WESTBURY
UNION FREE SCHOOL DISTRICT

Office of Central Registration
545 Dryden Street, Westbury, NY 11590
P: (516) 876-5100
F: (516) 874-1695

Registration Checklist

- **Registration Application** (only a parent or guardian can register a student, unless the student is an emancipated minor)
- **School Records Request**
- **Home Language Questionnaire (K-12 only)**
- **Emergent Multilingual Learners Language Profile (Pre-K only)**
- **Health Forms**
  - ☐ Student Health History Form
  - ☐ Health Examination Form
  - ☐ Immunization Forms
  - ☐ Dental Form
- **Student Proof of Age**
  - ☐ Certified birth or baptismal certificate; if not available,
  - ☐ Passport (including a foreign passport)

Upon completion, please call this office for an appointment 516-876-5100

If neither of these are available, the District will consider other documentation if you have had them for two years, including but not limited to: valid driver's license, state or other government-issued ID, school photo ID with date of birth, consulate ID card, hospital or health records, military dependent ID card, documents issued by the Federal, State or local agencies, court orders or other court-issued documents, Native American tribal documents, records from non-profit international aid agencies or voluntary agencies, or other documentary evidence which can be used to determine a child's age.

_____

- **Parent/ Guardian Verification**
  - ☐ Photo ID valid driver's license, passport,military ID, resident card, or other government issued ID; or
  - ☐ Custodian Affidavit (if a judicial custody order is not available), if you are not the child's parent or
  - ☐ DS-2999 Form (School District Notification of Child Entering Foster Care, Placed in a Foster Family, Agency Boarding, or Group Home)
- **Proof of Residency**
  - ☐ Homeowners
    - ☐ proof of ownership (deed, closing statement, tax bill, home insurance ,or mortgage statement); and
    - ☐ Two (2) documents verifying full name and address
  - ☐ Renters
    - ☐ Current signed residential lease agreement. If a lease is not available, a Landlord Affidavit signed by a property owner or landlord or a Third Party Affidavit; and
    - ☐ Two (2) documents verifying full name and address

The District will consider the following documents, including but not limited to, to establish proof of residency : pay stub, income tax form, utility or other bills, membership documents based on residency (i.e., library card), voter registration documents, official driver's license, learner's permit or non-driver identification, state or other government issued identification, documents issued by Federal, State or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement) or evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

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K-12

Registration Application

Last Name: _____ First Name: _____ MI ____

Date of Birth: _____ Gender: _____ Grade: _____

Address: _____

Phone: _____

Student resides with: ☐ both parents ☐one parent ☐one parent and another adult ☐ foster parents ☐ a guardian(s) ☐ alone with no adults

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)

☐ Shelter

☐ Hotel/motel

☐ Car, park, bus, train, or campsite

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

☐ Other temporary living situation (please describe): _____

☐ In permanent housing

_____

Support Services

Check off any services that your child is currently receiving (check all that apply):

☐ Math support ☐ Reading support ☐ English support (ELL) ☐ Other _____

Does your child have an Individual Educational Plan (IEP)? ☐ Yes ☐ No

Check off any services that your child is currently receiving (check all that apply):

☐ Special education ☐ Speech/language ☐ Physical therapy ☐ Occupational therapy

Student Name: _____ DOB: _____

Student's Siblings:

Name	Gender	Date of Birth	School	Grade

Parent/Guardian 1:

Last Name: _____ First Name: _____ MI ____

Date of Birth: _____ Gender: _____ Marital Status: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____ Email Address: _____

Parent/Guardian 2:

Last Name: _____ First Name: _____ MI ____

Date of Birth: _____ Gender: _____ Marital Status: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____ Email Address: _____

Foster Parent and Foster Care Agency: please complete the following and provide a DSS-2999 Form.

