAN EMAIL			PREFERRED LANGUAGE	
Parent/Legal Guardian Information: (Select One)			CONTACT # <input style="width: 50px;" type="text"/>	
☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ SINGLE ☐ WIDOWED ☐ REMARRIED				
CONTACT'S NAME		RELATIONSHIP TO STUDENT		OCCUPATION
HOME PHONE NUMBER		WORK PHONE NUMBER		CELL PHONE NUMBER
☐ SAME ADDRESS AS STUDENT		ADDRESS		CITY, STATE ZIP
PARENT/LEGAL GUARDIAN EMAIL			PREFERRED LANGUAGE	
Additional Contact: (Optional)			CONTACT # <input style="width: 50px;" type="text"/>	
CONTACT'S NAME		RELATIONSHIP TO STUDENT		
HOME PHONE NUMBER		WORK PHONE NUMBER		CELL PHONE NUMBER
Additional Contact: (Optional)			CONTACT # <input style="width: 50px;" type="text"/>	
CONTACT'S NAME		RELATIONSHIP TO STUDENT		
HOME PHONE NUMBER		WORK PHONE NUMBER		CELL PHONE NUMBER
Information required if Parent/Legal Guardian are not listed in the contacts.				
Mother's Name		Home Phone Number		Cell Phone Number
Address		City	State	Zip
Father's Name		Home Phone Number		Cell Phone Number
Address		City	State	Zip
<p>If your marital status is anything other than married, please provide one of the following:</p> <p>☐ A Death Certificate ☐ Affidavit of Parental Responsibility</p> <p><i>You may also request that the Registration & Attendance consider the following to confirm parental relationship:</i></p> <p><i>Separation/Divorce Agreement, Custody Agreement, or a letter from the non-resident parent confirming their child's living arrangements.</i></p>				

Student's Name:

Last Name

First Name

Household Form

OTHER CHILDREN IN THE HOUSEHOLD ATTENDING HEWLETT-WOODMERE UFSD

NAME	RELATIONSHIP TO STUDENT	BIRTHDATE	SCHOOL (Woodmere Middle School, George W. Hewlett HS, Hewlett Elementary School, Ogden Elementary School, Franklin Early Childhood Center)	CURRENT GRADE

- - - - -

OTHER CHILDREN IN THE HOUSEHOLD NOT ATTENDING HEWLETT-WOODMERE UFSD

NAME	RELATIONSHIP TO STUDENT	BIRTHDATE	SCHOOL	CURRENT GRADE

DATE

PARENT/GUARDIAN'S SIGNATURE

**Hewlett-Woodmere Public Schools
Enrollment Form - Residency Questionnaire**

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male
☐ Female

Date of Birth: ____/____/____ **Grade:** ____
Month Day Year (preschool-12)

The answer you give below will help the District determine what services your child may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.

Where is the child presently living?
☐ In permanent housing

IF THE ABOVE BOX IS *NOT* CHECKED, PLEASE CHECK ONE OF THE FOLLOWING:

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

Print name of Parent, Guardian, or Student

Signature of Parent, Guardian, or Student

Date

Presenting a false record of falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Please send a copy to the Office of Curriculum and Instruction, Room 305, at the Woodmere Education Center, One Johnson Place, Woodmere, NY 11598-1312

I certify the above named student is eligible for assistance under the provisions of the McKinney-Vento Act.

Date

District Homeless Liaison Signature



**Inspire ★ Engage
★ Achieve**

Registration and Attendance Office

WOODMERE EDUCATION CENTER

One Johnson Place
Woodmere, NY, 11598-1312

Telephone: 516/792-4826

Fax: 516/792-4489

Email: registration@hewlett-woodmere.net

Parent to fill in previous

School Name and Address

TO: _____

DISTRICT SCHOOLS

George W. Hewlett High School Fax to: 516-792-4413
60 Everit Avenue
Hewlett, NY 11557

Woodmere Middle School Fax to: 516-792-4431
1171 Peninsula Blvd.
Woodmere, NY 11598

Hewlett Elementary School Fax to: 516-792-4452
1571 Broadway
Hewlett, NY 11557

Ogden Elementary School Fax to: 516-792-4471
875 Longview Avenue
Valley Stream, NY 11581

Franklin Early Childhood Center Fax to: 516-792-4460
1180 Henrietta Place
Hewlett, NY 11557

The below named student has registered in the school checked above. In order to assist us in planning for this student, we would appreciate your forwarding, at your earliest convenience, the following checked items:

- ____ 1. Educational records) (i.e. transcript of grades, results of standardized testing, etc.)
- ____ 2. Health records
- ____ 3. Results of psychological testing (to attention of School Psychologist)
- ____ 4. Record of district committee on Special Education
- ____ 5. Records of participation in intellectually gifted programs
- ____ 6. Other pertinent records (i.e. speech, remedial reading, other special services)

PARENTAL AUTHORIZATION

I hereby authorize the release of school records as indicated above for _____
(student name above)

to be sent to the school checked above.

