

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the **student is not required to submit proof of residency** and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: Grand Island Central School District

Name of School: _____

Name of Student: _____
Last First Middle

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

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

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

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

Print name of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Signature of Parent, Guardian, or
Student (for unaccompanied homeless youth)

Date

If **ANY box other than "In Permanent Housing"** is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

Purpose of the Housing Questionnaire

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

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.

Other than the above uses, housing information **should be kept confidential and should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

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

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

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

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

Completing the Form

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

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

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

Definitions of Temporary Housing Arrangements

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

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

"Other temporary living situation"

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

"In permanent housing"

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

Next Steps for LEAs with Students Living in Temporary Housing Arrangements

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

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

ATENCIÓN ESCUELAS Y DISTRITOS: Ofrezca asistencia a los estudiantes y familias para completar este formulario. Este formulario debería de ser incluido como la primera página de los materiales de inscripción que el distrito comparte con familias. No incluya este formulario en el paquete de inscripción sin advertencias apropiadas. Por ejemplo, tendrá que cambiar partes del paquete de inscripción que requieren que se entreguen prueba de inscripción antes de matricular. Estudiantes elegibles según la Ley McKinney-Vento, no necesitan entregar prueba de residencia y otros documentos normalmente requeridos antes de matricular.

CUESTIONARIO DE VIVIENDA

Nombre del Distrito Escolar: _____

Nombre de la Escuela: _____

Nombre del Estudiante: _____

Apellido

Primer Nombre

Segundo Nombre

Género: ☐ Hombre
☐ Mujer
☐ No Binario

Fecha de Nacimiento: ____ / ____ / ____

Grado: ____ ID#: ____

Mes

Día

Año

(jardín de infantes – 12)

(opcional)

Dirección: _____

Teléfono: _____

Su respuesta abajo permitirá al distrito escolar definir los servicios que puede aprovechar su hijo/hija según la Ley McKinney-Vento. Los estudiantes elegibles tienen derecho a la inscripción inmediata en la escuela, aun si ellos no tienen los documentos necesarios tales como: prueba de residencia, documentos escolares, documentos de inmunización, o partida de nacimiento. Los estudiantes elegibles según la Ley McKinney-Vento tienen además derecho al transporte gratuito y otros servicios que ofrece el distrito escolar.

¿Dónde está el estudiante viviendo actualmente? (Por favor marque una caja.)

- En un refugio
- Con otra familia o otra persona debido a la pérdida del hogar o a dificultades económicas → En un hotel/motel
- En un carro, parque, autobús, tren, o camping
- Otra vivienda temporal (Por favor describa): _____ → En un hogar permanente

Nombre de Padre, Guardián, o
Estudiante (para jóvenes sin acompañamiento)

Firma de Padre, Guardián, o
Estudiante (para jóvenes sin acompañamiento)

Fecha

Si CUALQUIER caja que no sea "En un hogar permanente" está marcada, no se requieren prueba de domicilio u otros documentos normalmente requeridos para inscripción y el estudiante debe ser matriculado inmediatamente. Después de que el estudiante sea matriculado, el distrito o la escuela debe pedir los documentos escolares, incluyendo los documentos de inmunización, al distrito o la escuela anterior. El enlace del distrito debe ayudar al estudiante conseguir cualquier otro documento necesario o inmunización.

ATENCIÓN ESCUELAS Y DISTRITOS: Si el estudiante NO vive en un hogar permanente, favor de asegurarse que una Formulario de Designación sea completado.

INSTRUCCIONES PARA COMPLETAR EL CUESTIONARIO DE VIVIENDA

Finalidad del Cuestionario de Vivienda

Se requiere que todos los distritos escolares (LEA, por sus siglas en inglés) identifiquen a los estudiantes sin hogar. Entre los distritos, se incluyen los distritos escolares, las escuelas autónomas subsidiadas por el gobierno y las Juntas de Servicios Educativos Cooperativos (BOCES, por sus siglas en inglés). Asimismo, todos los distritos que reciben fondos del Título I deben preguntarles a los estudiantes sobre su situación de vivienda. El Departamento de Educación del Estado de Nueva York (New York State Education Department, NYSED) alienta a todos los distritos a hacer lo mismo, independientemente de si reciben o no fondos del Título I. Para recopilar esta información, los distritos pueden hacer lo siguiente:

1. usar el Cuestionario de Vivienda adjunto aquí;
2. actualizar o modificar el Formulario Modelo de Inscripción - Cuestionario de Vivienda para abordar las necesidades del distrito; o
3. incorporar la pregunta sobre la situación de vivienda del Formulario Modelo de Inscripción - Cuestionario de Residencia en el Formulario de Inscripción del distrito u otros documentos que ya utilicen los distritos en el proceso de inscripción.

En caso de que un distrito elija la tercera opción e incorpore la pregunta sobre la situación de vivienda en el Formulario de Inscripción del distrito, el distrito debería tomar las medidas correspondientes para garantizar que la situación de vivienda del estudiante no forme parte del registro permanente del estudiante dado el carácter confidencial de dicha información. Consulte la sección llamada "Confidencialidad" (más abajo) para obtener información sobre cómo y cuándo se compartirá la información sobre la vivienda dentro del distrito.

¿Quiénes deberían completar el Cuestionario de Vivienda?

Todos los estudiantes que se inscriban en la escuela y todos los estudiantes que cambien de dirección desde jardín de infantes hasta 12.^o grado deben completar un Cuestionario de Vivienda. "Jardín de infantes" incluye cualquier programa de jardín de infantes financiado o administrado por el distrito, como preescolar o un programa Head Start administrado por un distrito. El padre, la madre o la persona en relación parental deben completar el Cuestionario de Vivienda o, en el caso de un joven sin acompañamiento, directamente el estudiante debe completarlo.

Confidencialidad

La información sobre la vivienda del estudiante deberá mantenerse confidencial en la mayor medida posible. Esta información debe compartirse únicamente con miembros del personal de la escuela o del distrito que precisen contar con información sobre la situación de vivienda para asegurarse de que se satisfagan las necesidades educativas del estudiante. A tal fin, el distrito podrá compartir el Cuestionario de Vivienda del estudiante con personal del distrito, a saber:

1. el enlace del distrito,
2. el funcionario del registro,
3. los maestros o asesores de orientación del estudiante, y
4. el miembro del personal del distrito responsable de informar datos al SED.

No obstante, esta información debe compartirse únicamente con los miembros del personal mencionados en la medida que les permita satisfacer de una mejor manera las necesidades educativas del estudiante en cuestión y cumplir con los requisitos de informes establecidos por el SED.

A excepción de los usos mencionados, la información sobre vivienda **debe mantenerse confidencial** y **no debe compartirse** con personal de otras escuelas o distritos debido al carácter de confidencialidad y al estigma asociado a ser catalogado como "sin hogar". Se invita también a los distritos a buscar distintas maneras de evitar que los Cuestionarios de Vivienda y la información sobre la vivienda pasen a formar parte del registro permanente de un estudiante.