Foster Parent's Last Name: _____

First Name(s): _____ _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Name of Agency: _____ Caseworker: _____

Phone: _____ Email Address: _____

Emergency Contacts:

Student Name: _____ DOB: _____

Emergency Contact #1

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: _____ Relationship: _____

Address: _____

Phone: _____ Email Address: _____

Emergency Contact #2

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: _____ Relationship: _____

Address: _____

Phone: _____ Email Address: _____

Emergency Contact #3

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: _____ Relationship: _____

Address: _____

Phone: _____ Email Address: _____

If we are not able to reach you or your emergency contacts, what do you wish the school to do in case the student is sick or injured?

_____

Eastern Suffolk BOCES
Educational Services That Transform Lives

NEW YORK STATE MIGRANT EDUCATION PROGRAM

IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

Please take a few minutes to complete this questionnaire.

Has anyone in your family worked or looked for work at the following occupations during the past 3 years?

☐ Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)

☐ Work related to logging, harvesting, or initial processing of trees.

☐ Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)

If you answered YES, please provide your contact information below:

Parent/Guardian Name: _____

Home address: _____

Telephone number: (_____)-_____-_____ Best time to be reached: _____ AM/PM

Previous Address: _____

Student name: _____ Age _____Grade_____

Student name: _____ Age _____Grade_____

To submit this referral please email to migranteducation@esboces.org, or fax to 631-240-8912, or by mail to Long-Island-METRO Migrant Education Program- 969 Roanoke House Avenue, Riverhead, NY. 11901.

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REVISED WESTBURY ACCEPTABLE USE POLICY & INTERNET AGREEMENT

Adopted June 29, 2012

1. Introduction

Internet access is available to all students and teachers in the Westbury School District. We are very pleased to bring you this service and believe that the Internet offers vast, diverse, and unique resources for both students and teachers. Our goal in providing this service is to promote educational excellence in schools by facilitating resource sharing, innovation, and communication.

The Internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. The key concept underlying the Internet is interconnectivity; something that will allow administrators, teachers, and more importantly students to access an unparalleled array of communication and information resources. Students and teachers have access to general Internet tools including, but not limited to: electronic mail (e-mail); Listservs; UseNet News; File Transfer Protocol (FTP); Telnet; various search engines such as Yahoo, and Google; and the World Wide Web. These electronic search tools enable students and teachers to:

- Communicate with people all over the world
- Access information and news from various governmental agencies and research institutions
- Join discussion groups on a plethora of topics
- Access University Library Catalogs, the Library of Congress, etc.

With access to people all over the world also comes the availability of material that may not be considered to be of educational value in the context of the school setting.

On a global network it is impossible to control all materials and an industrious user may discover controversial information. We strongly believe, however, that the valuable information and interaction available on this worldwide network far outweighs the possibility that users may procure material that is not consistent with the educational goals of the district.

2. It is the adopted policy of the Westbury School District to:

- Prevent user access over its computer network to, or transmission of, inappropriate material via Internet, electronic mail, or other forms of direct electronic communications;
- Prevent unauthorized access and other unlawful online activity;
- Prevent unauthorized online disclosure, use, or dissemination of personal identification
- Provide age-appropriate training for ALL students who use the Westbury School District Internet facilities. The training provided is designed to promote the Westbury School District's commitment to:

- The standards and acceptable use of Internet services as set forth in this Westbury School District Policy;
- Student safety with regard to:
  - Safety on the Internet;
  - Appropriate behavior while on online, on social networking Web sites, and in chat rooms; and
  - Cyberbullying awareness and response.
    - Compliance with the E-rate requirements of the Children's Internet Protection Act ("CIPA").

Following receipt of this training, the student will acknowledge that he/she received the training, understood it, and will follow the provisions of the District's acceptable use policies.

- Comply with the Children's Internet Protection Act [Pub. L. No. 106-554 and 47 USC 254 (h)

3. **Definitions:** Key terms are as defined in the Children's Internet Protection Act.

   a. **Access to Inappropriate Material:** To the extent practicable, technology protection measures are in place to block Internet, or other forms of electronic communications, access to inappropriate information.

      Specifically, as required by the Children's Internet Protection Act, blocking shall be applied to visual depictions of material deemed obscene and/or child pornography, or to any material deemed harmful to minors.

