

This box for office use only:

Birth Certificate: _____ Custody Papers _____ Migrant Student _____ Proof of Residency: _____

Guardianship Papers _____ Foster Child _____ Immunizations _____ Restraining Order _____

McKinney-Vento _____

Student ID# _____ Entry Date: _____ BUS NUMBER: AM: _____ PM: _____

Northeast (Webutuck) Central School Registration Form

Preschool (Ages 3-5) / Preescolar (Edades 3-5) _____

Webutuck Elementary PreK-3 / Escuela Primaria Webutuck PreK-3 _____

Eugene Brooks Intermediate 4-8 / Eugene Brooks Intermedio 4-8 _____

Webutuck High School 9-12 / Escuela secundaria Webutuck 9-12 _____

Student Information / Información del estudiante:

Student's Last Name / Apellido del estudiante _____ First Name / Nombre de pila _____ Middle Name / Segundo nombre _____ M/F _____

Grade Entering / Ingreso de grado: _____ Date of Birth / Fecha de nacimiento: _____

Place of Birth / Lugar de nacimiento _____
City/State/Country / Ciudad estado Pais _____

If born outside of USA when did student enter the country (month/year) / Si nació fuera de EE. UU.,
¿cuándo ingresó el estudiante al país (mes/año)? _____

When did student start school (month/year) / ¿Cuándo comenzó el estudiante la escuela
(mes/año)? _____

Mailing Address / Dirección de envío: _____

Residence Address / Dirección de residencia: _____
(For Bus transportation / Para el transporte en autobús)

Permanent/temporary residence? / ¿Residencia permanente/temporal? _____

Are you living in a shelter or other arrangement due to a lack of housing? / ¿Está viviendo en un
refugio u otro arreglo debido a la falta de vivienda? _____

Is this a shared residence (are you living with another family member or friend?) / ¿Es esta una
residencia compartida (¿estás viviendo con otro familiar o amigo?) Yes/ Sí _____ No _____

Home Phone Number / Número de teléfono de casa: _____

Mobile Number / Mobile Number: _____

Health / Emergency Information / Información de salud/emergencia:

Doctor's Name/Town / Nombre del Doctor/Pueblo: _____

Phone / Teléfono: _____

Emergency Contact: (Person to be contacted if parents/guardians cannot be reached. This person will be authorized to act for the parent) / **Contacto de emergencia:** (Persona a contactar si no se puede contactar a los padres/tutores. Esta persona estará autorizada para actuar en nombre de los padres).

Name / Nombre: _____ Phone / Teléfono: _____

Address / DIRECCIÓN: _____

Relation / Relación: _____

Parent/Guardian Information / Información de padres/tutores:

Mother / Madre

Name/Nombre: _____ Phone/Teléfono: _____

Address / DIRECCIÓN: _____

Employer / Empleador: _____ Phone / Teléfono: _____

Email / Correo electrónico: _____

Active Military / Militar Activo: Yes / Sí _____ No _____

Father / Padre

Name/Nombre: _____ Phone/Teléfono: _____

Address / DIRECCIÓN: _____

Employer / Empleador: _____ Phone / Teléfono: _____

Email / Correo electrónico: _____

Active Military / Militar Activo: Yes / Sí _____ No _____

Guardian / Guardián

Name/Nombre: _____ Phone/Teléfono: _____

Address / DIRECCIÓN: _____

Employer / Empleador: _____ Phone / Teléfono: _____

Email / Correo electrónico: _____

Active Military / Militar Activo: Yes / Sí _____ No _____

Student's Special Program/Services / Programa/Servicios Especiales del Estudiante

Does child receive Special Education Services? / ¿El niño recibe servicios de educación especial?

Yes / Sí _____ No _____

Does child have an IEP? / ¿El niño tiene un IEP? Yes / Sí _____ No _____

Does your child receive/¿Recibe su hijo: Counseling/Asesoramiento _____

Speech/Discurso _____ Resource Room/Aula de recursos _____

AIS Math/Matemáticas AIS _____ AIS Reading/Lectura AIS _____

Other (explain)/Otro explicar) _____

Has your child ever been retained (repeated a grade?) / ¿Su hijo ha sido retenido alguna vez (¿repitió un grado?) _____ If Yes, what grade? / En caso afirmativo, ¿qué grado? _____

Student Educational Background

School Name/Nombre de escuela	School Address/Phone/Escuela Dirección/Teléfono	Grades Attended/ Grados a los que asistió

I verify that the above information is correct / Verifico que la información anterior es correcta:

Print name / Imprimir nombre: _____

Relationship to Student/Relación con el estudiante: _____

I give permission for the school to release health information to staff and faculty. This information will only be released to alert the staff/faculty to any health issues they should be aware of:

(Including but not limited to: Medications, Allergies, Glasses, Diabetic, and Chronic/Acute Illness, etc.) / Doy permiso para que la escuela divulgue información de salud al personal y la facultad. Esta información solo se divulgará para alertar al personal/facultad sobre cualquier problema de salud que deban tener en cuenta:

(Incluyendo pero no limitado a: Medicamentos, Alergias, Anteojos, Diabéticos y Enfermedades Crónicas/Agudas, etc.)

Signed/Firmado: _____ **Date/Fecha:** _____

**Northeast (Webutuck) Central School District Registration Form
Student Racial and Ethnic Identification Form**

**Formulario de registro del distrito escolar central del noreste (Webutuck)
Formulario de identificación racial y étnica del estudiante**

To the Parent/Guardian: The Northeast (Webutuck) Central School District has adopted a policy, which requires the collection and recording of the ethnic identity of students within the district in accordance with the federal categories and definitions. This information is used to report information to the State and Federal Education Departments. / Para el padre/tutor: El Distrito Escolar Central del Noreste (Webutuck) ha adoptado una política que requiere la recopilación y el registro de la identidad étnica de los estudiantes dentro del distrito de acuerdo con las categorías y definiciones federales. Esta información se usa para reportar información a los Departamentos de Educación Estatal y Federal.

Student Name / Nombre del estudiante: _____
Last/Último First/Primero Middle/Medio

Grade/Calificación: _____ Student ID/ Identificación del Estudiante: _____

Date of Birth/ Identificación del Estudiante _____

Directions / Direcciones:

Please answer questions 1 and 2. Please read them before you respond. / Conteste las preguntas 1 y 2. Léalas antes de responder.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish Origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture of origin, regardless of race. (Please put a check in the box that best describes your child. Please check only one box). / ¿El estudiante es hispano, latino o de origen español? Hispano, latino o de origen español significa una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano, u otra cultura de origen español, independientemente de la raza. (Marque la casilla que mejor describa a su hijo. Marque solo una casilla).

- ☐ **Yes, Hispanic / Si, hispano**
☐ **No, not Hispanic / No, no hispano**

2. Select one or more races from the following five racial groups. (Please put a check in the boxes that apply. Please check at least one box). / Seleccione una o más razas de los siguientes cinco grupos raciales. (Marque las casillas que correspondan. Marque al menos una casilla).