Analizar el Cuestionario de Vivienda con Estudiantes y Familias

En el momento de revisar el Cuestionario de Vivienda con el padre, la madre, personas en relación parental y jóvenes sin acompañamiento, los distritos deben enfatizar que la información se recopila para garantizar que los estudiantes que poseen acuerdos de hogar temporal gocen de los derechos y servicios que se les otorgaron en virtud de la Ley McKinney-Vento. Los derechos y servicios incluyen lo siguiente:

1. el derecho a permanecer en la misma escuela a la que asistía el estudiante antes de perder su vivienda o en la última escuela a la que asistió (ambas conocidas como escuela de origen);
2. el derecho a inscripción inmediata para aquellos estudiantes que deciden cambiar de escuela, incluso si el estudiante no cuenta con todos los documentos que normalmente se exigirían para la inscripción;
3. servicios de transporte, en caso de que el estudiante siga asistiendo a la escuela de origen;
4. elegibilidad categórica para servicios del Título I, en caso de que se ofrezcan en el distrito;
5. elegibilidad categórica para comidas gratuitas, en caso de que se ofrezcan en el distrito; y
6. acceso a los servicios prestados con fondos de McKinney-Vento, en caso de estar disponibles en el distrito.

Asimismo, el distrito debería asegurarse de que el padre, la madre, la persona en relación parental o el joven sin acompañamiento sepan que la situación sobre la vivienda del estudiante se mantendrá confidencial y que solo se compartirá con el personal del distrito que sea responsable de prestar los servicios al estudiante y con los responsables de llevar un registro de la cantidad de estudiantes que se encuentran identificados como residentes en hogares temporales en el distrito.

Se recomienda a los distritos explicarles al padre o a la madre que, en caso de que el padre o la madre informe que su hijo(a) está viviendo en un hogar temporal, y el distrito quiera realizar una investigación para comprobar esta información, es posible que el distrito haga una visita al hogar. No obstante, el distrito **no puede ponerse en contacto con un propietario o superintendente del edificio** para corroborar la situación de vivienda de un estudiante sin el consentimiento previo del padre o la madre. Ponerse en contacto con un propietario o superintendente del edificio sin el permiso expreso previo y por escrito del padre o la madre constituye una violación de la Ley de Derechos Educativos y Privacidad Familiar (FERPA, por sus siglas en inglés).

Si el Padre, la Madre, la Persona en Relación Parental o el Joven Sin Acompañamiento se Niegan a Completar el Cuestionario de Vivienda Si el padre, la madre, la persona en relación parental o el joven sin acompañamiento se niegan a completar el cuestionario de vivienda, el distrito debería indicar en el formulario que el padre, la madre o la persona en relación parental o el joven sin acompañamiento, se negaron a brindar la información solicitada.

Completar el Formulario

Si el padre, la madre, la persona en relación parental o el joven sin acompañamiento que realizan la inscripción en una escuela indican que el estudiante está viviendo en uno de los cinco acuerdos de hogares temporales, no será necesario que la escuela verifique dónde está viviendo el estudiante antes de inscribirlo. Los cinco acuerdos de hogares temporales se mencionan a continuación:

1. en un refugio;
2. con otra familia u otra persona (a veces conocido como “vivienda compartida”);
3. en un hotel/motel;
4. en un carro, parque, autobús, tren, o camping; u
5. otra vivienda temporal.

Una vez que el estudiante está inscrito y asiste a clases, la escuela o el distrito pueden corroborar los acuerdos de vivienda del estudiante. No obstante, primero debe inscribirse al estudiante en la escuela. Una vez más, los distritos **no pueden ponerse en contacto con un propietario o superintendente del edificio** para corroborar la situación de vivienda de un estudiante. (Ver arriba para más información.)

Definiciones de Acuerdos de Hogar Temporal

“Con otra familia u otra persona” (a veces conocido como “vivienda compartida”)

Los distritos deberían saber que los estudiantes que comparten la vivienda con otros son elegibles para acceder a los servicios establecidos en virtud de la Ley McKinney-Vento y la ley del Estado, en caso de que la situación de vivienda compartida se deba a la pérdida de vivienda, dificultades económicas u otro motivo similar.

“Otra vivienda temporal”

Además de los cuatro ejemplos de hogar temporal, los estudiantes que no tienen un lugar de residencia nocturna “fijo, adecuado y regulares” también se encuentran cubiertos bajo la categoría “sin hogar” en virtud de lo establecido en la Ley McKinney-Vento y la ley del Estado. Esto podría incluir a jóvenes sin acompañamiento que huyeron de su hogar o que se vieron obligados a dejar su hogar y que, de otro modo, no se ajustan a la definición de “vivienda compartida”.

“En un hogar permanente”

Por hogar permanente se hace referencia a que los acuerdos de hogar del estudiante son “fijos, adecuados y regulares”.

Próximos Pasos para los Distritos con Estudiantes que Viven en Acuerdos de Hogar Temporal

Si el padre, la madre, la persona en relación parental o el joven sin acompañamiento indican que el estudiante está viviendo en un hogar temporal, el distrito debe completar un Formulario de Designación. En caso de que el distrito considere que se requiere más información antes de tomar una decisión final sobre la elegibilidad del estudiante en virtud de McKinney-Vento, no debería demorarse la inscripción y debería completarse de todos modos un Formulario de Designación. Para más información sobre cómo se determina la elegibilidad, consulte el documento *Cómo Determinar la Elegibilidad del National Center on Homeless Education* (Centro Nacional de Educación para los Niños y Jóvenes sin Hogar) disponible en:

http://nche.ed.gov/downloads/briefs/det_elig.pdf.

Si el estudiante a quien se identifica como “sin hogar” reside en un hogar permanente en otro distrito escolar, el distrito de asistencia o el distrito local será elegible para acceder a un reembolso de la matrícula por parte del SED por el costo de la educación del estudiante. En caso de resultar elegibles para un reembolso de la matrícula, los distritos escolares deberían completar un formulario STAC202. Para más información sobre los formularios STAC202, póngase en contacto con la Oficina de STAC al 518-474-7116 o con NYS-TEACHS al 800-388-2014. Rev. 9-28-21



GRAND ISLAND CENTRAL SCHOOL DISTRICT

STUDENT REGISTRATION

OFFICE USE

DATE		STUDENT ID	
GRADE		SCHOOL	
START DATE		REGISTERED BY	

STUDENT INFORMATION

LAST NAME, SUFFIX	FIRST NAME	MIDDLE NAME
NICKNAME	BIRTH DATE	GENDER
PLACE OF BIRTH (CITY, STATE)	IF NOT BORN IN US DATE 1 ST ARRIVED	

SCHOOL HISTORY

PREVIOUS SCHOOL		GRADE	
STREET #	STREET NAME		
CITY		STATE	COUNTRY
☐ HAS THE STUDENT ATTENDED GICSD BEFORE?		☐ YES	☐ NO
IF "YES" PROVIDE SCHOOL, GRADE AND YEAR:			

SPECIAL EDUCATION SERVICES AND/OR OTHER SERVICES

DOES THE STUDENT CURRENTLY HAVE:

- | | |
|---|---|
| ☐ Individualized Education Program (IEP) | ☐ Foster Services |
| ☐ 504 Accommodation Plan | ☐ Mental Health Services |
| ☐ Other _____ | |

HOUSEHOLD INFORMATION

HOUSEHOLD LAST NAME		HOME PHONE	
STREET #	STREET NAME		APT #
CITY		STATE	ZIP
STUDENT RESIDES WITH:			
☐ BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ OTHER _____			
IF PARENTS ARE DIVORCED OR SEPARATED LEGAL DOCUMENTATION IS REQUIRED.			