      Subject to staff supervision, technology protection measures shall be disabled upon a request to do so by an adult patron or, in the case of minors, minimized for bona fide research and/or other lawful purposes.

   b. **Inappropriate Network Usage:** To the extent practicable, steps have been taken to promote the safety and security of users of the **Westbury School district** online network. **All non-district** electronic mail, chat rooms, instant messaging, and other forms of direct electronic communications are blocked and not accessible within the district.

      Children do **NOT** have email accounts on the district's email system. Specifically, as required by the Children's Internet Protection Act, prevention of inappropriate network usage includes, but is not limited to: (a) unauthorized access, including so-called 'hacking' and other unlawful activities; and (b) unauthorized disclosure, use, and dissemination of personal identification information regarding minors.

   c. **Supervision and Monitoring:** It shall be the responsibility of ALL members of the **Westbury School District** staff to supervise and/or monitor usage of the online computer network and access to the Internet in accordance with this policy and the Children's Internet Protection Act.

   d. **Adoption:** Adopting procedures for the disabling and/or modifying of any technology protection measures shall be the sole responsibility of the Westbury School District Board of Trustees and/or their designated representatives.

4. **Guidelines:** *Internet access is coordinated through a complex association of governmental agencies and regional state networks. In addition, the smooth operation of the network relies upon the proper conduct of end users who must adhere to the following guidelines listed under Internet terms and conditions. These guidelines are provided here so that you are aware of the responsibility you are about to acquire. In general, this requires efficient, ethical and legal utilization of the network resources. If a Westbury School District user violates any of these provisions his or her account will be terminated and future access can be denied. The signature at the end of this document is legally binding and indicates the party who signed it has read the terms and conditions carefully and understands the significance.*

The Westbury School District requires all parents/Person in Parental Relations, teachers, and students to execute the following release-user agreement based on the guidelines listed under the following Internet terms and conditions.

Internet - Terms and Conditions:

1. Acceptable Use –

The purpose of the Internet is to support research and education in and among academic institutions by providing access to unique resources and the opportunity for collaborative work. The use of your account must be in support of education and research and consistent with the educational objectives of the Westbury School District. Use of another organization's network or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of United States or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening or obscene material, expressions of bigotry, racism, or hate, or material produced by trade secret. Use of commercial activities is generally not acceptable. Use of product advertisement or political lobbying is also prohibited.

2. **Privileges –**

The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. Each student who receives an account will be responsible for that account and its usage. Therefore, under no circumstances should your account be shared with anyone other than the Technology Department staff. Each student will also be required to attend an orientation session with a Westbury faculty member pertaining to the proper use of the Internet. The Building Administrator will deem what is inappropriate use and their decision is final. This may result in a revocation or suspension of specific user accounts.

1. **Network Etiquette –**

You are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to the following:

- Be polite. Do not get abusive in your messages to others.
- Use appropriate language. Do not swear, use vulgarities or any other inappropriate language. Illegal activities are strictly forbidden.
- Do not reveal your personal address or telephone number.
- Note that electronic mail (e-mail) is not guaranteed to be private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities may be

reported to the authorities.

- Do not use the network in such a way that you would disrupt the use of the network by other users. All communication and information accessible via the network should be assumed to be property of the Westbury School District.

2. Security –

Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem on the Internet, you must notify a Westbury administrator or the Technology Department. Do not demonstrate the problem to other users. Attempts to log onto the Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems, may be denied access to the Internet.

3. Vandalism –

Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet, or any of the above listed agencies or other networks that are connected to the Internet. This includes, but is not limited to, the uploading or creation of computer viruses.

I understand and will abide by the above ***Internet Use Agreement*.** I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit a violation, my access privileges may be revoked, school disciplinary actions may be taken, and/or appropriate legal action.

Student's Name (please print): _____

Student's Signature:_____**Date:**_____

(If you are under the age of 18, a parent or Person in Parental Relation must also read and sign this agreement.)