Parent's Signature

Date



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

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

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

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

Home Language Questionnaire (HLQ)

Dear Parent or Person in Parental Relation:

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

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
☐ Male ☐ Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name		
First Name		
Relation to		

HOME LANGUAGE CODE

--

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	☐ English	☐ Other	specify
2. What was the first language your child learned?	☐ English	☐ Other	specify
3. What is the Home Language of each parent/guardian?	☐ Parent 1	☐ Parent 2	specify
	☐ Guardian(s)		specify
4. What language(s) does your child understand?	☐ English	☐ Other	specify
5. What language(s) does your child speak?	☐ English	☐ Other	☐ Does not speak
6. What language(s) does your child read?	☐ English	☐ Other	☐ Does not read
7. What language(s) does your child write?	☐ English	☐ Other	☐ Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT
INFORMATION SYSTEM:

District Name (Number) & School:

Address:

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* No Not sure

☐ ☐ ☐

*If yes, please explain: _____

How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe

10a. Has your child ever been referred for a special education evaluation in the past? ☐ No ☐ Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?

☐ No ☐ Yes – Type of services received: _____

Age at which services received (Please check all that apply):

☐ Birth to 3 years (Early Intervention) ☐ 3 to 5 years (Special Education) ☐ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? ☐ No ☐ Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? _____

Month: Day: Year:

Signature of Parent or of Person in Parental Relation

Date

Relationship to student: ☐ Parent ☐ Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____

POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____

POSITION: _____

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

MO. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

- ☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____

POSITION: _____

DATE OF NYSITELL
ADMINISTRATION:

MO. DAY YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

☐ ENTERING

☐ EMERGING

☐ TRANSITIONING

☐ EXPANDING

☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

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: _____

☐ Additional Information Attached _____

Diagnoses/Problems (list) _____ ICD-10 Code* _____

*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 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			IMMUNIZATIONS		
☐ Confirmed free of communicable disease during exam			☐ 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.					

LAST NAME	FIRST NAME	M.I.	BIRTHDATE (mm/dd/yy)
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[illegible]



**Inspire ★ Engage
★ Achieve**

Registration and Attendance Office

WOODMERE EDUCATION CENTER

One Johnson Place
Woodmere, NY, 11598-1312

Telephone: 516/792-4826

Fax: 516/792-4489

Email: registration@hewlett-woodmere.net

Dear Parent(s)/Guardian(s):

New York State Law **requires a completed current physical examination, with updated immunizations**, and requests that a dental health certificate be provided when your child enters any of the following:

- New District Entrants
- Pre K or Kindergarten
- First Grade
- Third Grade

- Fifth Grade
- Seventh Grade
- Ninth Grade
- Eleventh Grade

New York State Law requires that students attending public school be immunized. The immunizing physician must provide an immunization certificate to the person in parental relationship to the child. It is requested that you provide documentation of your child's immunization by the first day of school. Please know that no child may attend school for more than fourteen (14) days without an appropriate immunization certificate. This period may be extended to no more than thirty (30) days, but only where such student has transferred from another state or country and can show a good faith effort to get the necessary evidence of immunization.

The mandated examination should be completed and signed by a duly licensed physician, physician assistant or nurse practitioner, who is authorized to practice in the state of New York. It is preferable to have your private physician conduct the examination since he or she is more familiar with the health history of your child and can complete a more comprehensive evaluation. The periodic physical exam is the time for your doctor to update your child's immunizations.

We are requesting that your child's healthcare provider complete a Body Mass Index information on the Health Appraisal Form. Please request that the provider complete that needed information in order to have a completed Health Appraisal on file in the school.

Examinations that were performed anytime within twelve (12) months prior to the first day of the school year will also be accepted. The enclosed health forms are to be completed and should be returned to the nurse by the first day of school, but no later than thirty (30) days after entrance to the school or grade.

School health services will provide hearing, vision and scoliosis screening according to NYS guidelines.

If you need assistance in fulfilling the immunization and/or physical examination requirements, please feel free to contact your child's school nurse or the Nassau County Department of Health.

Sincerely,

Barbara Giese

Barbara Giese
Executive Director of Communications,
Community Services, Registration & Grants

Caroline Bormann

Caroline Bormann
School Nurse

2026-27 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 (Child Caring Center, 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 at age 10 years or older	
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 vaccine⁶	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) vaccine⁷	1 dose		2 doses	
Meningococcal conjugate vaccine (MenACWY)⁸		Not applicable	Grades 7, 8, 9, 10 and 11: 1 dose given at age 10 years or older	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	



**Department
of Health**

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 [Catch-Up Guidance for Children 4 Months through 6 Years of Age](#).
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 12: 10 years).
 - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap given at age 10 years or older.
 - 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.
 - 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 [Catch-Up Guidance for Children 7 through 9 Years of Age](#).
 - e. For further information, refer to the [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 [Catch-Up Guidance for Children 4 months through 18 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: One dose is required for pre-kindergarten. One dose is required for grades 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 [Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age \(PedvaxHIB only\)](#).
 - g. For further information, refer to the [Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age \(ActHIB, Hiberix, Pentacel, Vaxelis, or Unknown\)](#).
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 [Catch-Up Guidance for 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
OSAS@health.ny.gov**

**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
school_immunizations@health.nyc.gov**

Dental Health Certificate - Optional

Parent/Guardian: Please complete Section 1 and take the form to your dentist/dental hygienist for an assessment. Request your dentist/dental hygienist to fill out Section 2. Return the completed form to your child's teacher as soon as possible.