PARENT/GUARDIAN #1

LAST NAME, SUFFIX		FIRST NAME	MIDDLE NAME
STREET #	STREET NAME		APT #
CITY		STATE	ZIP
CELL #	HOME #	WORK #, EXT	
EMAIL ADDRESS		RELATIONSHIP TO STUDENT	

PARENT/GUARDIAN #2

LAST NAME, SUFFIX		FIRST NAME	MIDDLE NAME
STREET #	STREET NAME		APT #
CITY		STATE	ZIP
CELL #	HOME #	WORK #, EXT	
EMAIL ADDRESS		RELATIONSHIP TO STUDENT	

Has either parent attended Grand Island Schools in the past?

☐

Parent/Guardian #1

☐

Parent/Guardian #2

SIBLINGS

PLEASE LIST ALL CHILDREN UNDER THE AGE OF 21 WHO RESIDE IN THIS HOUSEHOLD.

NAME (LAST, FIRST, MIDDLE)	BIRTH DATE	GENDER	GRADE	SCHOOL	RELATIONSHIP TO STUDENT

EMERGENCY CONTACTS

NAME (LAST, FIRST, MIDDLE)	RELATIONSHIP TO STUDENT	CELL #	HOME #	WORK #
#3				
#4				
#5				

PHOTO OPT OUT

At times, the students in the GICSD may be interviewed, photographed or recorded during the school day in order to recognize their academic, extracurricular and athletic achievements, to report on the positive work taking place in our schools, to highlight special events, activities and projects, for education purposed, and to educate the community about the district and its schools. This includes but not limited to:

- The District Publications: The Bridge, calendar
- Slideshows at student assemblies and ceremonies
- News releases to local newspaper such as the Dispatch
- The District website and social media: i.e. Twitter, Facebook, Instagram, Snapchat
- Viking Vision

To best protect our students, please check the appropriate box below:w

- ☐ I give permission for my child to be interviewed, photographed or recorded during
- ☐ I do NOT GIVE PERMISSION for my child to be interviewed, photographed or recorded during the school day.

*Please note, this does not include yearbooks. If you do not wish for your child to be included in yearbooks, please contact your child's school.

RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

PLEASE ANSWER QUESTIONS 1 AND 2. PLEASE READ THEM BEFORE YOU RESPOND.

1. Check the box that best describes the student. Check only ONE box. **Is the student Hispanic, Latino, or of Spanish origin?** (Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.)

- ☐ **YES**, Hispanic
☐ **NO**, not Hispanic

2. Select one or more races from the following five racial groups. (Check all groups that apply to your child; check at least ONE box:

- ☐ **AMERICAN INDIAN OR ALASKA NATIVE:**
- ☐ **ASIAN:** A person having origins in any of the origins of people of the Far East, Southeast Asia, of the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.
- ☐ **BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
- ☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or the other Pacific Island.
- ☐ **WHITE:** A person having origins in any of the original places of Europe, North Africa, or the Middle East.

By signing below, I hereby swear and affirm that the information I have provided in this Student Registration Form is true and accurate and that I have made no misrepresentations of fact. I also acknowledge and understand that the District will seek to recover tuition costs, on a pro rata basis, for any student(s) enrolled in the District's school based on any false representation(s) made herein, and that I agree to be responsible for such tuitions costs, plus interest, including any costs incurred by the District in recovering same.

Parent/Guardian Signature:

Date



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

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

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

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

Home Language Questionnaire (HLQ)

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

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

HOME LANGUAGE CODE

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

Signature of Parent or of Person in Parental Relation

Month: _____ Day: _____ Year: _____
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:

Grand Island Central School District
1100 Ransom Road, Grand Island, NY 14072
(716) 773-8800
www.grandislandschools.org
CONSENT TO RELEASE EDUCATIONAL RECORDS

To Previous School:

Ph: _____ Fax: _____ Email: _____

I. The undersigned (VI) authorizes *(check as appropriate)*:

_____ Release of _____ Copies of _____ Access to

II. Record of _____

Date

Date of Birth

III. Records Involved *(check as appropriate)*:

_____ Academic

_____ Psychological

_____ Standardized Test/State Assessments

_____ Attendance

_____ Special Education/504 Records

_____ Health

_____ **Please transfer the student's current IEP in IEP Direct to Grand Island Schools**

_____ Other _____

IV. Reason for as Request *(check appropriate)*:

_____ Transcript to new school/instruction

_____ Other _____

V. To be released to the **Grand Island Central School District**:

_____ Grand Island High School, 1100 Ransom Road, Grand Island, NY 14072 Fax 716-773-3503

_____ Veronica E. Connor Middle School, 1100 Ransom Road, Grand Island, NY 14072 Fax 716-773-7818

_____ Huth Road Elementary, 1773 Huth Road, Grand Island, NY 14072 Fax 716-773-8984

_____ Kaegebein Elementary, 1690 Love Road, Grand Island, NY 14072 Fax 716-773-8991

_____ Sidway Elementary, 2451 Baseline Road, Grand Island, NY 14072 Fax 716-773-8985

_____ CPSE/CSE, 1100 Ransom Road, Grand Island, NY 14072 Fax 716-773-6279

VI. Signature of Parent or Guardian:

Signature

Date



NEW YORK STATE MIGRANT EDUCATION PROGRAM

IDENTIFICATION & RECRUITMENT OFFICE

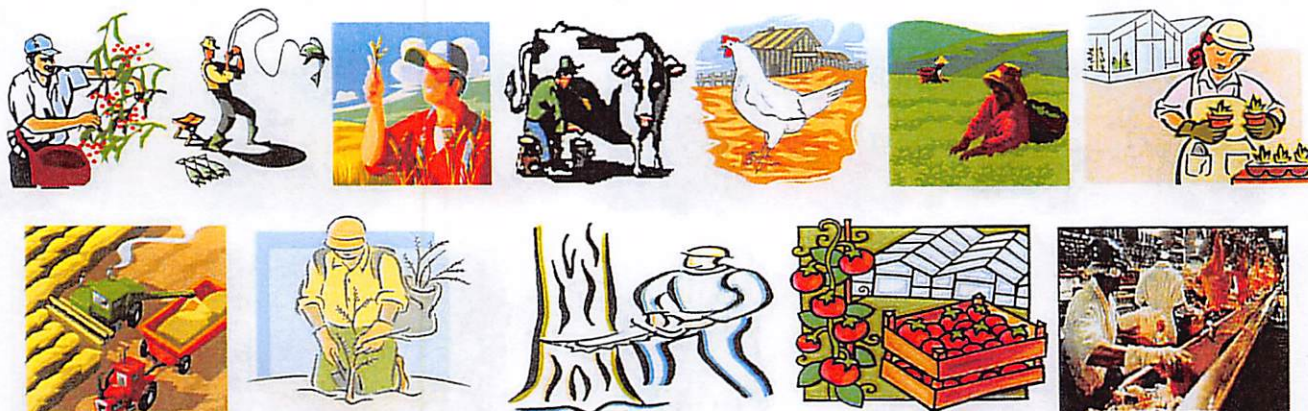
PARENT SURVEY

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 607-436-3606, or by mail to NYS Migrant Education Program-
Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.





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 607-436-3606, o por correo a NYS Migrant Education Program- Identification & Recruitment Office 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020

Grand Island Central School District Responsible Use Procedure for Technology

Computer Usage:

In order to become a user of the Grand Island Central School District's computer facilities, equipment, and internet accounts, I understand it is necessary to comply with all District regulations for the use of technology as presently enforce and as may be amended from time to time. A violation of the Responsible Use Procedure for Technology may result in the loss of computer privileges, disciplinary action and / or prosecution. I further understand that access to the computer facilities will include filtered access to the Internet.

7315 Student Use of Computerized Information Resources (Acceptable Use Policy)

The Board of Education will provide access to various computerized information resources through the District's computer system ("DCS" hereafter) consisting of software, hardware, computer networks and electronic communications systems. This may include access to electronic mail, so-called "on-line services" and the "Internet." It may include the opportunity for some students to have independent access to the DCS from their home or other remote locations. All use of the DCS, including independent use off school premises, shall be subject to this policy and accompanying regulations. Further, all such use must be in support of education and/or research and consistent with the goals and purposes of the School District.

I understand that individuals and families may be liable for violations of District policies and procedures for such use. While every reasonable effort will be made by school district personnel to monitor proper usage and provide Internet filters to questionable materials, I also accept responsibility for guidance of Internet use – setting and conveying standards for my son/daughter to follow when selecting, sharing or exploring information and media. Internet access is a privilege. Students who abuse the acceptable use of technology on the Internet will be removed from access.

I have reviewed the Grand Island Central School District Responsible Use Procedure for Technology above with my son/daughter. In consideration of the privilege of using the Grand Island Central School District networks and in consideration for having access to the information contained on them and an Internet account, I release the Grand Island Central School District from any claims of any nature arising from my son/daughter's use of the Internet.

Request To Deny Computer Usage:

In order to achieve the career development and occupational learning standards articulated by the New York State Department of Education, students will be provided access to instructional materials and processes only available through the use of computers. I understand that if I do not request, in writing, that my child is not to use computers, an account will be created to facilitate such access.

Requested Service: ☐ **New Network Account** ☐ **Change Network Account**
☐ **Returning Student**

Student Signature (MS/HS only):_____

Date _____

Chromebook Use Pledge for Students and Parents

The following information must be filled out completely prior to obtaining your Chromebook. Failure to complete the following information may delay your Chromebook being issued. **One form per student must be filled out.**

Student Name: _____ Student Number: _____

Chromebook Number: _____ Grade Level: _____

Parents/Guardians: (initial below)

- ☐ I have read and discussed the Chromebook Handbook, the Acceptable Use and Insurance Policies with my child. I understand that my child's failure to follow the information and expectations outlined in these documents would result in disciplinary action.

Device Insurance

The Insurance premium is \$15/year. The deductible is \$20 for the first claim. This premium is non-refundable. Lost or stolen Chromebooks or Accessories are the responsibility of the student/family and must be replaced at full value.

- ☐ I choose to purchase the Chromebook Insurance.
- ☐ I choose **not** to purchase the Chromebook Insurance. I understand that I am financially responsible for the cost of repair due to any accidental damage to the Chromebook assigned to my student.

Insurance payment can be paid online through the Infinite Campus Parent Portal or check/cash sent to the District Office.

Parent/Guardian

Signature: _____ Date _____

Print Name: _____

Students in Middle School and Up: (initial below)

- ☐ I have read and understand the Chromebook Handbook & Acceptable Use Policy. I understand that my failure to follow the information and expectations outlined in these documents would result in disciplinary action.

Student Signature _____ Date _____



Parent / Guardian Agreement & Access Request Form
Grand Island Central School District

Grand Island Central School District can provide access to student information via the Infinite Campus Portal. In order to protect the confidentiality of student records, all parents/guardians who want to use this service are required to fill out this form and provide verification of identity with photo ID or notarized form.

- I am requesting to review my child(ren) student information on the Grand Island Central School District Infinite Campus Parent Portal.
- I have read the Grand Island Central School District User Expectations for the Infinite Campus Parent Portal and agree to abide by and support the expectations.
- I understand, for the interest of security, the District reserves the right to change user passwords or deny access at anytime.
- By signing this agreement I, as parent/guardian, release the Grand Island Central School District from any and all liability for damages arising out of the unauthorized access to my parent/guardian account.
- I agree that I will not share my password or allow anyone other than myself to use the account including my own child(ren).
- I agree to protect any information printed or transferred to my computer, or destroy the documentation generated from this site.
- I understand that three unsuccessful logins will disable my account. If my account becomes locked I will contact my child's school and request the account to be unlocked. I will provide the "Personal Login ID" given to me at the time the account was created and answer any questions to verify my identity. In the sole discretion of the District, the account may be unlocked, but I understand that it may take up to 3 – 5 schools days to have my account unlocked.
- I have checked that the computer I will be using to access the Internet site for viewing student information meets or exceeds the minimum requirements as identified on the Grand Island Central School District Web site.

List the names of all your child(ren) currently enrolled in Grand Island Central School District and residing at the address listed below. The information given on this form must match the enrollment information you provided during registration.

PLEASE PRINT

Parent / Guardian Name (one name per form): _____

Parent / Guardian Home Address: _____

Parent / Guardian Email Address: _____

Parent / Guardian Home Telephone Number: () _____

Each parent will only need one login for all children/all schools. Parents that are also GICSD employees will use their GICSD login.



Please list all children in the household who you are the Parent /Guardian of and will be enrolled in GICSD.