PARENT OR PERSON IN PARENTAL RELATION

As the parent or Person in Parental Relation of this student, I have read the ***Internet Use Agreement*.** I understand that this access is designed for educational purposes. However, I also recognize it is impossible for the Westbury School District to restrict access to all controversial materials and I will not hold them responsible for materials my child may acquire on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school

setting. I hereby give permission to the Westbury School District to issue an account for my child and certify that the information contained on this form is correct.

Parent/Person in Parental Relation (please print): _____

Parent/Person in Parental Relation Signature: _____

Date_____ **Grade/Class:** _____

WESTBURY
UNION FREE SCHOOL DISTRICT

School Records Request

I hereby give consent to Westbury Union Free School District to obtain all necessary academic, health, medical, psychological, psychiatric or report/evaluation records, if any, pertaining to my child from my child's former school.

I understand that the information requested will be treated as confidential and protected from disclosure to the extent possible. I understand that I have the right to cancel my permission to release information at any time before it is released. I also understand that my consent to release information will expire in 90 days from the date indicated if not acted upon prior to that time.

Student's Name: _____

Gender: ☐ M ☐ F Date of Birth: _____ Grade Currently Enrolled: _____

Student's Home Language: _____

Is your child currently enrolled in a bilingual program or receiving ENL services? __ yes __ no

Former School's Information

School Name: _____

Address: _____

Telephone: _____ Fax #: _____

Contact Person: _____ Title: _____

Please forward requested records to checked-off school/office

☐	Westbury High School	Grades 9-12	Tel #:	516-876-5047	Fax#: 516-876-5079
☐	Westbury Middle School	Grades 6-8	Tel #:	516-876-5082	Fax#: 516-876-2342
☐	Drexel Avenue School	Grades 1-5	Tel #:	516-876-5030	Fax #: 516-876-5032
☐	Dryden Street School	Grades PK-K	Tel#:	516-876-5039	Fax#: 516-876-5172
☐	Park Avenue School	Grades 1-5	Tel#:	516-876-5109	Fax #: 516-876-5190
☐	Powells Lane School	Grades 1-5	Tel#:	516-876-5124	Fax#: 516-876-5160
☐	Pupil Personnel	Special Ed	Tel#:	516-876-5119	Fax#: 516-876-5118

_____ _____

Parent/Guardian Signature Date

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AUTOMATED ALERT SYSTEM

Blackboard Connect *is a town-wide, automated, emergency call system used to alert families to a variety of* ***EMERGENCY*** *and* ***COMMUNITY OUTREACH*** *(non-emergency) notifications. The telephone numbers provided in the Emergency contact form will be placed in* ***Blackboard Connect****, unless you notify us otherwise.*

An ***EMERGENCY*** *might be an early release from school for bad weather, school cancellations, or a town wide emergency such as natural disaster information. This call would go to* ***ALL*** *telephone numbers you provide.*

A non-emergency ***COMMUNITY OUTREACH*** *might be a reminder of important school happenings, town meetings, etc. This type of call will go to* ***only one*** *telephone number that you designate as your main contact number.*

I will notify the school of all telephone number and/or email changes.

Student Name: _____ *DOB* _____

_____ _____

Signature of Parent or Guardian *Date*

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

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:			GENDER:
			❑ Male ❑ Female
Month	*Day*	*Year*	

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 _____ *specify*	❑ Father _____ *specify*	
	❑ Guardian(s) _____ *specify*		
4. What language(s) does your child understand?	❑ English	❑ Other _____ *specify*	
5. What language(s) does your child speak?	❑ English	❑ Other _____ *specify*	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other _____ *specify*	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other _____ *specify*	❑ Does not write

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

SCHOOL DISTRICT INFORMATION:		STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
District Name (Number) & School	*Address*	

Home Language Questionnaire (HLQ)—Page Two

Educational History

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

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

Yes* ❑ ***No*** ❑ ***Not sure*** ❑ ***If yes,** please explain:_____

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

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

10b. *If referred for an evaluation, has your child ever *received* any special education services in the past?
❑ **No** ❑ **Yes – Type of services received:**_____

Age at which services received *(Please check all that apply):*
❑ **Birth to 3 years (Early Intervention)** ❑ **3 to 5 years (Special Education)** ❑ **6 years or older (Special Education)**

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

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

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

_____ Month: Day: Year:
Signature of Parent or of Person in Parental Relation ***Date***

Relationship to student: ❑ **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: ❑ **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:

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STUDENT HEALTH HISTORY

Providing the information contained in this form is not a requirement for your child's enrollment. If you cannot provide such information prior to your child's enrollment, please submit this form as soon as practical.