- ☐ **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. For example: Cherokee, Mohawk, Inuit.
- ☐ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **BLACK:** A person having origins in any of the black racial groups of Africa.
- ☐ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian/Other / Firma del padre / tutor / otro

Relationship / Relación

Northeast (Webutuck) Central School District

REQUEST FOR RECORDS / SOLICITUD DE REGISTROS

Date / Fecha: _____

Name of Student / Nombre del estudiante: _____

Date of Birth / fecha de nacimiento: _____ Grade / Calificación: _____

I, _____, hereby grant permission to the below mentioned school to send the following / por la presente otorgo permiso a la escuela mencionada a continuación para enviar lo siguiente:

1. Transcript / Transcripción
2. Health Records / Registros de Salud
3. Recommendations and Comments / Recomendaciones y Comentarios
4. Psychological and/or Special Education Records / Expedientes psicológicos y/o de educación especial
5. Discipline Records / Registros de disciplina
6. Science Investigation for Grades 3-6 (New York State only) / Investigación científica para los grados 3.º a 6.º (solo en el estado de Nueva York) /
7. New York State English as a Second Language Achievement Test (NYSESLAT) / Prueba de rendimiento en inglés como segundo idioma del estado de Nueva York

Name of Previous School and Address / Nombre de la escuela anterior y dirección:

Phone number of school / Número de teléfono de la escuela: _____

Fax number of school / Número de fax de la escuela: _____

Please send the requested records to:

Northeast (Webutuck) Central School (Grades Preschool – 12)
PO Box 405 - 194 Haight Road
Amenia, NY 12501
Phone: 845-373-4100 x4404
Fax: 845-373-7095

Email records to: lorinda.coulthard@webutuck.org

Signature of Parent/Guardian / Firma del padre/tutor

**Webutuck (Northeast) Central School District
Affidavit of Landlord**

In the matter of the Investigation of the Residence Status of:

Name(s) of Lessee/Renter

Pursuant to Section 3202 of Educational Law

STATE OF NEW YORK
COUNTY OF DUTCHESS

_____ being duly sworn deposes and says:
(Name of Landlord)

I am the owner or corporate officer of the owner of the property within the Northeast (Webutuck) Central School District, located at:

(Complete address)

I have rented or leased occupancy of the premises described above to:

First Name	Last Name	First Name	Last Name
A.		F.	
B.		G.	
C.		H.	
D.		I.	
E.		J.	

To the best of my knowledge and information, the persons named above are residents of the described premises.

I state that the forgoing statements are true and correct. They are made by me on the knowledge that the information I have given will be used by Webutuck (Northeast) CSD in making determinations based upon the accuracy of my statements.

Should it determined that I have provided incorrect or false information on this form; I understand that I may be charged with perjury.

Signature of Landlord

Sworn before me on this _____ day, 20__

Notary Public

Webutuck Central School District

Transportation Request Form / Formulario de solicitud de transporte

Date / Fecha: _____

Student's Name / El nombre del estudiante: _____
(Last) (First)

Home Address / Direccion de casa: _____
(Street Address – NO PO Boxes please / Dirección de la calle - NO PO Boxes por favor)

City/Ciudad: _____ State/Estado: _____ Zip/Código postal: _____

Home Telephone/Teléfono de casa:: _____ Cell/Celúla: _____

Emergency Contact/Contacto de emergencia: _____
(Full Name/Nombre completo) (Phone/Teléfono)

School Year/Año escolar: _____ Grade/Calificación: _____ DOB: _____

Parents/Guardians/Padres/Guardianes: _____
(Name/Nombre) (Phone/Teléfono)

Parents/Guardians/Padres/Guardianes: _____
(Name/Nombre) (Phone/Teléfono)

If your child goes to/from a childcare provider at a different address than above, please complete the form below including the name, address, and telephone number of the childcare provider.

Si su hijo va o viene de un proveedor de cuidado infantil en una dirección diferente a la anterior, complete el formulario a continuación, incluidos el nombre, la dirección y el número de teléfono del proveedor de cuidado infantil.

Pick Up / Levantar

____ Home ____ Childcare Provider

____ Hogar ____ Proveedor de cuidado de niños

Provider's Name / Nombre del proveedor:

Provider's Address / Dirección del proveedor:

Provider's Phone / Teléfono del proveedor:

Check Days / Consultar días:

____ Mon ____ Tues ____ Wed ____ Thur ____ Fri

Drop Off / Dejar

____ Home ____ Childcare Provider

____ Hogar ____ Proveedor de cuidado de niños

Provider's Name / Nombre del proveedor:

Provider's Address / Dirección del proveedor:

Provider's Phone / Teléfono del proveedor:

Check Days / Consultar días:

____ Mon ____ Tues ____ Wed ____ Thur ____ Fri

New York State Housing Questionnaire

Identifying and serving students in temporary housing under the McKinney-Vento Act and NYS Ed Law §3209

This form is to be completed when a student first enrolls, and any time a change in housing status occurs. There are no wrong answers. This form may be filled out independently, or the McKinney-Vento Liaison can assist. To access a list of McKinney-Vento Liaisons, please visit <https://www.nysteachs.org/liaisons>

District or LEA	School Name
About this form and your rights Schools are required by federal and state law to identify students living in temporary housing and ensure they can enroll, attend, and succeed in school. The McKinney-Vento Homeless Assistance Act, together with New York State Education Law Section §3209, protects students and families who no longer have a permanent, stable place to live; families who have lost housing; are staying with others temporarily; or are living somewhere that was never meant to be a home. Eligible students have the right to: ✓ Stay in the school they attended when last permanently housed (called the school of origin), for as long as they are in temporary housing. ✓ Immediately enroll in the local school where they are temporarily staying (the school of current location). ✓ Enroll and start school right away, even without a birth certificate, proof of residency, immunization records, or school records. ✓ Receive free transportation to and from the school of attendance, as well as after-school activities (If within 50 miles). ✓ Receive free school meals without income paperwork as well as access to other school services including McKinney-Vento Grant resources, if available. This information is confidential and will be shared only with school staff who have a legitimate educational need to support student access to McKinney-Vento rights and services. Providing this information is voluntary and will be used only to determine eligibility for services under the McKinney-Vento Act and NYS Education Law §3209. Please note that this information will not affect your immigration status, your child's enrollment, or your eligibility for other school services.	

STUDENT INFORMATION:

Student Name (Last, First)	Student Grade Level (Preschool-12)
Student Gender ☐ M ☐ F ☐ X= Nonbinary	Student Date of Birth (Month/Day/Year)
Parent, Legal Guardian Name	
Phone Number	E-Mail Address
Address where the student is currently living	

Where is the student residing right now?

Under the McKinney-Vento Act, students are protected when their nighttime residence is not **fixed, regular, and adequate**. Check every box that describes where **the student** is residing right now.

- ☐ Permanent housing: you own, rent or lease a fixed, regular, and adequate home
- ☐ Doubled-up: staying with another family or person due to a loss of housing, economic hardship, eviction, or other similar reason
- ☐ In an emergency, transitional, or domestic violence shelter. Shelter or program name: _____
- ☐ In a hotel or motel because there is no other alternative, adequate place to stay
- ☐ In a car, park, campsite, bus/train station, abandoned building, or another place not meant for stable habitation or established dwelling
- ☐ In a place with no heat, running water, or electricity, or that is otherwise structurally unsafe or inadequate to reside in
- ☐ Displaced by a fire, flood, natural disaster, or other emergency
- ☐ Another temporary situation not listed here: _____

Is there anything else you would like us to know about your situation? (optional)

Is the student an Unaccompanied Homeless Youth (UHY)?