Child's First Name	Child's Last Name	Child's Date of Birth	School Attending	Student ID# (to be completed by school)

Parent / Guardian Signature

Date

Please Print Parent / Guardian Name

School Witness or Notary Public Official Witnessing Parent / Guardian Signature

Date

Office Use Only:

Date Returned: _____ ☐ ID Verified Form & ID Checked by: _____

☐ Activation Key Provided Date Key Provided _____ Initials

GUID number _____



ACTIVE DUTY CENSUS FORM

New York State Education Department is asking school districts to identify any student where one or more parent/legal guardian is a member of the Armed Forces and on active duty. The Armed Forces include the Army, Navy, Air Force, Marine Corps, Coast Guard, or full-time National Guard. Active duty means full-time duty in the active military service of the United States. Such terms include full-time training duty, annual training duty and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the Military Department concerned.

If this describes any parent or guardian of a student, please fill out the form below.

Student Name:

Student ID Number:

Student Grade:

Name of Service Member:

Branch of Service:

Active Duty Date:

Active Duty End Date (if known):

GRAND ISLAND CENTRAL SCHOOL DISTRICT

**** 2026-2027 SCHOOL YEAR ****

Health and Dental Examination Requirements

Dear Parents/Guardians,

1. New York State law requires a health examination for all students **entering the school district for the first time and when entering Pre-K or K, Grade 1, Grade 3, Grade 5, Grade 7, Grade 9 and Grade 11.** The examination must be completed by a New York State licensed physician, physician assistant or nurse practitioner. Including Body Mass Index and Weight Status Category.
 2. A dental certificate which states your child has been seen by a dentist or dental hygienist is also asked for at the same time. This is a request, **NOT a requirement.**
- A copy of the health examination must be provided to the school within **30 days** of being **new to the district**, and when your child **begins Pre-K or K, and Grades 1, 3, 5, 7, 9 and 11.** If a copy is not given to the school within 30 days, the school will be contacting you.
 - If your child has an appointment for a physical exam during this school year that is after the first 30 days of school, please notify the Health Office with the date for our records.
 - Physical exam forms and dental certificate can be found on the district's website at www.grandislandschools.org under Departments & Services/Health Services/Health Forms
 - Communication between private and school health staff is important for safe and effective care at school. Your healthcare provider may not share health information with school health staff without your signed permission. Please talk to your provider about signing their consent form for the school at the time of your child's appointment for the examination.

We suggest you make copies of the completed forms for your own records before sending them to the school health office. A copy of each of these forms is attached for your convenience.

Forms may also be faxed to the confidential numbers below:

Sincerely,

School Health Services:

Charlotte Sidway Elementary	Phone: 716.773.8870 x2	Fax: 716.773.8842
Huth Road Elementary	Phone: 716.404.1706	Fax 716 773 8764
Kaegebein Elementary	Phone: 716.404.1606	Fax: 716.773.8765
Veronica Connor Middle School	Phone: 716.773.8838	Fax: 716.773.8841
Grand Island High School	Phone: 716.773.8827	Fax: 716.773.9049

Grand Island Central School District

New Enrollment Health History

Dear Parent/Guardian:

Please complete this form so that we may be able to generate a cumulative health record for your child. This information is confidential and will only be shared with appropriate school personnel. I hereby give my permission for this information to be shared with appropriate school personnel as needed.

Signature Parent/Guardian: _____ Date: _____

Student's Last Name: _____ First Name: _____

Address: _____ Home Phone: _____

Date of Birth: _____ Grade: _____

Did this student previously attend a Grand Island school? ☐ Yes ☐ No

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

New York State law requires all NEW STUDENTS entering a school district for the first time have a physical examination completed no more than 12 months prior to the entry of school.

Please check one of the following:

I give permission for my child to receive a physical at school by the school physician

My child has an appointment scheduled for a physical on _____

My child had a physical within the past 12 months on _____

(If this option is checked, **please return the completed physical form and copy of immunizations within 30 days of starting school**)

Signature Parent/Guardian _____ Date _____

Student's History:

Does your child require special shoes, braces, crutches, wheelchair, diet, or have impaired function? ☐ Yes ☐ No

If so, please explain: _____

Is there a history of any hospitalizations, significant injuries (including broken bones) or surgery? ☐ Yes ☐ No

If so, please explain: _____

Does your child have any congenital abnormalities or defects? ☐ Yes ☐ No

If so, please explain: _____

Student's History (continued)

Has student ever been , or currently being followed by a doctor or clinic for any health problems?	Yes	No
<i>If so, please describe:</i> _____		
Is there any mental, emotional or physical condition the school should know about?	Yes	No
<i>If so, please describe:</i> _____		
Does this student have any known allergies? (<i>insects, pets, foods, medication, seasonal, environmental</i>)	Yes	No
<i>If so, please describe:</i> _____		
Has the allergy required emergency treatment or does the student require emergency medication?	Yes	No
<i>If so, please explain:</i> _____		
Does this student currently take medication on a regular basis?	Yes	No
<i>If so, for what reason?</i> _____		
Medication and Dosage: _____	Is it necessary for school?	Yes No
Medication and Dosage: _____	Is it necessary for school?	Yes No

Please check all that apply and provide dates where necessary:

Neurologic Concerns Head Injury/Concussion _____ Loss of Consciousness / Fainting _____ Convulsions / Fits _____ Seizures _____ Staring Spells _____ Migraines _____ Other: _____ Cardiac Concerns Heart Murmur _____ Heart Arrhythmia _____ Other: _____
--

Anemia _____ Bladder/Bowel Problems _____ Diabetes _____ Hard to stop bleeding _____ Hearing Problems History of Infections _____ Tubes _____ Hearing Loss _____ Wears Aids/ Uses FM System _____

Respiratory Concerns Asthma _____ Bronchitis _____ Pneumonia _____ Reactive Airway Disease _____ Other: _____

Vision Problems Glasses _____ Eyes Patched _____ Eye Exercises _____ Amblyopia (Lazy Eye) _____ Color Perception Deficiency _____

Please list any additional comments or information: _____

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

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

STUDENT INFORMATION

Name:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: ☐ Female ☐ Male	Gender Identity: ☐ Female ☐ Male ☐ Nonbinary ☐ X	
School:	Grade:	Exam Date:

HEALTH HISTORY

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

☐ Allergies	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ Asthma	☐ Intermittent ☐ Persistent ☐ Other: ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ Seizures	Type: _____ Date of last seizure: _____ ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ Diabetes	Type: ☐ 1 ☐ 2 ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached

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

BMI _____ kg/m²

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

Hyperlipidemia: ☐ Yes ☐ Not Done

Hypertension: ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	Lead Level Required for PreK & K
TB- PRN	☐	☐		☐ Test Done ☐ Lead Elevated ≥ 5 $\mu\text{g/dL}$
Sickle Cell Screen-PRN	☐	☐		

☐ System Review Within Normal Limits

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

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

☐ Assessment/Abnormalities Noted/Recommendations:

Diagnoses/Problems (list)