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

Child's Name: Last First Middle

Birth Date: / /
 Month Day Year

Sex: ☒ Male
☐ Female

Will this be your child's first visit to a dentist? ☐ Yes ☐ No

School: Name:

Grade

Section 2. To be completed by the Dentist/Dental Hygienist

I. 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 ½ 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**

☐ Yes ☐ No **Soft Tissue Pathology**

Yes : No Malocclusion

II. Treatment Needs (check all that apply)

- No need for Treatment

Urgent Treatment – abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

- Restorative Care – amalgams, composites, crowns, etc.

- **Preventive Care** – sealants, fluoride treatment, prophylaxis, mouthguard etc.

Other – periodontal, orthodontic treatments

Please note

The Dental Health condition of _____ on _____ (date of exam) Check one:

☐ Yes. The student listed above is in fit condition of dental health to permit him/her attendance at the public schools.

☐ No, The student listed above *is not* in fit condition of dental health to permit him/her attendance at the public schools.

Dentist's Name and Address (Please Print or Stamp):

Dentist/Dental Hygienist Signature:

Date of Exam: / /

* The dental health condition of the student when the exam is made and the date of exam shall not be more than 12 months prior to the commencement of the school year in which the exam is requested.

Hewlett-Woodmere Public Schools
Registration & Attendance Office
One Johnson Place, Room 206
Woodmere, NY 11598
Phone: (516) 792-4826 Fax: (516) 792-4489

CONFIRMATION OF RESIDENCY

1. _____, state that the following information is true and accurate:
(Parent / Guardian)

2. I and my family currently live (actually residing on a daily basis) at our home at:

(address)

3. I and my family have been residing at this home on a daily basis since ____/____/____ (Date)

4. This is my legal residence (your true, fixed and permanent home) ☐ Yes ☐ No

5. Do you also reside at any other address during the school year? ☐ Yes ☐ No

a. If 'yes', please provide the other address: _____

6. Do any children residing with you also reside at any other address during the school year? ☐ Yes ☐ No

a. If 'yes', please provide the other address: _____

7. Our home is a: ☐ One Family ☐ Two Family ☐ Multiple Family

8. The following persons live in our home:

Name:

Relationship (to person filling out the form)

9. I will notify the Hewlett-Woodmere Union Free School District's Registration & Attendance Office, 1 Johnson Place, Woodmere, New York, 11598, in writing within five (5) business days, should there be a change in address or any of the terms listed above. PLEASE INITIAL: _____

10. I recognize that the Hewlett-Woodmere U.F.S.D. will rely upon this representation that our home (also known as our domicile) is at the address shown in line 2, and I agree to bear legal responsibility for any inaccuracy of such representation.

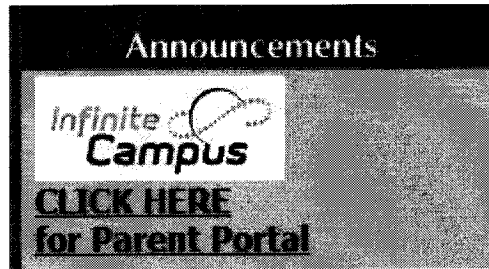
Parent / Guardian's Signature

Date

Infinite Campus Parent Portal

How to Create Your User Account and Log In

1. Using a computer with Internet access, go to the Hewlett-Woodmere Web site (www.hewlett-woodmere.net) and click **"CLICK HERE for Parent Portal"** located under announcements on the home page or click **Parent Portal for Infinite Campus** under the Parents and Students section. This will direct you to the Welcome Page. Click the link that says "Click here to connect". You will now be in the Parent Portal.



OR



2. Click on the link that says: **If you have been assigned a Campus Portal Activation Key, [click here](#)**
3. Type in your Activation Key, which appears on the enclosed letter, and click the **Submit** button. You will have to enter this Activation Key only once to create your account.

First time using Campus Portal?

If you have been assigned a Campus Portal Activation Key, [click here](#)

If you do not have an Activation Key, [click here](#)

Activating your Campus Portal account

Activating your Campus Portal parent portal account is easy. All you need is your Campus Portal Activation Key sent to you by your child's school.

Activation Key

{ - - - - }

4. Enter a user name and password, and click the **Create Account** button. You must enter a unique user name and a strong password (i.e., a combination of at least eight letters, numbers, and other characters).

An example of a strong password

h@wl@tt2

Campus Portal account creation successful!

Welcome, you are now ready to create your Campus Portal account. You must enter a user name and password that you will use to access Campus Portal in the future.

User Name

Password

Verify Password

5. Once your account has been created, follow the link to the Portal login page. Enter your user name and password and click the **Log In** button. This is how you will log in from now on.