The McKinney-Vento Act identifies students who are not living with a parent or legal guardian, and are not residing in permanent housing, as **Unaccompanied Homeless Youth (UHY)**. UHYs have the right to enroll in school and to complete and sign this form independently, without a parent or adult present. The McKinney-Vento Liaison can assist UHYs with this process.

☐ **Please check the box if you believe the student identified above may meet the McKinney-Vento eligibility criteria described above.**

Additional Children within the Household?

To help us identify and support all eligible children and youth, please list every child who is currently living with you, regardless of age or school enrollment status. This includes infants, preschool-aged children, and school-aged children.

Student Name (Last, First)	Date of Birth	Grade	Current or Recent School	Last School Attended Before Current or Recent

Accuracy of Information and Signature

The person completing this form certifies that the information provided above is correct and accurate to the best of their ability.

Name (print): _____

Signature: _____ **Date:** _____

An unaccompanied homeless youth may sign on their own behalf.

Need help? Contact the McKinney-Vento Liaison listed at the top of this form or call the NYS-TEACHS Helpline at 800-388-2014. Visit nysteachs.org for more information.

OFFICIAL USE ONLY (School Staff)

Date received: _____ **Received by:** _____ Eligibility: ☐ Eligible ☐ Not Eligible ☐ Pending

Homeless Primary Nighttime Residence Code (SIRS):

☐ D = Doubled-up ☐ S = Shelter ☐ H = Hotel/Motel ☐ U = Unsheltered ☐ T = Transitional Housing

Unaccompanied Homeless Youth (UHY): ☐ Yes ☐ No

Designation Form: ☐ Yes ☐ N/A ☐ Coded in Student Information System (SIS)

Liaison notified (initials): _____ Date: _____ ☐ Family declined to provide information

Notes:



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

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

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

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

Home Language Questionnaire (HLQ)

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

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
		☐ Male
Month	Day	Year
☐ 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	_____
	☐ Guardian(s)		_____
			specify
4. What language(s) does your child understand?	☐ English	☐ Other	_____
			specify
5. What language(s) does your child speak?	☐ English	☐ Other	_____ ☐ Does not speak
			specify
6. What language(s) does your child read?	☐ English	☐ Other	_____ ☐ Does not read
			specify
7. What language(s) does your child write?	☐ English	☐ Other	_____ ☐ Does not write
			specify

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT
INFORMATION SYSTEM:

District Name (Number) & School:

Address:

Home Language Questionnaire (HLQ)—Page Two

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:



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

Cuestionario de Idioma del Hogar (Home Language Questionnaire - HLQ)

Estimados padres o persona en relación parental:

Con el fin de proporcionar la mejor educación posible a su hijo(a), necesitamos determinar el nivel del habla, lectura de él o ella, escritura y comprensión en el inglés, así como conocer su educación previa e historial personal. Por favor, llene con su información las secciones "Conocimientos de idiomas" e "Historial educativo". Apreciamos mucho su colaboración respondiendo a estas preguntas. Gracias.

NOMBRE DEL ESTUDIANTE:		
Nombre	Segundo nombre	Apellido
FECHA DE NACIMIENTO:		GÉNERO:
Mes	Día	Año
		☐ Masculino ☐ Femenino
INFORMACIÓN DE LOS PADRES/PERSONA EN RELACIÓN PARENTAL		
Apellido	Primer Nombre	Relación con el estudiante

HOME LANGUAGE CODE

Conocimientos de idiomas		
(Por favor, marque todas las opciones que sean aplicables)		
1. ¿Qué idioma(s) se habla(n) en el hogar o residencia del estudiante?	☐ Inglés ☐ Otro	especifique
2. ¿Cuál fue el primer idioma que su hijo(a) aprendió?	☐ Inglés ☐ Otro	especifique
3. ¿Cuál es el idioma primario de cada padre / tutor?	☐ Padre 1 ☐ Padre 2	especifique
	☐ Tutor(es)	especifique
4. ¿Qué idioma o idiomas entiende su hijo(a)?	☐ Inglés ☐ Otro	especifique
5. ¿Qué idioma o idiomas habla su hijo(a)?	☐ Inglés ☐ Otro	☐ No sabe hablar
6. ¿Qué idioma o idiomas lee su hijo(a)?	☐ Inglés ☐ Otro	☐ No sabe leer
7. ¿Qué idioma o idiomas escribe su hijo(a)?	☐ Inglés ☐ Otro	☐ No sabe escribir

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

Cuestionario de Idioma del Hogar (HLQ) — Página Dos

Historial Educativo	
8.	Indique con un número el total de años que su hijo(a) lleva inscrito en una escuela _____
9.	¿Cree usted que su hijo(a) pueda tener dificultades, interferencias o problemas educacionales que le afecten su capacidad para entender, hablar, leer o escribir en inglés o en cualquier otro idioma? En caso afirmativo, por favor descríbalos. Sí* No No se sabe ☐ ☐ ☐ * En caso afirmativo, por favor explique: _____ ¿Qué gravedad considera usted que tienen estas dificultades educacionales? ☐ Poca gravedad ☐ Algo grave ☐ Muy grave
10a.	¿Alguna vez se ha recomendado a su hijo(a) a tener una evaluación de educación especial? ☐ No ☐ Sí* *Por favor, llene 10b.
10b.	*Si se le ha recomendado alguna vez una evaluación, ¿ha recibido su hijo(a) alguna vez alguna forma de educación especial? ☐ No ☐ Sí – Explique, que forma o formas de educación especial recibió: _____ Edad en la que recibió la intervención o forma de educación especial (favor de marcar todas las opciones que sean aplicables): ☐ De nacimiento a 3 años (Intervención Temprana) ☐ 3 a 5 años (Educación Especial) ☐ 6 años o mayor (Educación Especial)
10c.	¿Tiene su hijo(a) un Programa de Educación Individualizada (Individualized Education Program - IEP)? ☐ No ☐ Sí
11.	¿Considera que hay alguna otra información importante que la escuela deba saber sobre su hijo(a)? (Por ejemplo, talentos especiales, problemas de salud, etc.) _____ _____
12.	¿En qué idioma(s) quiere usted recibir la información de la escuela? _____

Firma de un padre o de la persona en relación paternal

Mes: _____ Día: _____ Año: _____

Fecha

Relación con el estudiante: ☐ Padre ☐ Otra: _____

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 ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	



The WCSD Device Pledge

Device Contract for Students:

1. I will take good care of my assigned device and charger.
2. I will never leave my device/charger unattended.
3. I will never loan out my device/charger/keyboard to other individuals.
4. I will know where my device/charger/keyboard is at all times.
5. I will charge my device's battery daily.
6. I will not sync my school issued device to any other computer or device.
7. I will keep food and beverages away from my device.
8. I will not disassemble any part of the device or attempt any repairs.
9. I will protect my device by only carrying it safely and in the case (if provided).
10. I will use my device in ways that are appropriate and educational, meeting the WCSD expectations.
11. I will not remove or tamper with the school security profiles placed on my device.
12. I will not place decorations (stickers, markers, etc.) on my device.
13. I will not deface the serial number iPad sticker on any device.
14. I understand that my device is subject to inspection at any time without notice and remains the property of WCSD.
15. I will follow the expectations outlined in the WCSD acceptable use policy and the WCSD agreement while at school, as well as outside school.
16. I will file a police report in case of theft, vandalism, and other acts covered by homeowners insurance.
17. I will be responsible for all damage, loss, abuse or theft as per district insurance policy.
18. I agree to return the schools' devices, case and chargers in good working condition.
19. I agree that it is my responsibility to ensure there is sufficient memory and storage on my device for school use.