Student's Name: _____ Date of Birth: _____

Is your child under medical care now? ☐ yes ☐ no If yes, explain? _____

Allergies: _____

Is student taking any medication? ☐ yes ☐ no During regular school hours? ☐ yes ☐ no

Medication_____ Dosage _____ Frequency _____

Has your child ever had wheezing, shortness of breath or frequent day or night coughing? ☐ yes ☐ no

Have you heard your child wheeze or cough after active playing? ☐ yes ☐ no

HAS YOUR CHILD EVER HAD ANY OF THE FOLLOWING?

	YES	NO		YES	NO
BLOOD			**HEAD / NERVOUS SYSTEM**		
Anemia			Head Injuries/Frequent Headaches		
Lead Problems			Hyperactivity		
Sickle Cell			Seizures		
Other			Other		
COMMUNICABLE			**LUNGS**		
Chickenpox			Allergies/Hay Fever		
Hepatitis			Asthma		
Rheumatic Fever			Chronic Cough/Pneumonia/Bronchitis		
Tuberculosis			Tuberculosis		
Other			Other		
EAR, NOSE, THROAT			**MOUTH**		
Frequent Ear Infections/Tubes			Dental Problems		
Frequent Sinus Infections/Nose Bleeds			Speech Problems		
Hearing Problems			Other		
Other			**MUSCLE / BONES**		
EMOTIONAL / SOCIAL PROBLEMS			Bone problems/Broken Bones		
Behavior Problems			Muscle Problems		
Emotional Problems			Scoliosis/Back problems		
Psychological Testing			Other		
Other			**SKIN**		
ENDOCRINE			Allergies /Eczema		
Diabetes/Hypoglycemia			Rashes/Problems		
Growth Problems			**STOMACH / INTESTINE**		
Thyroid			Bowel Problems		
Other			Frequent Stomachaches		
EYES			Other		
Lazy Eye/Crossed/Surgery			**SURGERIES**		
Vision Problems/Glasses/Lenses			**SERIOUS INJURIES**		
Other			**URINARY / REPRODUCTIVE SYSTEM**		
HEART			Kidney Problems/ Urinary Tract Problems		
Heart Murmur/Disease/Surgery			Testicles: Injury/Surgery/Hernia		
High Blood Pressure			Wetting/Frequent Urination		
Other			Other		

Does your child have any physical or emotional condition(s) requiring restrictions of his/her participation in physical education or any other school activity? ☐ yes ☐ no

If yes, please contact the principal or school nurse at once.

Signature of parent/guardian: _____ Date: _____

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name	Sex: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No ☐ Yes, indicate type	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
Asthma ☐ No ☐ Yes, indicate type	☐ Intermittent ☐ Persistent ☐ Other : ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
Seizures ☐ No ☐ Yes, indicate type	Type: Date of last seizure: ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
Diabetes ☐ No ☐ Yes, indicate type	Type: ☐ 1 ☐ 2 ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: *Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.*

BMI_____kg/m2

Percentile (Weight Status Category): ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and>

Hyperlipidemia: ☐ No ☐ Yes ☐ Not Done **Hypertension:** ☐ No ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

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

Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	☐	☐		
Sickle Cell Screen-PRN	☐	☐		
Lead Level Required Grades Pre- K & K			**Date**	
☐ Test Done ☐ Lead Elevated ≥ 5 µg/dL				

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

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

☐ Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list) ICD-10 Code*
☐ Additional Information Attached	*Required only for students with an IEP receiving Medicaid