ICD-10 Code*

☐ Additional Information Attached

*Required only for students with an IEP receiving Medicaid

Name:		Affirmed Name (if applicable):		DOB:	
SCREENINGS					
Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11					
Vision Screening	With Correction ☐ Yes ☐ No	Right	Left	Referral	Not Done
Distance Acuity		20/	20/	☐ Yes	☐
Near Vision Acuity		20/	20/	☐ Yes	☐
Color Perception Screening ☐ Pass ☐ Fail					☐
Notes					
Hearing Screening: Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening	Right ☐ Pass ☐ Fail	Left ☐ Pass ☐ Fail	Referral ☐ Yes		☐
Notes					
Scoliosis Screening: Boys grade 9, Girls grades 5 & 7		Negative	Positive	Referral	Not Done
		☐	☐	☐ Yes	☐
FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK					
☐ *Family cardiac history reviewed – required for Dominick Murray Sudden Cardiac Arrest Prevention Act					
☐ Student may participate in all activities without restrictions.					
If Restrictions Apply – Complete the information below					
☐ Student is restricted from participation in:					
☐ Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.					
☐ Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball.					
☐ Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.					
☐ Other Restrictions:					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level.					
Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V					
☐ Other Accommodations*: Provide Details (e.g., brace, insulin pump, prosthetic, sports goggles, etc.):					
*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.					
MEDICATIONS					
☐ Order Form for medication(s) needed at school attached					
COMMUNICABLE DISEASE			IMMUNIZATIONS		
☐ Confirmed free of communicable disease during exam			☐ Record Attached ☐ Reported in NYSIIS		
HEALTHCARE PROVIDER					
Healthcare Provider Signature:					
Provider Name: (please print)					
Provider Address:					
Phone:			Fax:		
Please Return This Form to Your Child's School Health Office When Completed.					

Grand Island Central School District

School Health Services

Procedures for Administering Medications

Only those medications which are necessary to maintain the student in school and which must be given during school hours should be administered. Any student who is required to take medication during the regular school day or while participating in school-sponsored activities (e.g., field trips, athletics) should comply with all procedures.

The following procedures for administering medications must be followed to provide safeguards and protection for your child's health. This policy has been implemented district wide. Your school nurse must follow these district regulations for any student who takes medication during the school day.

- **Medication must be brought to school by the parent.** Students are not permitted to transport prescription or over-the-counter medication to school. It must be kept in a container appropriately labeled (by the pharmacy and/or licensed healthcare prescriber). Parents may obtain two labeled containers from the pharmacy, one for home and one for school.
- **Written orders signed by a licensed healthcare prescriber and instructions by the pharmacist must accompany the medication.** These instructions must include the student's name, the name of the medication, the dosage, the route (the way it is to be given), frequency, duration, and any possible side effects. A copy of the prescription and over-the-counter medication request form is available in the Health Office and on the district's website.
- **Written permission from the parent must be submitted and kept on record in the Health Office requesting that the school district comply with the licensed healthcare prescriber's signed medication orders.**
- **These procedures must be followed for all prescription and all over-the-counter medications. This includes all cough drops, lozenges, lip balms, skin creams, analgesics, etc.** Over-the-counter medications must be in a manufacturer's labeled container.
- **During field trips or other school activities, the school nurse will advise classroom teachers in regards to procedures.**
- **When purchasing Diphenhydramine (otherwise known as Benadryl) as prescribed by your healthcare provider, please consider buying tablets or fastmelts rather than liquid (for easier transport during field trips)**
- **Students assessed by their licensed healthcare provider as being an independent student may carry and self-administer an inhaler or epi-pen.**
- **Supervised students may carry and use their sunscreen at school as long as they have written permission from the parent or guardian to carry and use sunscreen. Supervised means they are able to recognize that it's sunscreen, know why they are using it, and are able to independently apply the sunscreen. (does not apply to Sidway students)**
- **Any medication that is not picked up by an adult at the end of the school year will be discarded by the school nurse, as per New York State guidelines.**
- **These procedures will be strictly enforced for your child's protection**

Grand Island Central School District

School Health Services

PARENT AND PRESCRIBER'S AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

A. MUST BE COMPLETED BY THE LICENSED HEALTHCARE PRESCRIBER:

I request that my patient, as listed below, receive the following medication:

Name of Student: _____ DOB: _____

DIAGNOSIS CODE: _____ Duration of Treatment: _____ () Entire school year

**** (REQUIRED) ****

***Order may extend to a summer school session if needed () Yes () No**

<u>MEDICATION</u>	<u>DOSAGE</u>	<u>ROUTE</u>	<u>FREQUENCY/TIME TO BE TAKEN</u>

Possible Side Effects and Adverse Reactions (if any): _____

() I deem this child to be a nurse-dependent student and understand that administration of oral, topical, inhalant and injectable medications must remain the responsibility of the school nurse, licensed practical nurse under the direction of a school nurse, physician or parent.

() I deem this child to be a supervised student and understand that the school nurse, or other designated person in the case of the absence of the school nurse, may administer the medication upon request and at the direction of the student, including field trips.

() I deem this child to be an independent student who can self-administer his or her own medication(s) without any assistance.

Name of Healthcare Prescriber _____ Date _____

Prescriber's Signature _____ Phone _____

NPI License # _____

**** (REQUIRED) ****

**** (MAY USE STAMP) ****

B. MUST BE COMPLETED BY THE PARENT OR GUARDIAN:

I request that my child receive the medication as prescribed above by our licensed healthcare prescriber. I will furnish the medication in the properly labeled pharmacy container for prescription medication, or in the manufacturer's labeled container for over-the-counter medication. I understand that the school nurse will administer the medication to my child as prescribed above. Under certain circumstances, such as a field trip where no nurse is present, an adult will supervise my supervised student taking his/her own medication. I have read and will comply with the procedures for administering medications on the back of this form.

Signature (Parent or Guardian) _____ Date _____

Preferred Telephone: Home _____ Cell _____ Work _____

*** PLEASE SEE REVERSE ON PROCEDURES FOR ADMINISTERING MEDICATION ***

Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. 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 registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist 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: / / Month Day Year	Sex: ☐ Male ☐ Female	Will this be your child's first oral health assessment? ☐ 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/ Dental Hygienist

I. The dental health condition of _____ on _____ (date of assessment) The date of the assessment 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/ Dental Hygienist's name and address

(please print or stamp)

Dentist's/Dental Hygienist's Signature

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

II. Oral Health Status (check all that apply).

- ☐ Yes ☐ No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- ☐ Yes ☐ No **Untreated Caries** – Does this child have an open cavity? [At least 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): _____

II. 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.

Grand Island CSD
Committee on Special Education
1100 Ransom Road
Grand Island, NY 14072
(716) 773-8815

Dear Parent/Guardian:

Grand Island offers their students many related services such as Physical Therapy, Occupational Therapy, Speech, Vision, Hearing, Psychological Counseling to name a few. NYS will reimburse us for a small portion of the cost we pay to provide these services if the student is NYS Medicaid. We must have a signed consent from the parent with the child's Medicaid number on it as proof they are a Medicaid recipient.