Students who withdraw, are expelled, or terminate enrollment for any reason must return their individual school device on the date of termination. All devices and chargers must be returned to the WCSD.

I understand and agree to the stipulations set forth in the WCSD Device Agreement, [the Student Acceptable Use Policy](#) and the WCSD 1:1 Device Pledge. I understand

Student name: _____ Grade: _____

Student signature: _____ Date: _____

Parent name: _____

Parent signature: _____ Date: _____



Acuerdo de usuario de dispositivo WCSD 1: 1
El compromiso de dispositivo WCSD Cuidaré

Contrato de dispositivo para estudiantes:

1. bien de mi dispositivo y cargador asignados.
2. Nunca dejaré mi dispositivo / cargador desatendido.
3. Nunca prestaré mi dispositivo / cargador / teclado a otras personas.
4. Sabré dónde está mi dispositivo / cargador / teclado en todo momento.
5. Cargaré la batería de mi dispositivo a diario.
6. No sincronizaré mi dispositivo proporcionado por la escuela con ninguna otra computadora o dispositivo.
7. Mantendré los alimentos y bebidas alejados de mi dispositivo.
8. No desmontaré ninguna parte del dispositivo ni intentaré repararlo.
9. Protegeré mi dispositivo llevándolo solo de manera segura y en el estuche (si se proporciona).
10. Usaré mi dispositivo de manera apropiada y educativa, cumpliendo con las expectativas de WCSD.
11. No eliminaré ni alteraré los perfiles de seguridad de la escuela colocados en mi dispositivo.
12. No colocaré adornos (pegatinas, marcadores, etc.) en mi dispositivo.
13. No estropearé la pegatina del iPad con el número de serie de ningún dispositivo.
14. Entiendo que mi dispositivo está sujeto a inspección en cualquier momento sin previo aviso y sigue siendo propiedad de WCSD.
15. Seguiré las expectativas descritas en la política de uso aceptable de WCSD y el acuerdo de WCSD tanto en la escuela como fuera de ella.
16. Presentaré un informe policial en caso de robo, vandalismo y otros actos cubiertos por el seguro de vivienda.
17. Seré responsable de todo daño, pérdida, abuso o robo según la póliza de seguro del distrito.
18. Acepto devolver los dispositivos, estuches y cargadores de las escuelas en buenas condiciones de funcionamiento.
19. Estoy de acuerdo en que es mi responsabilidad asegurar que haya suficiente memoria y almacenamiento en mi dispositivo para uso escolar.

Los estudiantes que se retiren, sean expulsados o cancelen la inscripción por cualquier motivo deben devolver su dispositivo escolar individual en la fecha de terminación. Todos los dispositivos y cargadores deben devolverse al WCSD.

Entiendo y acepto las estipulaciones establecidas en el Acuerdo de dispositivo de WCSD, la Política de uso aceptable del estudiante y el Compromiso de dispositivo 1: 1 de WCSD.

Nombre del estudiante: _____ Grado:: _____

Firma del estudiante: _____ Fecha: _____

Nombre del padre: _____

Firma del padre: _____ Fecha: _____

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	
School:				DOB:	
				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: ☐ Medication/Treatment Order Attached		Date of last seizure: ☐ 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: <i>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.</i>					
BMI _____ kg/m2					
Percentile (Weight Status Category): ☐ <5 th ☐ 5 th -49 th ☐ 50 th -84 th ☐ 85 th -94 th ☐ 95 th -98 th ☐ 99 th and>					
Hyperlipidemia: ☐ No ☐ Yes ☐ Not Done			Hypertension: ☐ No ☐ Yes ☐ Not Done		
PHYSICAL EXAMINATION/ASSESSMENT					
Height:		Weight:		BP:	
				Pulse:	
				Respirations:	
Laboratory Testing		Positive Negative		Date	
TB- PRN		☐		☐	
Sickle Cell Screen-PRN		☐		☐	
Lead Level Required Grades Pre- K & K				Date	
☐ Test Done ☐ Lead Elevated ≥ 5 µg/dL					
☐ System Review and Abnormal Findings Listed Below					
☐ HEENT		☐ Lymph nodes		☐ Abdomen	
☐ Dental		☐ Cardiovascular		☐ Back/Spine	
☐ Neck		☐ Lungs		☐ Genitourinary	
				☐ Extremities	
				☐ Skin	
				☐ Neurological	
				☐ Speech	
				☐ Social Emotional	
				☐ 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:	
Vision & Hearing SCREENINGS - Required for PreK or K, 1, 3, 5, 7, & 11					
Vision (w/correction if prescribed)	Right	Left	Referral	Not Done	
Distance Acuity	20/	20/	☐ Yes ☐ No	☐	
Near Vision Acuity	20/	20/		☐	
Color Perception Screening ☐ Pass ☐ Fail				☐	
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.				Not Done	
Pure Tone Screening	Right ☐ Pass ☐ Fail	Left ☐ Pass ☐ Fail	Referral ☐ Yes ☐ No	☐	
Notes					
Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7	Negative	Positive	Referral	Not Done	
	☐	☐	☐ Yes ☐ No	☐	
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK					
☐ Student may participate in all activities without restrictions. ☐ Student is restricted from participation in: ☐ Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. ☐ Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. ☐ Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. ☐ Other Restrictions:					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level. Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V Age of First Menses (if applicable) : _____					
☐ Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, 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: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form To Your Child's School When Completed.					

Date Withdrew _____

F _____ R _____ D _____

2025-2026 Application for Free and Reduced-Price School Meals/Milk

Schools are required to establish free and reduced-price eligibility while offering meals at no-charge. Please complete the free and reduced-price meals application for your child(ren), then sign and **return it to the address listed below**. Call **(phone number)**, if you need help. Additional names may be listed on a separate paper.

Return Completed Applications to: (School Name)
(Street Name)
(City, State, Zip Code)

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

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4 and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you completed step 2)

All Household Members (including yourself and all children that have income).

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

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

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number: XXX-XX-__ __ __ __

I do not have a SS# ☐

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#) or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

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

Signature: _____ **Date:** _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Island ☐ White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)

Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

- ☐ SNAP/TANF/Foster
☐ Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____
☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid

Signature of Reviewing Official _____ Date Notice Sent: _____



NEW YORK STATE MIGRANT EDUCATION PROGRAM

IDENTIFICATION & RECRUITMENT OFFICE

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 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 answer 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 fax to 845-257-2953, or by mail to Mid-Hudson Migrant Education Program – 353 VH Annex 1 Hawk Drive, New Paltz, NY 12561





OFICINA DE IDENTIFICACIÓN Y RECLUTAMIENTO- ENCUESTA PARA PADRES

El programa de Educación para Migrantes (MEP), está autorizado por el Título I, Parte C de la Acta de Educación Elemental y Secundaria (ESEA). EL MEP provee una variedad de servicios educativos para las familias que trabajan en la agricultura, **sin importar su nacionalidad o estado legal**. Este programa **es gratuito** para aquellas familias elegibles y puede incluir servicios de tutorías, elegibilidad de almuerzo gratuito en la escuela, excursiones, programa de verano, actividades de involucramiento para padres, programa de emergencias y referidos a otras organizaciones o agencias.