Name:	DOB:

SCREENINGS

Vision (w/correction if prescribed)	**Right**	**Left**	**Referral**	**Not Done**
Distance Acuity	20/	20/	☐ Yes ☐ No	☐
Near Vision Acuity	20/	20/		☐
Color Perception Screening ☐ Pass ☐ Fail				☐
Notes				

Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.				**Not Done**
Pure Tone Screening	**Right** ☐ Pass ☐ Fail	**Left** ☐ Pass ☐ Fail	**Referral** ☐ Yes ☐ No	☐
Notes				

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

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

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

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

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

Developmental Stage for Athletic Placement Process 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 Age of First Menses (if applicable) : _____

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

MEDICATIONS

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

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS

HEALTH CARE PROVIDER

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone: Fax:

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

NYS Dental Health Certificate (Form D-2)

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 _____/_____/_____ | Sex: ☐ Male ☐ Female | Will this be your child's first visit to a dentist? ☐ Yes ☐No

School Name: | Grade:

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 this 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 (pls print or stamp)	Dentist's Signature

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

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**

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.

WESTBURY
UNION FREE SCHOOL DISTRICT

Office of Central Registration
545 Dryden Street, Westbury, NY 11590
P: (516) 876-5100
F: (516) 874-1695

LANDLORD AFFIDAVIT

AFFIDAVIT BY LANDLORD TO CONFIRM RESIDENCY

Instructions

This is a legal document. Any person giving **false information** may be subject to prosecution for the crimes of perjury and/or offering a false instrument.

Please answer all questions.

STATE OF NEW YORK)

ss:

COUNTY OF NASSAU)

I, _____,

[Please check the appropriate box below]

□ am the recorded owner (or authorized master tenant/leaseholder) of the property

□ am duly designated agent for the owner of the property

□ am a relative, family member, or family friend renting my home

at: _____which is located within the territorial boundaries of the Westbury Union Free School District.

This rental/living arrangement began on _____ and will end on _____

□ there is a written lease for the premises.

I am renting/providing a room/apartment to the following persons

Parent/Guardian _____

Parent/Guardian _____

Child(ren) Seeking to Enroll _____

_____

_____

_____

□ This statement is submitted unsworn

or

□ This statement is sworn to under the penalties of perjury. The above information made by me is true, and I understand that if the statements I have made are false, the Westbury Union Free School District will take legal action to collect tuition charges if the student/s is/are illegally registered. Any person or persons, in addition to the parents or guardians, who provide false evidence of residency, will be prosecuted. The above information made by me is true, and I know that perjury is a Class A misdemeanor pursuant to section 210.45 of the Penal Code.

_____
Signature

_____
Printed name

Sworn to before me this ____
day of _____, 20___

_____
Notary Public

WESTBURY
UNION FREE SCHOOL DISTRICT

Office of Central Registration
545 Dryden Street, Westbury, NY 11590
P: (516) 876-5100
F: (516) 874-1695

THIRD-PARTY AFFIDAVIT

AFFIDAVIT BY THIRD PARTY TO CONFIRM RESIDENCY

Instructions

This is a legal document. Any person giving **false information** may be subject to prosecution for the crimes of perjury and/or offering a false instrument. In addition, if you make untruthful statements knowing that the student does not meet the legal standards for enrollment, **you may be liable for the payment of tuition costs** for the student. The information provided by you will be used by the Westbury Union Free School District to determine whether a child is entitled to a free public education in the District's Schools.

Please answer all questions.