Already have a Campus Portal account?

User Name

Password

[Problems logging in?](#)

(X) Required
() Local
(X) Notice

**STUDENT BULLYING, HARASSMENT AND/OR DISCRIMINATION
PREVENTION AND INTERVENTION POLICY**

The Board of Education is committed to providing safe and supportive educational and working environment that promotes respect, dignity and equality. The Board recognizes that discrimination, such as harassment, hazing and bullying are detrimental to student learning and achievement. These behaviors interfere with the mission of the District to educate its students and disrupt the operation of the schools. Such behavior affects not only the students who are its targets/victims but also those individuals who participate and witness such acts.

To this end, the Board condemns and strictly prohibits all forms of discrimination, such as harassment, hazing and bullying by District employees or students on school property, school buses and at all school-sponsored activities, programs and events, regardless of whether they are conducted on the premises of the District.

Discrimination, harassment, hazing or bullying including those that take place at locations outside the District, including via electronic communication, which can be reasonably expected to materially and substantially disrupt the educational process or the orderly operation of any school in the District or impinge on the rights of other students, are prohibited, and may be subject to disciplinary consequences.

Definitions

Harassment and Bullying

The Dignity for All Students Act (§§10-18 of Education Law) defines harassment and bullying as the creation of a hostile environment by conduct or by threats, intimidation or abuse, including cyberbullying, that (a) has or would have the effect of unreasonably and substantially interfering with a student's educational performance, opportunities or benefits, or mental, emotional or physical well-being; or (b) reasonably causes or would reasonably be expected to cause a student to fear for his or her physical safety; or (c) reasonably causes or would reasonably be expected to cause physical injury or emotional harm to a student; or (d) occurs off school property and creates or would foreseeably create a risk of substantial disruption within the school environment, where it is foreseeable that the conduct, threats, intimidation or abuse might reach school property.

Acts of harassment and bullying shall include, but not be limited to, those acts based on a person's actual or perceived:

- race,
- color,
- weight,
- national origin,
- ethnic group,
- religion,
- religious practice,
- disability,
- sex,
- sexual orientation, or
- gender (including gender identity and expression).

For purposes of this definition the term "threats, intimidation or abuse" shall include verbal and non-verbal actions.

Cyberbullying

The Dignity for All Students Act (§§10-18 of Education Law) defines cyberbullying as harassment or bullying as defined above, where such harassment or bullying occurs through any form of electronic communication.

Discrimination

Discrimination is the act of denying rights, benefits, justice, equitable treatment or access to facilities available to all others, to an individual or group of people because of the group, class or category to which that person belongs (as enumerated in the *Definitions* section, under Harassment and Bullying, above).

Hazing

Hazing is an induction, initiation or membership process involving harassment which produces public humiliation, physical or emotional discomfort, bodily injury or public ridicule or creates a situation where public humiliation, physical or emotional discomfort, bodily injury or public ridicule is likely to occur.

Prevention

The school setting provides an opportunity to teach children, and emphasize among staff, that cooperation with and respect for others is a key District value. A program geared to prevention is designed to not only decrease incidents of bullying, harassment and discrimination but to help students build more supportive relationships with one another by integrating the bullying harassment and discrimination prevention program into classroom instruction. Staff members and students will be sensitized, through District-wide professional development and instruction, to the warning signs of bullying, harassment and discrimination as well as to their responsibility to become actively involved in the prevention of bullying harassment and discrimination before overt acts occur.

Curriculum and instruction in grades kindergarten through twelve on civility, citizenship and character education will be provided and will include a component raising awareness and sensitivity to discrimination or harassment and civility in the relations of people of different races, weights, national origins, ethnic groups, religions, religious practices, mental or physical abilities, sexual orientations, genders or sexes.

In order to implement this program the Board will designate at its annual organizational meeting a *Dignity Act Coordinator* (DAC) for every school building. The role of the DAC is to coordinate and implement this policy. In addition, the Superintendent of Schools will establish a District-wide Health, Safety and Wellness Committee as well as Bullying Prevention Coordinating Committees in each school that will be overseen by the DAC. Committees will include representation from staff, administration, students and parents. The District Health, Safety and Wellness Committee and the school-level committee will assist the administration in developing and implementing specific prevention initiatives, including early identification of bullying, harassment and discrimination and other strategies. In addition, the program will include reporting, investigating, remedying and tracking allegations of bullying, harassment and discrimination. The accompanying regulation provides more detail on the specific programs and strategies implemented by the District.

Intervention

Intervention by adults and bystanders is an important step in preventing escalation and resolving issues at the earliest stages. Intervention will emphasize education and skill-building.

Successful intervention may involve remediation. Remedial responses to bullying, harassment and/or discrimination include measures designed to correct the problem behavior, prevent another occurrence of the behavior and protect the target. Remediation may be targeted to the individual(s) involved in the bullying harassment and discrimination behavior or environmental approaches which are targeted to the school or District as a whole.