Por favor tome unos minutos para completar este cuestionario.

¿Usted o algún miembro de su familia ha trabajado o buscado trabajo en algunas de las siguientes ocupaciones en los pasados 3 años?

- ☐ Cualquier trabajo agrícola (como plantando, seleccionando, o cosechando frutas o vegetales, cultivando o cortando flores o árboles, trabajo en lechería u otro rancho de animales, pescando, etc.)
- ☐ Trabajando en la cultivación o procesamiento de los árboles.
- ☐ Trabajando en una planta de procesamiento, empacando, lavando o cortando vegetales, frutas o carnes.



Si usted contestó que sí, por favor complete la siguiente información:

Nombre del Padre/Encargado: _____

Dirección Física: _____

Teléfono: (____)-____-____ Mejor tiempo para ser contactado _____ AM/PM

Dirección anterior: _____

Nombre del estudiante: _____ Edad _____ Grado _____

Nombre del estudiante: _____ Edad _____ Grado _____

Para someter este referido, por favor envíelo por fax a 845-257-2953, o por correo a NYS Migrant Education Program – 353 VH Annex – 1 Hawk Drive, New Paltz, NY 12561.



Nita M. Lowey CENTER FOR HEALTH IN SCHOOLS

OPEN DOOR FAMILY MEDICAL CENTER

Healthy Children for a Better Tomorrow

School Based Health Centers (SBHC)

provide a full range of medical services, dental and behavioral health screenings, and care for students when they are sick – all within your child's school.

With a focus on prevention and wellness, children are healthy and ready to learn.



NO out of pocket costs No co-pays.

All insurances accepted. Uninsured welcome. Families are **NEVER BILLED FOR SERVICES.**



Eliminate time lost for doctor's office visits.

Missed time from work, traveling, sitting in waiting rooms.



National studies indicate that students

NOT enrolled in a SBHC **lost 3x**
as much class time as enrolled students.



SBHC staff know the students,

school community and culture, addressing health and wellness from an inside perspective.



SBHCs help children and families take control of chronic conditions - like asthma - to **avoid emergency room visits.**



Open Door offers **insurance enrollment.**

Every child in NYS is eligible for **HEALTH INSURANCE.**



SBHC SERVICES

- Primary medical care (includes complete physical exams)
- Dental/oral health screenings and care
- Behavioral health screenings
- Sports physicals
- Immunizations
- First aid/sick care
- Laboratory tests
- Health education
- Referrals to specialty care
- Chronic illness care (includes asthma, diabetes, and weight management)
- Health insurance enrollment
- Prescriptions

HOW IT WORKS

- Serves all students living in the Webutuck Central School District
- Elementary students will be escorted to the SBHC in the High School/EBIS building
- The SBHC can be your child's primary care provider (PCP)
- Each SBHC student will have an annual health check to keep care up to date
- Students who already have a PCP can still use SBHC services while at school

One time **PARENTAL CONSENT** is required. To enroll your child please scan the QR code.



The SBHC is located:

In the hallway connecting Webutuck High School
and Eugene Brooks Intermediate School

Webutuck Central School District

194 Haight Road
Amenia, NY 12501
845-247-1040

After hours and on weekends:

(914) OD-CARES
(914) 632-2737

Nita M. Lowey Center for Health in Schools School Based Health Center Consent Form

By completing and signing this form, I consent for the Open Door Family Medical Center School Based Health Center (SBHC) to provide medical care (in person or virtual) to the student named below, including necessary medical tests, evaluations, immunizations and care management, as allowed by New York State law.

I understand that:

1. Medical providers employed by Open Door Family Medical Center deliver care in the School Based Health Center (SBHC) located within your child's school district.
2. The School Based Health Centers are licensed by the New York State Department of Health to provide comprehensive primary care services.
3. This consent form will remain in effect as long as the student is enrolled in school and lives in the school district, unless I notify the School Based Health Center that I wish to revoke my consent, which I may do at any time.
4. All SBHC-enrolled students will have one yearly medical well-visit in the SBHC. When the SBHC provider is the student's primary care provider, this will be the annual physical exam. For students with a non-SBHC provider as their primary care provider, this will be a brief visit to update the medical record and complete routine screenings.
5. Confidentiality between the student and the health provider will be ensured in specific service areas in accordance with the law.
6. The student's health center record will be maintained as a confidential medical record; it is not a school record. As mandated by the Education Law Article 19 and the Regulations of the Commissioner, health examinations in the school years for which they are required, as well as those for new entrants and sports physicals, will be shared with the school nurse. Additional health information will be shared with the school nurse only on a need-to-know basis, as determined by the SBHC Clinical Director, to secure the child's health and welfare.
7. By law, parental consent is not required for prenatal care, sexual education and services, mental health care and pregnancy prevention, and the provision of services where the health of the student appears to be endangered. Parental consent is not required for students who are 18 years or older or for students who are parents or legally emancipated.
8. Students will be encouraged to involve their parents or guardians in counseling and medical care decisions.
9. Parents and guardians are welcome to attend appointments with their children. If a parent or guardian is not accompanying their child, and when needed due to child age or SBHC location in a separate building, patients will be escorted to and from the SBHC by a school or SBHC employee.

I authorize Open Door Family Medical Center to release information regarding treatment to third party payers or others for purposes of billing and for any reason that may be required to comply with statutes or regulations in accordance with accepted medical practices.

I have read the above information and have had the opportunity to have any of my questions answered.

Student Name:	Address:	Zip Code:
Date of Birth:	Current School:	Current Grade:
Name of Individual Providing Consent:		Relationship to patient: ☐ Parent ☐ Guardian ☐ Self
Signature:	Date:	If patient has health insurance, name of insurance company:
Phone #:		Other Contact Phone #: Relationship to Patient:

Please check one:

- ☐ A. I would like the SBHC to be my child's primary care provider/regular doctor (physical exams, sick visits, etc.)
- ☐ B. I have a primary care provider for my child and would like to use the SBHC for sick visits and other care, as needed. As stated above, all SBHC-enrolled students will have one annual well visit with the SBHC – this will not interfere with insurance coverage.

The name of my child's primary care provider is: _____

I would like the SBHC to share medical records with my child's primary care provider ☐ Yes ☐ No



Nita M. Lowey CENTER FOR HEALTH IN SCHOOLS

OPEN DOOR FAMILY MEDICAL CENTER

Niños Sanos Para Un Futuro Mejor

Centros de Salud Basados en la Escuela (SBHC)

brindan servicios completos médicos, exámenes dentales y de salud mental, y atención a los estudiantes cuando están enfermos- todo dentro de la escuela de su hijo.