IN THE MATTER OF THE RESIDENCY OF:

_____
Student's Name

STATE OF NEW YORK)
}: ss.:
COUNTY OF NASSAU)

The undersigned individual, being duly sworn, deposes and says, under penalties of perjury, as follows:

1. My name is: _____.

2. My telephone number is: _____.

3. My current home address is: _____.

4. My relationship to the student's family is: _____.

5. The name(s) of the student's natural parent(s) is (are):
_____.

6. The name(s) of the student's legal guardian(s) or custodian(s) is (are) [*answer only if applicable*]:_____

7. The student lives at:
_____ in Westbury
(Address of Residence) *(City, State, Zip Code)*

with _____.
(*Insert the names of parent(s)/legal guardian(s)/custodian(s)*)

8. _____ lives at this residence with the following persons:
(Student's Name)

Name	*Relationship to Student*
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. I know the student lives at this residence with the following persons listed in Question 8 because:

_____
Explain
_____

_____.

10. The student has lived at this residence since _____.

11. I expect the student to live at this residence until:_____.
Date. If you do not know. Write "Indefinitely."

12. I understand that the Westbury Union Free School District will rely upon the truthfulness of the statements made in this document in deciding whether or not to enroll the student in the public schools of the School District.

_____
Signature

_____
Printed name

Sworn to before me this ____
day of _____, 20___

_____
Notary Public

This agreement outlines the terms and conditions for the use of school-provided Chromebooks and related technology resources. **Students and parents/guardians are responsible for reading and adhering to all information found in this contract and all school district policies, including but not limited to, Policy # 4526 Computer Network Acceptable Use Policy; Policy # 4526-F Computer Network Acceptable Use Form; Policy # 4526-R Computer Network Acceptable Use Regulation; and Policy # 4527 Computer Loan Policy.**

1. Device Responsibility:

- Chromebooks and/or other district issued devices and accessories provided are the property of the Westbury School District and are to be used **ONLY** for school related work. School related work refers to any assignments made by the students' teachers including but not limited to homework, research, projects, PowerPoints, etc.
- The student **DOES NOT** have permission to access **social media sites, games, movies, music, television, or shopping sites** on the District owned Chromebook because these are not schoolwork activities. The District owned Chromebooks and/or other school district issued devices and accessories are subject to monitoring of use and the search of contents at any time, thus there can be no expectation of privacy.
- Chromebooks and/or other school district issued devices and accessories are assigned to each student once the contract has been signed and returned.
- Both students and parents/guardians are responsible for the care and proper use of the Chromebooks and/or other school district issued devices and accessories. Any damage caused due to negligence or intentional misuse may result in repair or replacement fees.

2. Data and Privacy:

- Students and parents must respect the privacy of others and refrain from accessing, sharing, or distributing personal information without proper authorization.
- The school district may monitor Chromebooks and/or other school district issued devices and accessories usage, network traffic, and installed applications to ensure compliance with school policies and to maintain a safe learning environment.
- Students and parents are responsible for maintaining the security and integrity of the device, including not sharing passwords or engaging in activities that may compromise network security.

3. Care and Handling:

- Students are **REQUIRED** to bring their assigned Chromebooks and/or other school district issued devices and accessories to each class each day with a fully charged battery. It is the student's responsibility to charge the Chromebook each night (grades 6-12). Failure to charge the Chromebooks and/or other school district issued devices will result in the student being unable to participate fully in all daily educational opportunities.
- Identifying tags including the serial number tag and Westbury UFSD asset tags must remain undisturbed on the device. Westbury UFSD keeps records and inventory of all Chromebooks and/or other school district issued devices and accessories. Missing or damaged asset tags may result in repair or replacement fees.

- Eating and drinking near the Chromebooks and/or other school district issued devices and accessories are prohibited to prevent damage due to spills.
- Stickers, decorations, or modifications to the hardware of the Chromebooks and/or other school district issued devices and accessories are not allowed.

4. Reporting Issues:

- Any technical issues, damage, loss, or theft of the device must be reported to the student's teacher and the school building's Technology Point Person immediately.
- It is the responsibility of parents/guardians to report issues promptly and to cooperate with the school for timely resolution.
- **Lost or Stolen devices & accessories:** Lost or stolen devices must be reported to the Main Office/Administration immediately (within 24 hours).
    - If the device is lost/stolen on school grounds, School Administrators will file a police report.
    - If stolen off campus, Parents/Guardians must file a police report. A copy of the police report must be provided to the Principal's office.
    - Unwillingness to file a police report will result in the Parent/Guardian assuming full financial responsibility for replacement.