In addition, intervention will focus upon the safety of the target/victim. Staff is expected, when made aware of bullying, harassment and discrimination, to either refer the student to designated resources for assistance, or to intervene in accordance with this policy and regulation.

Provisions for students who do not feel safe at school

The Board acknowledges that, notwithstanding actions taken by District staff, intervention may require a specific coordinated approach if the child does not feel safe at school. Students who do not feel safe at school are limited in their capacity to learn and reach their academic potential. Staff, when aware of bullying, harassment and discrimination should determine if accommodations are needed in order to help ensure the safety of the student and bring this to the attention of the building principal. The building principal, other appropriate staff, the student and the student's parent will work together to define and implement any needed accommodations.

The District recognizes that there is a need to balance accommodations which enhance student safety against the potential to further stigmatize the targeted student. Therefore, each case will be handled individually. The student, parent/guardian, and school administration will collaborate to establish safety provisions that best meet the needs of the targeted student. Follow-up discussion and/or meetings will be scheduled, as needed, to ensure that safety concerns have been adequately addressed.

Training

The Board recognizes that in order to implement an effective bullying, harassment and discrimination prevention and intervention program, professional development is needed. The Superintendent of Schools, the DACs at each building in collaboration with social workers, and the District Professional Development Team will incorporate training to support this program in new teacher orientation and the Annual Professional Development Plan, as needed. Training opportunities will be provided for all staff, including but not limited to bus drivers, cafeteria and hall monitors and all staff who have contact with students. In accordance with state law, the Superintendent of Schools shall ensure that at least one staff member at every school is designated as a DAC and is thoroughly trained to handle human relations in the areas of race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender, and sex.

Reporting and Investigation

Students who have been bullied, harassed and/or discriminated against, parents whose children have been bullied, harassed and/or discriminated against or other students or staff who

observe bullying, harassing and/or discriminatory behavior are encouraged to make a verbal and/or written complaint to any school personnel in accordance with the training and guidelines provided as well as any applicable District policies. At all times, complaints will be documented, tracked and handled in accordance with the regulations and procedures accompanying this policy, or, if applicable, District Policy 0100, Equal Opportunity and Nondiscrimination or 5020.1, Sexual Harassment of Students, and the District's Code of Conduct. If a staff person is unsure of the reporting procedure, he/she is expected to inquire about how to proceed by speaking with their supervisor. Incidents will be included in the Violent and Disruptive Incident Reporting (VADIR) system, when applicable.

School personnel who observe any incidents of student-to-student and/or staff-to-student bullying, harassment and/or discrimination, or receive a verbal or written report of such harassment, bullying and/or discrimination, are required to promptly verbally notify their building principal or other administrator who supervises their employment within one school day after they witness or receive a report of harassment, bullying and/or discrimination. Such school personnel are also required to file a written report with their building principal or other administrator who supervises their employment within two school days after making such verbal report.

Supervisors will refer the information to appropriate District staff for investigation as designated in the regulation. A District employee may be deemed to have permitted unlawful discrimination or harassment if he/she fails to report an observed or reported incident, whether or not the target complains.

The results of the investigation shall be reported back to both the target and the accused in accordance with the accompanying regulation.

Disciplinary Consequences

While the focus of this policy is on prevention, bullying, harassing and discrimination acts may still occur. In these cases, offenders will be given the clear message that their actions are wrong and the behavior must improve. Student offenders will receive in-school guidance in making positive choices in their relationships with others. If appropriate, disciplinary action will be taken by the administration in accordance with the District's Code of Conduct, as applicable. If the behavior rises to the level of criminal activity, law enforcement will be contacted.

Consequences for a student who commits an act of bullying, harassing and discrimination shall be unique to the individual incident and will vary in method and severity according to the nature of the behavior, the developmental age of the student, and the student's history of problem behaviors, and must be consistent with the District's Code of Conduct.

Non-Retaliation

All complainants, victims, witnesses and/or any individuals who initiate, testify, participate or assist in the investigation of a complaint of discrimination such as harassment, hazing and bullying in conformity with state law and District policies, who have acted reasonably and in good faith, have the right to be free from retaliation of any kind.

Administrators will monitor participants in investigations to ensure that the behavior has ceased, no retaliation has occurred and support or counseling has been afforded to the involved individuals, as needed.

Dissemination, Monitoring Review, and Reporting

This policy, or a plain language summary, shall be published in student registration materials, and posted on the District's website and shall be otherwise disseminated in accordance with law. A bullying, harassing and discrimination complaint form will be available on the District's website. The District will ensure that the process of reporting bullying is clearly explained.

Each year, as part of the annual review of the Code of Conduct, this policy will be reviewed to assess its effectiveness and compliance with state and federal law. If changes are needed, revisions will be recommended to the Board for its consideration.

The building principals shall provide a report at least once during the school year on data and trends related to harassment, bullying, and discrimination to the Superintendent of Schools. The District shall report material incidents of bullying, harassment and discrimination of students to the Board of Education and to the Department of Education, as mandated by the Regulations of the Commissioner of Education, but in no case less than on an annual basis.