Con un enfoque en la prevención y el bienestar, los niños están saludables y listos para aprender.



SIN Costo ninguno. No hay copagos. Se aceptan todos los seguros. Niños sin seguro bienvenidos. **A LAS FAMILIAS NUNCA SE LES COBRA POR SERVICIOS.**



Elimina tiempo perdido en visitas a los consultorios médicos. Tiempo perdido del trabajo, viajando, esperando en salas de espera.



Los estudios nacionales indican que los estudiantes que **NO están inscritos** en un SBHC pierden **3 veces más tiempo** de clase que los estudiantes inscritos.



El personal del SBHC conoce a los estudiantes, la comunidad y cultura escolar, cuidando de los estudiantes con una perspectiva dentro de la escuela.



Los SBHC ayudan a los niños y las familias a controlar las condiciones crónicas-como el asma- para **evitar visitas a la sala de emergencias.**



Open Door ofrece **inscripción al seguro médico.** TODOS los niños del estado de Nueva York son elegibles.

El SBHC está ubicado:

En el pasillo que conecta a Webutuck High School y Eugene Brooks Intermediate School

Webutuck Central School District

194 Haight Road
Amenia, NY 12501
845-247-1040



SERVICIOS DEL SBHC

- Atención médica primaria (incluye exámenes físicos completos)
- Exámenes y atención de salud dental
- Exámenes de salud mental
- Exámenes físicos deportivos
- Vacunas
- Primeros auxilios / atención médica
- Pruebas de laboratorio
- Educación sobre la salud
- Referencias a atención especializada
- Atención de enfermedades crónicas (incluye asma, diabetes y control de peso)
- Inscripción al seguro médico
- Recetas

¿CÓMO FUNCIONA?

- Disponible para todos los estudiantes en el Distrito Escolar Central de Webutuck
- Los estudiantes de primaria serán acompañados al SBHC en el edificio de la escuela secundaria/EBIS
- El SBHC puede ser el proveedor de atención primaria (PCP) de su hijo.
- Cada estudiante del SBHC tendrá un chequeo médico anual para mantener registros médicos actualizados.
- Los estudiantes que ya tienen un PCP aún pueden usar los servicios del SBHC mientras están en la escuela.

Se requiere **CONSENTIMIENTO DE LOS PADRES** una vez. Para inscribir a su hijo escanee el código QR.



Fuera del horario regular y durante fin de semana:

(914) OD-CARES
(914) 632-2737

Nita M. Lowey Centro de Salud en las Escuelas
Formulario de Consentimiento para el Centro de Salud Escolar

Al completar y firmar este formulario, doy mi consentimiento para que el Centro de Salud Escolar (SBHC) de Open Door Family Medical Center brinde atención médica (en persona o virtual) al estudiante mencionado a continuación, incluyendo pruebas médicas necesarias, evaluaciones, inmunizaciones y manejo de cuidado, según lo permitido por la ley del estado de Nueva York.

Entiendo que:

1. Los proveedores médicos empleados por Open Door Family Medical Center brindan atención en el Centro de Salud Escolar (SBHC) ubicado dentro del distrito escolar de su hijo(a).
2. Los Centros de Salud Escolares están autorizados por el Departamento de Salud del Estado de Nueva York para brindar servicios completos de atención médica.
3. Este formulario de consentimiento permanecerá vigente mientras el estudiante esté inscrito en la escuela y viva en el distrito escolar, a menos que yo notifique al SBHC que deseo revocar mi consentimiento, lo cual puedo hacer en cualquier momento.
4. Todos los estudiantes inscritos en el SBHC tendrán una visita médica anual de bienestar en el SBHC. Cuando el proveedor del SBHC es el proveedor de atención primaria del estudiante, este será el examen físico anual. Para los estudiantes con un proveedor que no pertenece al SBHC (como un médico privado), esta será una visita breve para actualizar el registro médico y pruebas de rutina.
5. Se garantiza la confidencialidad entre el estudiante y el proveedor de salud en áreas de servicio específicas de acuerdo con la ley.
6. El registro del estudiante se mantendrá como un registro médico confidencial; no es un expediente escolar. Según lo dispuesto por el artículo 19 de la Ley de Educación y el Reglamento del Comisionado, los exámenes de salud en los años escolares para los que se requieren, así como de los recién ingresados y los exámenes físicos deportivos, se compartirán con la enfermera de la escuela. La información de salud adicional se compartirá con la enfermera de la escuela solo cuando sea necesario, según lo determine la Directora Clínica del SBHC, para **garantizar la salud y el bienestar del niño**.
7. Por ley, no se requiere el consentimiento de los padres para el cuidado prenatal, servicios relacionados con educación sexual, salud mental, y prevención de embarazo, y servicios en casos donde la salud del estudiante parece estar en peligro. No se requiere el consentimiento de los padres para los estudiantes mayores de 18 años o para los estudiantes que son padres o están legalmente emancipados.
8. Se les promueve a los estudiantes a involucrar a sus padres o tutores en las decisiones de asesoramiento y atención médica.
9. Los padres y guardianes están bienvenidos a asistir a las citas con sus hijos. Si un padre o guardián no acompañara a su hijo(a), y cuando sea necesario debido a la edad del niño(a) o la ubicación del SBHC en un edificio separado, los pacientes serán acompañados hacia y desde el SBHC por un empleado de la escuela o un empleado de SBHC.

Autorizo a Open Door Family Medical Center a compartir información sobre el tratamiento a terceros pagadores u otras personas con fines de facturación y por cualquier motivo que pueda ser necesario para cumplir con las regulaciones de acuerdo con las prácticas médicas aceptadas.

He leído la información anterior y he tenido la oportunidad de que me respondan a mis preguntas.

Nombre del Estudiante:		Dirección:		Código Postal:	
Fecha de Nacimiento:		Escuela Actual:		Grado Actual:	
Nombre de Persona brindando Consentimiento:				Relación al Paciente: ☐ Padre/Madre ☐ Guardián ☐ Si mismo	
Firma:		Fecha:	Si el paciente tiene seguro médico, nombre de la compañía de seguro:		
# de Teléfono:	() -	Otro número de teléfono de contacto: () - Relación al paciente:			

Por favor elija uno:

- ☐ A. Me gustaría que el SBHC fuera el médico primario de mi hijo/a (exámenes físicos, visitas de enfermedad, etc.)
- ☐ B. Tengo un proveedor de atención primaria para mi hijo/a y me gustaría usar el SBHC para visitas de enfermedad y otros cuidados, según sea necesario. Como se indicó anteriormente, todos los estudiantes inscritos en el SBHC tendrán una visita anual del SBHC; esto no interferirá con la cobertura del seguro.

El nombre del proveedor de atención primaria de mi hijo/a es: _____

Me gustaría que el SBHC comparta los registros médicos con el proveedor de atención primaria de mi hijo/a ☐ Sí ☐ No



NORTHEAST (WEBUTUCK) CENTRAL SCHOOL DISTRICT

Lauren Marquis
PO Box 405 - 194 Haight Road
Telephone: 845-373-4100 x5508

Director of Curriculum, Instruction and Technology
Amenia, New York 12501
Fax: 845-373-4102

To Parents and Guardians,

At Northeast Webutuck Central School District, we use Google Workspace for Education, and we are seeking your permission to provide and manage a Google Workspace for Education account for your child. Google Workspace for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At Northeast Webutuck Central School District, students will use their Google Workspace for Education accounts as the single sign on option for a variety of apps, complete assignments, communicate with their teachers, sign into their Chromebooks and learn 21st century digital citizenship skills.