If your child receives Medicaid, please fill out the attached form with child's Medicaid number and sign it. If your child is not Medicaid eligible, please check that box, sign and return to our office.

You may mail the form to the address above or email it to saraali@gicsd.org. Please contact Sara Ali at 716-773-8800 with any concerns or questions you may have.

Sincerely,

Cheryl M. Cardone

Cheryl M. Cardone
Asst. Superintendent of Pupil Personnel Services

GRAND ISLAND CSD
Medicaid Consent

This is to ask your permission (consent) to bill your child's Medicaid Insurance Program for special education and related services that are on your child's Individualized Education Plan (IEP). This consent allows the Grand Island CSD to bill for covered health-related services and to release information to the school district's Medicaid Billing Agent for that purpose.

I, _____ the parent/guardian of _____ have received a written notification from the Grand Island CSD that explains my federal rights regarding the use of public benefits or insurance to pay for certain special education and related services.

I understand and agree that the Grand Island CSD may access Medicaid to pay for special education and related services provided to my child, and that this consent extends to any eligible services provided in prior school years.

I understand that: providing consent will not impact my child's/my Medicaid coverage; upon request, I may review copies of records disclosed pursuant to this authorization; services listed in my child's IEP must be provided at no cost to me whether or not I give consent to bill Medicaid; I have the right to withdraw consent at any time; and the Grand Island CSD must give me annual written notification of my rights regarding this consent.

I also give my consent for the Grand Island CSD to release the following records/information about my child to the State's Medicaid Agency for the purpose of billing for special education and related services that are in my child's IEP. The following records will be shared.

Records to be shared (such as records or information about services your child receives)
IEP
Written Order/Referral
Evaluation Reports
Session Notes
Medication Administration Report
Special Transportation Log
Other Personally Identifiable Information
Any Other Specific Records Pertaining to the Student's Services or Program

☐ I give my consent voluntarily and understand that I may withdraw my consent at any time. I also understand that my child's right to receive special education and related services is in no way dependent on my granting consent and that, regardless of my decision to provide this consent, all the required services in my child's IEP will be provided to my child at no cost to me.

☐ My child is not Medicaid eligible.

MEDICAID ID # _____

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

INFORMATION ABOUT SPECIAL EDUCATION UPON ENTRY TO SCHOOL
Chapter 434 of the Laws of 2014

Statute: Section 4402

Effective Date: July 1, 2015

Summary:

This amendment requires school districts to notify every parent or person in parental relation of their rights regarding the referral and evaluation of their child for the purposes of special education services or programs. This notification shall be provided to the parents of all students in the district (with and without disabilities) upon their child's entry into public school. Districts may provide this information to parents by directing them to A Parent's Guide to Special Education on the New York State Education Department's (NYSED's) web site, provided that the district includes the name and contact information of the district's Committee on Special Education chairperson or other appropriate special education administrator. NYSED's A Parent's Guide to Special Education is available in both English and Spanish.

English: <https://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>

Spanish: <https://www.p12.nysed.gov/specialed/publications/policy/spanishparentguide.htm>

Statute: Chapter 434 of the Laws of 2014

Section 1. Section 4402 of the education law is amended by adding a new subdivision 8 to read as follows:

8. Upon their child's enrollment or attendance in a public school, such school shall notify every parent or person in parental relation of their rights regarding referral and evaluation of their child for the purposes of special education services or programs pursuant to applicable federal and state laws. Such notification may be provided by directing parents or persons in parental relation to obtain information located on the department's website relating to a parent's guide to special education in New York state for children ages three through twenty-one provided the notification shall also contain the name and contact information for the chairperson of the school district's committee on special education or other individual who is charged with processing referrals to the committee in the district.

§ 2. This act shall take effect July 1, 2015. Effective immediately, the addition, amendment and/or repeal of any rules or regulations necessary for the implementation of this act on its effective date are authorized to be made on or before such date.

Grand Island Central School District

1100 Ransom Road, Grand Island, NY 14072
(716) 773-8800 Fax: (716) 773-6279
www.grandislandschools.org

January, 2023

Dear Parent/Guardian:

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student educational records. Educational records subject to this protection include all academic, attendance, health, guidance and special service reports. FERPA requires schools to inform parents and students annually of these rights, such as by this notice for the current school year. Under FERPA, parents and students over 18 years of age ("eligible students") have the following rights:

- (1) Parents and eligible students have the right to inspect and review the student's educational records within 45 days from the date in which the school receives a request for access.**

Parents or eligible students who wish to review their records should submit a written request that identifies the record(s) they wish to inspect to the school principal or other appropriate "school official." A "school official" is a person employed by the district as an administrator, supervisor, instructor or support staff (including health or medical staff and law enforcement personnel), school board member, or a person or company with whom the district has contracted to perform a specific task (such as attorney, auditor, medical consultant, therapist or evaluator).

After processing the written request for inspection of a student's education records, the school official will make arrangements for the access and notify the parent or eligible student of the time and the place where the records may be inspected. A copy fee of \$0.25 per page may be charged provided that such fee does not effectively prevent parents or eligible students from exercising their rights to inspect and review these records.

- (2) Parents and eligible students have the right to request the amendment of the student's educational records that the parent or eligible student believes to be inaccurate, misleading or otherwise in violation of the student's privacy rights under FERPA.**

Parents or eligible students who seek to amend a record should submit a written request to the school principal which clearly identifies the part of the record they want changed, and why it is incorrect or misleading. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and advise them of their right to a hearing and their right to file a complaint with the Family Policy Compliance Office at the U.S. Department of Education. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

Please note that the school is not required to consider requests for amendment under FERPA that: (1) seek to change a grade or disciplinary decision; (2) seek to change opinions or reflections of a school official or other person reflected in an education record; or (3) seek to change a determination with respect to a child's status under special education programs.

- (3) Parents and eligible students have the right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without their consent.**

Generally, schools must have written permission/consent from the parent or eligible student in order to release any information from a student's education records. However, FERPA allows schools to disclose records, *without consent*, to the following parties or under the following conditions:

- to a school official with a legitimate educational interest (i.e., the official needs the record to fulfill his or her professional responsibility);

- to another school district to which the student seeks or intends to enroll;
- to specified officials for audit or evaluation purposes;
- to appropriate parties in connection with financial aid to a student;
- to organizations conducting certain studies on behalf of the school;
- to accrediting organizations;
- to comply with a judicial order or lawfully issued subpoena;
- to appropriate officials in cases of health and safety emergencies; and
- to state and local authorities, within the juvenile justice system, pursuant to specific State law.