The District will ensure that reporting of information to the public will be in a manner that complies with student privacy rights under the Family Educational Rights and Privacy Act (FERPA).

Cross-ref: 0100, Equal Opportunity and Nondiscrimination
 5020.1 Sexual Harassment of Students
 4321.12, Physical Restraint of Students, Staff Members
 5300, Code of Conduct
 5710, Violent and Disruptive Incident Reporting
 9700, Staff Development

Ref: Dignity for All Students Act, Education Law, §§10 – 18
 Americans with Disabilities Act, 42 U.S.C. §12101 *et seq.*

Title VI, Civil Rights Act of 1964, 42 U.S.C. §2000d *et seq.*
Title VII, Civil Rights Act of 1964, 42 U.S.C. §2000e *et seq.*; 34 CFR §100 *et seq.*
Title IX, Education Amendments of 1972, 20 U.S.C. §1681 *et seq.*
§504, Rehabilitation Act of 1973, 29 U.S.C. §794
Individuals with Disabilities Education Law, 20 U.S.C §§1400 *et seq.*

Adoption date:

February 16, 2011

Amended: June 20, 2012; June 18, 2013

Reviewed: June 18, 2014, June 17, 2015

**STUDENT BULLYING, HARASSMENT AND/OR DISCRIMINATION PREVENTION
AND INTERVENTION REGULATION**

The Board condemns and strictly prohibits all forms of discrimination and harassment, including but not limited to, hazing, intimidation and bullying on school grounds, school buses and at all school-sponsored activities, programs and events.

Definitions

Harassment and Bullying

The Dignity for All Students Act (§§10-18 of Education Law) defines harassment and bullying as the creation of a hostile environment by conduct or by threats, intimidation or abuse, including cyberbullying, that (a) has or would have the effect of unreasonably and substantially interfering with a student's educational performance, opportunities or benefits, or mental, emotional or physical well-being; or (b) reasonably causes or would reasonably be expected to cause a student to fear for his or her physical safety; or (c) reasonably causes or would reasonably be expected to cause physical injury or emotional harm to a student; or (d) occurs off school property and creates or would foreseeably create a risk of substantial disruption within the school environment, where it is foreseeable that the conduct, threats, intimidation or abuse might reach school property.

Acts of harassment and bullying shall include, but not be limited to, those acts based on a person's actual or perceived:

- race,
- color,
- weight,
- national origin,
- ethnic group,
- religion,
- religious practice,
- disability,
- sex,
- sexual orientation, or
- gender (including gender identity and expression).
 - o Gender identity is one's self-conception as being male or female, as distinguished from actual biological sex or sex assigned at birth.

- o Gender expression is the manner in which a person represents or expresses gender to others, often through behavior, clothing, hairstyles, activities, voice or mannerisms.

For purposes of this definition the term “threats, intimidation or abuse” shall include verbal and non-verbal actions.

Cyberbullying

The Dignity for All Students Act (§§10-18 of Education Law) defines cyberbullying as harassment or bullying as defined above, where such harassment or bullying occurs through any form of electronic communication.

Discrimination

Discrimination is the act of denying rights, benefits, justice, equitable treatment or access to facilities available to all others, to an individual or group of people because of the group, class or category to which that person belongs (as listed under Harassment and Bullying as defined above).

Hazing

Hazing is an induction, initiation or membership process involving harassment which produces public humiliation, physical or emotional discomfort, bodily injury or public ridicule or creates a situation where public humiliation, physical or emotional discomfort, bodily injury or public ridicule is likely to occur.

Prevention

Prevention is the cornerstone of the District’s effort to address bullying, harassment and discrimination. The components of such an effort may involve the following:

- Gathering information about bullying, harassment or discrimination at school directly from students (through surveys and other mechanisms); analyzing and using the data gathered to assist in decision-making about programming and resource allocation.
- Establishing clear school wide and classroom rules about bullying, harassment or discrimination consistent with the District’s code of conduct.
- Training adults in the school community to respond sensitively and consistently to bullying, harassment or discrimination.

- Raising awareness among adults, through training, of the school experiences of marginalized student populations, social stigma in the school environment, gender norms in the school environment, and strategies for disrupting bullying, intimidation, discrimination, harassment or other forms of violence.
- Providing adequate supervision, particularly in less structured areas such as in the hallways, cafeteria, school bus and playground.
- Raising parental awareness and involvement in the prevention program and in addressing problems.
- Using educational opportunities or curriculum, including, if applicable, to address the underlying causes and impact of bullying, harassment or discrimination.

Role of the Dignity Act Coordinator (DAC)

The Board of Education will annually designate at least one staff member at every school building, who has been thoroughly trained to handle human relations in the areas of race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender (including gender identity and expression), and sex, as the DAC. The DAC will be responsible for coordinating and implementing this policy and regulation in each school building.

Reporting and Investigation

In order for the Board to effectively enforce this policy and to take prompt corrective measures, it is essential that all targets and persons with knowledge of bullying, harassment or discrimination report such behavior immediately to the principal, or the principal's designee promptly after the incident so that it may be effectively investigated and resolved.