5. Return of Devices:

- At the end of the academic year, Chromebooks and/or other school district issued devices and accessories may be collected/returned depending upon school building and grade level.
- Upon graduating and/or transferring out of Westbury UFSD, students/parents/guardians are required to return the Chromebooks and/or other school district issued devices and accessories in good condition. Failure to return the Chromebooks and/or other school district issued devices and accessories will result in associated fees.

6. Repossession / Agreement Termination:

- The school retains the right to suspend use of the Chromebooks temporarily or permanently and/or other school district issued devices and accessories, terminate this agreement and/or revoke Chromebooks and/or other school district issued devices and accessories privileges at any time.

7. Support & Repairs:

- Hardware/software repairs that are determined by the school district to be due to misuse, carelessness, or intentional damage(vandalism) is NOT covered by the school district. This includes any courtesy devices assigned to students.
- Hardware/software repairs that are determined by the school district to be covered under the school district warranty or as accidental will be covered up to one major incident per school year. A major incident is defined as any incident that exceeds $130.00.
- Do not attempt to repair the Chromebooks and/or other school district issued devices and accessories on your own. Do not attempt to remove or change the physical structure of the device, including the keys or plastic casing. Doing so will void the warranty, and families will be responsible for **100 percent** of the repair or replacement cost.

	First Incident (Within a calendar school year)	Second and All Additional Incidents
Accidental	As a courtesy, associated costs of less than $130.00 related to the first incident of accidental damage will be covered by the school district. Immediately upon accidental damage, the device must be returned to the school for repairs. Students will receive a courtesy device for the length of the repair period.	All repair costs associated with the second and all additional incidents of accidental damage will be charged back to the student and his/her parent/guardian. The student and their parent/guardian will be charged for repair and/or replacement up to the full replacement cost of the device. Immediately upon accidental damage, the device must be returned to the school for repairs. Students will receive a courtesy device for the length of the repair period.
Major Accidental Damage, Intentional Damage, OR Loss/Theft	In cases where a Chromebook and/or other school district issued device or accessory is damaged, by and the IT Dragons determine the damage to exceed expected normal wear and tear (i.e. a results of abuse, neglect, intentional damage, etc.), or is lost* or stolen*, the student and their parent/guardian will be charged for repair and/or replacement up to the full replacement cost of the device. Please note – the school district can remotely locate a device if the power is on. Please contact the school and/or District immediately if the device is missing. Deliberate damage will be referred to the principal. The student may be subject to any and all appropriate discipline for damage to school property as set forth in School Board policies, including the Student Code of Conduct.	

Beyond the first instance of accidental damage, sample costs of replacement and most common repairs are as follows:

Common Replacement Parts	
Missing Labels (name, tag number, etc.)	$5.00+ per instance
Power Cord and Cable (charger) Replacement	$18.00+ per instance
Keyboard Replacement	$25.00+ per instance
Touchscreen Replacement	$130.00+ per instance
Main Board (including damage to the ports) Replacement	$200.00+ per instance
Chromebook Replacement (Touchscreen)	$400.00+ per instance
Other Repairs as Determined by the IT Dragons	Determined at time of the incident

** Costs are subject to change, without notice, due to labor and parts costs determined by in-house and external vendors. ** Damages to courtesy devices will also be charged to the student and their parent/guardian.

**** In the event of loss or theft, please notify the District immediately. The District can deploy location software to assist in locating the device.**

By signing below, both the student and the parent/guardian acknowledge that they have read, understood, and agree to comply with the terms and conditions outlined in this agreement.

Student Signature **Date**

Parent or Guardian Signature **Date**

This form must be completed and returned before a DEVICE will be provided to your student. Please return the signed form to school in order to pick up your Chromebooks and/or other district issued devices and accessories.

FOR OFFICE USE ONLY	
Student Name	
Building/Teacher	
Grade	
Westbury UFSD Asset Tag	
Serial Number	
Model	