In addition, schools are also permitted to release information, without prior written consent of the parents or eligible student, which has been appropriately designated as "directory information" by the district. Grand Island Central School District has designed the following information as "directory information":

- student's name
- address
- telephone listing
- participation in officially recognized activities and sports
- weight and height of members of athletic teams
- photograph
- degrees, honors and awards received
- date and place of birth
- grade level
- enrollment status
- the school most recently previously attended if not Grand Island

NOTE: Specific examples include honor roll, merit roll, annual yearbook, playbills and graduation programs.

Photo/directory information, which is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) such as Grand Island Central School District to provide military recruiters, upon request, with three photo/directory information categories – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

If you do not want Grand Island Central School District to disclose "photo/directory information" from your child's education records, you must notify the building principal in writing that you do not want "photo/directory information" disclosed. The written notice to the principal about photo/directory information must be received no later than 14 days after the date of publication of the notice (or within 15 days of newly enrolling in the district). A notice is provided below.

(4) Parents and eligible students have the right to file a complaint with the U.S. Department of Education concerning alleged failures by the Grand Island Central School District to comply with the requirements of FERPA.

The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5920

Additional information on local school policy may be obtained from building principals or Pupil Services at Grand Island Central School District, 1100 Ransom Road, Grand Island, New York 14072.

Sincerely,



Brian Graham, Ed.D.
Superintendent of Schools



Child Health Plus At a Glance

WHO IS ELIGIBLE?

CHILDREN WHO ARE:

- Under age 19
- New York State residents
- Not eligible for Medicaid
- Not covered by other health insurance
- Not eligible for or enrolled in health coverage through a state health benefits program (NYSHIP)
- Children may be eligible regardless of immigration status

NY State of Health complies with applicable Federal civil rights laws and state laws, and does not discriminate on the basis of race, color, national origin, creed/religion, sex, age, marital/family status, arrest record, criminal conviction(s), gender identity, sexual orientation, predisposing genetic characteristics, military status, domestic violence victim status and/or retaliation.

WHAT'S COVERED?

- Well-child visits
- Physical exams
- Immunizations
- Inpatient hospital/ surgical care
- Lab and imaging services
- Dental and Vision Services
- Emergency services
- Short-term physical and occupational therapy
- Prescription and Non-Prescription drugs, if ordered by a licensed professional
- Therapeutic outpatient services (chemotherapy, hemodialysis)
- Inpatient and outpatient mental health, alcohol and substance use services
- Speech and Hearing Services

This is not an all-inclusive list of covered benefits. You should contact your health plan directly for any questions about services and benefits covered through your health plan and providers.

CONTACT US:

nystateofhealth.ny.gov | 1-855-355-5777 or TTY 1-800-662-1220

Si usted habla un idioma diferente al inglés, los servicios de asistencia de idioma están disponibles gratis para usted. Llame al 1-855-355-5777 (TTY: 1-800-662-1220).

如果您使用的語言不是英語，您可以使用我們的免費語言支援服務。請致電 1-855-355-5777 (TTY: 1-800-662-1220)。

HOW MUCH DOES A CHILD HEALTH PLUS PLAN COST?

MONTHLY PREMIUMS: Monthly price depends on household income and family size.* There is no monthly premium for families with lower incomes. Families with higher incomes pay a monthly premium, according to the chart below. For larger families, the monthly fee is capped at three children. Families with incomes above the level for subsidized coverage may pay the full premium, which varies by participating health plan.

COST SHARING: Child Health Plus has no annual deductible and no co-payments.

Maximum Annual Income by Family Size				Monthly Family Contribution Per Child (max number of children you pay for is 3)
1	2	3	4	
\$32,368	\$43,779	\$55,190	\$66,600	\$0
\$36,450	\$49,300	\$62,150	\$75,000	\$15 (max \$45)
\$43,740	\$59,160	\$74,580	\$90,000	\$30 (max \$90)
\$51,030	\$69,020	\$87,010	\$105,000	\$45 (max \$135)
\$58,320	\$78,880	\$99,440	\$120,000	\$60 (max \$180)
over \$58,320	over \$78,880	over \$99,440	over \$120,000	Full premium, varies by health plan (no family max)

*Based on 2023 Federal Poverty Levels (FPL). Income Levels may be adjusted each year based on FPL changes.

Lawley

INDIVIDUAL & SENIOR
HEALTH INSURANCE



TOP 50
NATIONAL BROKER

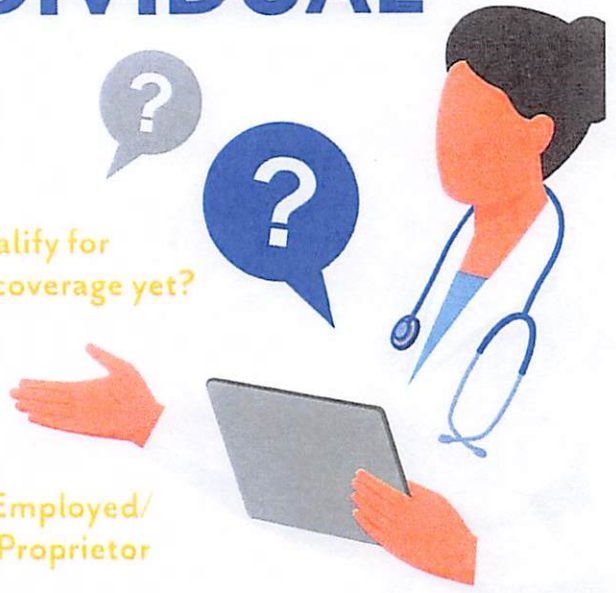
BUSINESS
INSURANCE®

WHY MIGHT YOU ENROLL IN THE INDIVIDUAL MARKETPLACE?

KNOW YOUR OPTIONS

- ? Retiring, but under 65?
- ? Losing health coverage?
- ? Do not qualify for employer coverage yet?
- ? Enrolling into Medicare, but your spouse is not eligible?
- ? Have children who are aging off the family health plan?
- ? Self Employed/ Sole Proprietor

**Is this
YOU?**



Did you know that when retiring, COBRA is not your only option?

Most of us know that COBRA is an expensive option and is not forever. There are various options for individuals to obtain health insurance, whether it be by enrolling directly with a local insurance carrier or enrolling on the NYSOH Marketplace. We are here to help you explore your options.

- You could qualify for a tax credit on the NYSOH Marketplace.
- Your children could qualify for Child Health Plus, which is great for cost-control.
- Easy transition from individual coverage to Medicare coverage.
- Assistance with understanding your premiums, plan benefits & more.

From traditional marketplace insurance to Medicare, I am happy to work with you to find the healthcare protection that works best for you and your family.

**Call to
schedule a
FREE
one-on-one
or virtual
meeting!**

YOUR INSURANCE CONSULTANT



MARIAH MOONAN

Individual & Senior Health Insurance

mmoonan@lawleyinsurance.com

716.849.1595

**THERE IS
NEVER A FEE
TO MEET
WITH ME!**



Learn more by visiting: lawleyinsurance.com