School personnel who observe any incidents of student-to-student and/or staff-to-student bullying, harassment and/or discrimination, or receive a verbal or written report of such harassment, bullying and/or discrimination, are required to promptly verbally notify their building principal or other administrator who supervises their employment within one school day after they witness or receive a report of harassment, bullying and/or discrimination. Such school personnel are also required to file a written report with their building principal or other administrator who supervises their employment within two school days after making such verbal report.

In order to assist investigators, individuals should document the bullying, harassment or discrimination as soon as it occurs and with as much detail as possible including: the nature of the incident(s); dates, times, places it has occurred; name of perpetrator(s); witnesses to the incident(s); and the victim's response to the incident.

The District will make a bullying, harassment and discrimination complaint form available on its website to facilitate reporting. The District will collect relevant data from written and verbal complaints to allow reporting to the Superintendent of Schools and the Board of Education on an annual basis.

An administrator at each building will be designated who will promptly investigate all complaints, either formal or informal, verbal or written. To the extent possible, all complaints will be treated in a confidential manner, although limited disclosure may be necessary to complete a thorough investigation.

If, after appropriate investigation, the District finds that a student, or employee has violated this policy, prompt corrective and possible disciplinary action will be taken in accordance with the code of conduct, applicable collective bargaining agreement, District policy and state law. If the reported behavior constitutes a civil rights violation, the complaint procedure associated with that policy will be followed, as applicable. If either of the parties disagrees with the findings of the initial investigation, an appeal may be made to the Superintendent of Schools in accordance with the process described below.

Confidentiality

It is District policy to respect the privacy of all parties and witnesses to bullying, harassment or discrimination. To the extent possible, the District will not release the details of a complaint or the identity of the complainant or the individual(s) against whom the complaint is filed to any third parties who do not need to know such information. However, because an individual's need for confidentiality must be balanced with the District's legal obligation to provide due process to the accused, to conduct a prompt and thorough investigation, and/or to take necessary action to resolve the complaint, the District retains the right to disclose the identity of parties and witnesses to complaints in appropriate circumstances to individuals with a need to know. The staff member responsible for investigating complaints will discuss confidentiality standards and concerns with all complainants.

If a complainant requests that his/her name not be revealed to the individual(s) against whom a complaint is filed, the staff member responsible for conducting the investigation shall inform the complainant that:

1. the request may limit the District's ability to respond to his/her complaint;
2. District policy and law prohibit retaliation against complainants and witnesses;
3. the District will attempt to prevent any retaliation;
4. the District will take strong responsive action if retaliation occurs; and
5. the District's legal ability to effectuate discipline may in some cases be compromised if a witness is unwilling to testify.

If the complainant still requests confidentiality after being given the notice above, the investigator will take all reasonable steps to investigate and respond to the complaint consistent with the request as long as doing so does not preclude the District from responding effectively to the bullying, harassment or discrimination and preventing the bullying, harassment or discrimination of other students.

Investigation and Resolution Procedure

A. Procedure Building-Level

Whenever a complaint of bullying, harassment or discrimination is received whether verbal or written, it will be subject to a preliminary review and investigation. Except in the case of severe or criminal conduct, the administrator should make all reasonable efforts to resolve complaints at the school level. The goal of the procedure is to end the bullying, harassment or discrimination and to, prevent future incidents, ensure the safety of the target, and obtain a prompt and equitable resolution to a complaint.

As soon as possible, but no later than three working days following receipt of a complaint, the administrator should begin an investigation of the complaint by:

- Reviewing any written documentation provided by the victim(s).
- Conducting separate interviews of the victim(s), alleged perpetrator(s), and witnesses, if any, and documenting the conversations.
- Providing the alleged perpetrator(s) a chance to respond and notify him/her that if objectionable behavior has occurred, it must cease immediately. The individual will be made aware of remediation opportunities, if any, as well as potential disciplinary consequences.
- Inform all involved that acts of retaliation shall not be tolerated and shall serve as the basis for discipline if found to have occurred.
 - Determining whether the complainant needs any accommodations to ensure his/her safety, and following up periodically until the complaint has been resolved.

The District recognizes that there is a need to balance accommodations which enhance student safety against the potential to further stigmatize the targeted student. Therefore, each case will be handled individually, and the student, parent/guardian, and school administration will collaborate to establish safety provisions that best meet the needs of the targeted student. Follow-up discussion and/or meetings will be scheduled, as needed, to ensure that safety concerns have been adequately addressed and to determine when and if accommodations need to be changed or discontinued.

Parents of student victims and accused students should be notified within one school day of allegations that are serious or involve repeated conduct.

Where appropriate, informal methods may be used to resolve the complaint, including but not limited to:

- a. discussion with the accused, informing him or her of the District's policies and indicating that the behavior must stop;
- b. suggesting counseling, skill building activities and/or sensitivity training;
- c. conducting training for the department or school in which the behavior occurred, calling attention to the consequences of engaging in such behavior;
- d. requesting a letter of apology to the victim;
- e. writing letters of caution or reprimand; and/or
- f. separating the parties.