Attached is a notice that provides answers to common questions about what Google can and cannot do with your child's personal information.

Please read it carefully, let us know of any questions, and then sign below to indicate that you have read the notice and give your consent. If you do not provide your consent, we will not create a Google Workspace for Education account for your child. Without consent, students will be limited to sign in options and their ability to communicate with teachers and collaborate with peers. They will also have limited access to educational apps, which monitor progress and provide valuable data to our teachers to ensure progress is made.

Thank you,

Lauren M Marquis
Director of Curriculum, Instruction and Technology



I give permission for Northeast (Webutuck) Central School District to create/maintain a Google Workspace for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice below.

Full name of student

Printed name of parent/guardian

Signature of parent/guardian

Date



Google Workspace for Education Notice to Parents and Guardians

The notice below provides answers to common questions about what Google can and can't do with your child's personal information, including:

- What personal information does Google collect?
- How does Google use this information?
- Will Google disclose my child's personal information?
- Does Google use student personal information for users in K-12 schools to target advertising?
- Can my child share information with others using the Google Workspace for Education account?

Using their Google Workspace for Education accounts, students may access and use the following "Core Services" offered by Google (described at https://workspace.google.com/terms/user_features.html):

Assignments
Calendar
Classroom
Cloud Search
Drive and Docs
Gmail
Google Chrome Sync
Sites
Tasks

In addition, we also allow students to access certain other Google services with their Google Workspace for Education accounts. Specifically, your child may have access to the following "Additional Services" such as YouTube and Google Maps.

Further, we allow students to access additional third-party services with their Google Workspace for Education accounts. Our school administrator enables access to these third-party services with your student's Google Workspace for Education account, and authorizes the disclosure of data, as requested by the third party services. Additional information about these third-party services is available at [include link to additional resources about permitted third party services].

Google provides information about the information it collects, as well as how it uses and discloses the information it collects from Google Workspace for Education accounts in its Google Workspace for Education Privacy Notice. You can read that notice online at https://workspace.google.com/terms/education_privacy.html. You should review this information in its entirety, but below are answers to some common questions:

What personal information does Google collect?

When creating a student account, [insert name of school/district] may provide Google with certain personal information about the student, including, for example, a name, email address, and password. Google may also collect personal information directly from students, such as telephone numbers for account recovery or a profile photo added to the Google Workspace for Education account.

When a student uses Google core services, Google also collects information based on the use of those services. This includes:

- Account information, which includes things like name and email address.
- Activity while using the core services, which includes things like viewing and interacting with content, people with whom your student communicates or shares content, and other details about their usage of the services.
- Settings, apps, browsers & devices. Google collects information about your student's settings and the apps, browsers, and devices they use to access Google services. This information includes browser and device type, settings configuration, unique identifiers, operating system, mobile network information, and application version number. Google also collects information about the interaction of your student's apps, browsers, and devices with Google services, including IP address, crash reports, system activity, and the date and time of a request.
- Location information. Google collects information about your student's location as determined by various technologies such as IP address and GPS.
- Direct communications. Google keeps records of communications when your student provides feedback, asks questions, or seeks technical support

The Additional Services we allow students to access with their Google Workspace for Education accounts may also collect the following information, as described in the [Google Privacy Policy](#):

- Activity while using additional services, which includes things like terms your student searches for, videos they watch, content and ads they view and interact with, voice and audio information when they use audio features, purchase activity, and activity on third-party sites and apps that use Google services.
- Apps, browsers, and devices. Google collects the information about your student's apps, browser, and devices described above in the core services section.
- Location information. Google collects info about your student's location as determined by various technologies including: GPS, IP address, sensor data from their device, and information about things near their device, such as Wi-Fi access points, cell towers, and Bluetooth-enabled devices. The types of location data we collect depend in part on your student's device and account settings.

How does Google use this information?

In Google Workspace for Education Core Services, Google uses student personal information primarily to provide the core services that schools and students use, but it's also used to maintain and improve the services; make recommendations to optimize the use of the services; provide and improve other services your student requests; provide support; protect Google's users, customers, the public, and Google; and comply with legal obligations. See the [Google Cloud Privacy Notice](#) for more information.

In Google Additional Services, Google may use the information collected from all Additional Services to deliver, maintain, and improve our services; develop new services; provide personalized services; measure performance; communicate with schools or users; and protect Google, Google's users, and the public. See the [Google Privacy Policy](#) for more details.

Does Google use student personal information for users in K-12 schools to target advertising?

No. There are no ads shown in Google Workspace for Education core services. Also, none of the personal information collected in the core services is used for advertising purposes.

Some additional services show ads; however, for users in primary and secondary (K12) schools, the ads will not be personalized ads, which means Google does not use information from your student's account or past activity to target ads. However, Google may show ads

based on general factors like the student's search queries, the time of day, or the content of a page they are reading.

Can my child share information with others using the Google Workspace for Education account?

The Northeast (Webutuck Central School District), we may allow students to access Google services such as Google Docs and Sites, which include features where users can share information with others or publicly. For example, if your student shares a photo with a friend who then makes a copy of it, or shares it again, then that photo may continue to appear in the friend's Google Account, even if your student removes it from their Google Account. When users share information publicly, it may become accessible through search engines, including Google Search.

Will Google disclose my child's personal information?

Google will not share personal information with companies, organizations and individuals outside of Google except in the following cases:

With our school: Our school administrator (and resellers who manage your or your organization's Workspace account) will have access to your student's information. For example, they may be able to:

- View account information, activity and statistics;
- Change your student's account password;
- Suspend or terminate your student's account access;
- Access your student's account information in order to satisfy applicable law, regulation, legal process, or enforceable governmental request;
- Restrict your student's ability to delete or edit their information or privacy settings.

With your consent: Google will share personal information outside of Google with parental consent.

For external processing: Google will share personal information with Google's affiliates and other trusted third party providers to process it for us as Google instructs them and in compliance with our [Google Privacy Policy](#), the [Google Cloud Privacy Notice](#), and any other appropriate confidentiality and security measures.

For legal reasons: Google will share personal information outside of Google if they have a good-faith belief that access, use, preservation or disclosure of the information is reasonably

necessary for legal reasons, including complying with enforceable governmental requests and protecting you and Google.

What choices do I have as a parent or guardian?

First, you can consent to the collection and use of your child's information by Google. If you do not provide your consent, we will not create a Google Workspace for Education account for your child, and Google will not collect or use your child's information as described in this notice.

If you consent to your child's use of Google Workspace for Education, you can access or request deletion of your child's Google Workspace for Education account by contacting [insert contact information for school administrator]. If you wish to stop any further collection or use of your child's information, you can request that we use the service controls available to access personal information, limit your child's access to features or services, or delete personal information in the services or your child's account entirely. You and your child can also visit <https://myaccount.google.com> while signed in to the Google Workspace for Education account to view and manage the personal information and settings of the account.