Appropriate disciplinary action shall be recommended and imposed in accordance with District policy, the applicable collective bargaining agreement or state law.

The administrator shall report back to both the victim and the accused, within two weeks, notifying them regarding the outcome of the investigation (i.e., whether the reported incident(s) was determined to be founded or unfounded). Pursuant to the Family Educational Rights and Privacy Act (FERPA) (20 USC §1232g et seq.), the specific action taken to resolve the complaint will not be disclosed. The actions taken will be in conformance with the Remediation/Discipline/Penalties section of this regulation, and the action taken to resolve the complaint. The actions taken will be in conformance with the Remediation/Discipline/Penalties section of this regulation. The victim shall report immediately if the objectionable behavior occurs again or if the alleged perpetrator retaliates against him/her.

If a complaint contains evidence or allegations of serious or extreme bullying, harassment or discrimination, or a civil rights violation, the complaint shall be referred promptly to the Superintendent. The complainant will also be advised of other avenues to pursue their complaint, including contact information for state and federal authorities.

In addition, where the administrator has a reasonable suspicion that the alleged bullying, harassment or discrimination incident involves criminal activity, he/she should immediately notify the Superintendent, who shall then contact the school attorney, appropriate child protection and, if appropriate, law enforcement authorities.

If a complaint is made to the Superintendent at the outset or as a result of a building-level investigation, the Superintendent or his/her designee will take steps to ensure an adequate investigation was performed and to take prompt corrective action if in his/her belief it is warranted.

Retaliation Prohibited

Any act of retaliation against any person who opposes bullying, harassing or discriminatory behavior, or who has filed a complaint, is prohibited and illegal, and therefore subject to disciplinary action. Likewise, retaliation against any person who has testified, assisted, or participated in any manner in an investigation, proceeding, or hearing of a bullying, harassment or discrimination complaint is prohibited. For purposes of this policy, retaliation includes but is not limited to: verbal or physical threats, intimidation, ridicule, bribes, destruction of property, spreading rumors, stalking, harassing phone calls, and any other form of harassment. Any person who retaliates is subject to immediate disciplinary action, up to and including permanent suspension or termination.

Remediation/Discipline/Penalties

Any individual who violates this policy by engaging in prohibited bullying, harassment or discrimination will be subject to appropriate action, which may include disciplinary action. Remedial responses to bullying, harassment and/or discrimination include measures designed to correct the problem behavior, prevent another occurrence of the behavior, and protect the target of the act. Appropriate remedial measures may include, but are not limited to:

- Restitution and restoration;
- Peer support group;
- Corrective instruction or other relevant learning or service experience;
- Supportive intervention;
- Behavioral assessment or evaluation;
- Behavioral management plan, that is closely monitored;
- Student counseling; or
- Parent conferences.

Beyond these individual-focused remedial responses, school-wide or environmental remediation can be an important tool to prevent bullying, harassment and discrimination. Environmental remediation strategies may include, but is are not limited to:

- School and community surveys or other strategies for determining the conditions contributing to the relevant behavior;
- Modification of schedules;
- Adjustment in hallway traffic and other student routes of travel;

- Targeted use of monitors;
- Staff professional development;
- Peer support groups.

Disciplinary measures available to school authorities include, but are not limited to the following:

Students: Discipline may range from a reprimand up to and including suspension from school, to be imposed consistent with the student conduct and discipline policy and applicable law.

Employees: Discipline may range from a warning up to and including termination, to be imposed consistent with all applicable contractual and statutory rights.

Policy Dissemination/Training

All students and employees shall be informed of this policy on the District website and in student registration materials, and it shall be otherwise disseminated in accordance with law.

All employees shall receive information about this policy and regulation at least once a year.

Principals in each school shall be responsible for informing students and staff on a yearly basis of the terms of this policy, including the procedures for filing a complaint and information about the impact of bullying, harassment and discrimination on the victim and bystanders.

Each DAC, administrative employees, and instructional and non-instructional school staff, should receive training to support implementation of this policy, regulation and on related legal developments.

Adoption date:

February 16, 2011

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Reviewed: June 18, 2014,

BULLYING, HARASSMENT AND/OR DISCRIMINATION COMPLAINT FORM

The purpose of this form is to inform the District of an incident or series of incidents of bullying, harassment and/or discrimination so we can investigate and take appropriate steps. If you feel unsafe, or if your child feels that way, fill out this form, but we urge you to speak directly with (insert name _____) by either visiting room ____ or calling _____ as soon as possible so we can address your concerns.

Student Name: _____ Student ID: _____

Grade: _____ School: _____

Describe the incident(s). Please include when and where it happened.

List the name(s) of the individual(s) accused of bullying, harassment and/or discrimination.

Were there any witnesses? ____ Yes ____ No If yes, please list the names of the individual(s).

I certify that all statements on this form are accurate and true to the best of my knowledge.

Signature

Date

Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.). Return this form to: *Building Dignity Act Coordinator (DAC)*

Note on confidentiality:

In order to investigate the complaint, the District will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s)/staff.