What if I have more questions or would like to read further?

If you have questions about our use of Google's Google Workspace for Education accounts or the choices available to you, please contact [insert contact information for the school administrator]. If you want to learn more about how Google collects, uses, and discloses personal information to provide services to us, please review the [Google Workspace for Education Privacy Center](https://www.google.com/edu/trust/) (at <https://www.google.com/edu/trust/>), the [Google Workspace for Education Privacy Notice](https://workspace.google.com/terms/education_privacy.html) (at https://workspace.google.com/terms/education_privacy.html), and the [Google Privacy Policy](https://www.google.com/intl/en/policies/privacy/) at <https://www.google.com/intl/en/policies/privacy/>), and the [Google Cloud Privacy Notice](https://cloud.google.com/terms/cloud-privacy-notice) at (<https://cloud.google.com/terms/cloud-privacy-notice>).

The Core Google Workspace for Education services are provided to us under [Google Workspace for Education Agreement](https://www.google.com/apps/intl/en/terms/education_terms.html) (at https://www.google.com/apps/intl/en/terms/education_terms.html) and the Cloud Data Processing Addendum (as <https://cloud.google.com/terms/data-processing-addendum>).

Media & Digital Communications Opt-Out Form



Webutuck Central School District

Respect. Responsibility. Integrity. Pride.

Media & Digital Communications Opt-Out Form

Dear Parent/Guardian,

The Webutuck Central School District frequently highlights student achievements, classroom activities, and school events. District staff may photograph, film, or interview students for educational, instructional, and promotional purposes.

These media items may be published across various District platforms, including but not limited to:

- **District Website & Apps:** Official websites, digital newsletters, and school news feeds.
- **Social Media Channels:** All official District social media accounts across platforms such as Facebook, X (formerly Twitter), Instagram, YouTube, TikTok, LinkedIn, and future emerging networks.
- **Local Media:** News releases sent to local newspapers, television stations, and online news aggregators.
- **School Publications:** Yearbooks, event playbills, athletic rosters, graduation programs, and honor roll announcements.
- **Instructional Platforms:** Video recordings of virtual or classroom learning posted on secure educational tools (e.g., Google Classroom, Seesaw).

District Publication Guidelines:

Content posted on public District channels can be accessed, shared, or re-published by external media or members of the public.

Complete and return this section **ONLY if you DO NOT grant permission** for your child's image, video, or name to be published as described above.

Media & Digital Communications Opt-Out Form

Student Name: _____

Grade: _____ School Building: _____

Date: _____ Parent/Guardian Signature: _____

*Please return to the Main Office no later than September 16th.



845-373-4100



www.webutuckschools.org

194 Haight Rd, Armenia NY 12501

lauren.marquis@webutuck.org





Webutuck Central School District

Respect. Responsibility. Integrity. Pride.

Formulario de exclusión voluntaria de medios y comunicaciones digitales

Estimado padre/tutor:

El Distrito Escolar Central de Webutuck suele destacar los logros de los estudiantes, las actividades en el aula y los eventos escolares. El personal del distrito puede fotografiar, filmar o entrevistar a los estudiantes con fines educativos, didácticos y promocionales.

Estos elementos multimedia pueden publicarse en diversas plataformas del Distrito, incluidas, entre otras:

- **Sitio web y aplicaciones del distrito:** sitios web oficiales, boletines digitales y canales de noticias escolares.
- **Canales de redes sociales:** Todas las cuentas oficiales del Distrito en redes sociales, incluyendo plataformas como Facebook, X (anteriormente Twitter), Instagram, YouTube, TikTok, y futuras redes emergentes.
- **Medios locales:** comunicados de prensa enviados a periódicos locales, cadenas de televisión y agregadores de noticias en línea.
- **Publicaciones escolares:** programas de eventos, listas de atletas, programas de graduación y anuncios de la lista de honor.
- **Plataformas de instrucción:** grabaciones de vídeo de clases virtuales o presenciales publicadas en herramientas educativas seguras (por ejemplo, Google Classroom, Seesaw).

Directrices de publicación del distrito: El contenido publicado en los canales públicos del Distrito puede ser accedido, compartido o republicado por medios de comunicación externos o por miembros del público.

Complete y devuelva esta sección. **SOLO si NO otorga permiso** para que la imagen, el video o el nombre de su hijo sean publicados como se describe anteriormente.

Formulario de exclusión voluntaria de medios y comunicaciones digitales

Nombre del estudiante: _____

Calificación: _____ Edificio escolar: _____

Fecha: _____ Firma del padre/tutor: _____

*Por favor, devuélvalo a la oficina principal a más tardar el 16 de septiembre.



845-373-4100



www.webutuckschools.org

194 Haight Rd, Armenia NY 12501

lauren.marquis@webutuck.org



WEBUTUCK CENTRAL SCHOOL DISTRICT
EBIS, High School and WES HEALTH OFFICES
PO Box 405, Amenia, NY 12501

The New York State Department of Education, the Board of Education, and the Nurse Practice Act, regulate the administration of medication to children during school hours. Therefore, for your information:

1. All medication must be prescribed by your child's healthcare provider, including non-prescription medications.
2. Written request of the parent and/or guardian for administration of the medication is required.
3. Prescription medication must be in a container dispensed by your pharmacist, labeled with your child's name and exact dosage.
4. Parents are requested to bring the medication to school and pick it up when it is no longer required. Students are not allowed to carry medications on the bus.
5. If your child requires medication at home and in school, please request the pharmacist to dispense and label in two containers.
6. Over the counter medications (nonprescription including creams and ointments) require a healthcare provider's order. Parents are required to provide the medication, deliver it to school and sign the permission form.
7. Medication must be picked up at the end of the school year or it will be disposed of by the school nurse. Otherwise it will be disposed of according to New York State guidelines.
8. **All medication information is good for the current school year only and must be renewed each school year (this includes over the counter medication).**

Please call the nurse in your child's school if you have any questions regarding these policies.

WEBUTUCK CENTRAL SCHOOL DISTRICT
PO Box 405, Amenia, NY 12501

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

Name of Student: _____ D.O.B. _____

Address: _____ Phone: _____

Grade: _____ Teacher: _____

PART 1 – PHYSICIAN’S/HEALTHCARE PROVIDER’S STATEMENT

1. Name/type of medication: _____

2. Diagnosis/Reason: _____

3. Dosage/amount to be given: _____

4. Frequency/times to be administered: _____

5. Duration (week, month, indefinite, etc.): _____

6. Anticipated reaction to medication: _____

(Symptoms, side effects, etc.): _____

7. **If inhaler, Epi Pen or diabetes medication, may student self-administer:** _____

8. **If able to self-administer #7, may they carry on their person:** _____

9. In the event of a school sanctioned trip, i.e. field trip, and a school nurse is unavailable, trained school staff may assist my child to take their own medication. Circle one **{YES}** **{NO}**

Health Care Provider’s Signature

Date Signed

Print Name

Address and Phone

PART II – PARENT’S REQUEST/APPROVAL:

I hereby request and give my permission for the above-named school to administer the medication prescribed on this form to my child and if applicable can self-carry and administer per items #7 and #8 above.

Parent’s Signature

Date Signed