



Rye Neck Schools



www.ryeneck.org

APPLICATION *for* REGISTRATION

TO BE FILLED OUT BY PARENT / GUARDIAN

The following papers must be presented when registering your child:

1. Child's Birth Certificate or Baptismal Certificate (giving date of birth) or a certified transcription of the Birth Certificate or Baptismal Certificate (including a foreign certified transcription of either certificate); a Passport (including a foreign passport); or other proof of the child's age acceptable to the District. ***The district must make a copy of the original document.***
2. **Three (3)** Other forms of documentation, including, but not limited to:
 - Copy of a residential lease or proof of ownership of a house or condominium (i.e., deed, mortgage statement, tax bill, etc.)
 - Other statements from a third party establishing the parent/guardian's physical presence in the District;
 - Affidavits of guardianship if applicable;

You may also submit other documents in support of the child's enrollment in the District such as:

- Pay Stub;
 - Income tax form;
 - Utility or other bills;
 - Membership documents based upon residency;
 - Voter Registration documents;
 - Official Driver's license, learner's permit, or non-driver identification;
 - State or government issued identification;
 - Documents issued by federal, state or local agencies (such as the local social service agency or the Office of Refugee Resettlement).
3. **Renters:** Complete [Landlord's Affidavit](#) (obtain from registration clerk or download from district website)

4. Current [Health Appraisal](#), TB Screening Forms and immunization record completed and signed by a NYS physician (must be **within 1 year** from the start of school). Each certificate or appraisal must be signed by a licensed physician, physician assistant or nurse practitioner, authorized to practice in NYS. The physician's office should be located within approximately 50 miles of the state border.

If you would like information regarding the referral and evaluation process, please reference "A Parents Guide to Special Education" on the NYSED website:

<http://www.p12.nysed.gov/specialed/parentpubs.htm> You may also contact Mr. H. Wil Siegel, Director of Pupil Personnel Services, for the Rye Neck School District at 914-777-4864

You may also download registration documents from our web site: www.ryeneck.org

Students will not be placed in a class until medical documentation is complete.

Thank you,
Dolores Ayaso
Registration Clerk
(914) 777-4882

**Rye Neck Union Free School District
300 Hornidge Road
Mamaroneck, NY 10543
(914) 777-5200**

Evidence of Custody of the Child, including but not limited to an affidavit indicating:

- That they are the parent with whom the child lawfully resides

OR

- That they are the person in parental relation to the child and they have total and permanent custody and control

OR

- If applicable, judicial custody order or an order of guardianship papers (this is not a requirement).

**Michael Burke
Superintendent of Schools**

RYE NECK UNION FREE SCHOOL DISTRICT

Daniel Warren Elementary School

1310 Harrison Avenue

Mamaroneck, NY 10543

Grades K- 2

Contact: Jeannine Teter -914-777-4200

jteter@ryeneck.org

F. E. Bellows

200 Carroll Avenue

Mamaroneck, NY 10543

Grades 3- 5

Contact: April Laychak-914-777-4602

alaychak@ryeneck.org

Rye Neck Middle School

300 Hornidge Road

Mamaroneck, NY 10543

Grades 6- 8

Contact: 914-777-4732

Meegan Lawlor mlawlor@ryeneck.org

Coleen Sullivan csullivan@ryeneck.org

Rye Neck High School

300 Hornidge Road

Mamaroneck, NY 10543

Grades 9- 12

Contact: Guidance Office -914-777-4872

Maureen Williams mwilliams@ryeneck.org

Corinne Ryan cryan@ryeneck.org

Request for Information Release for Records

TO: _____

Name of Current School

School Address

Town/City

State

Zip Code

RE: _____

Child's Name

Grade Entering

The above named student has enrolled in the Rye Neck Union Free School District. Please forward the following records at your earliest convenience to the appropriate school listed above:

- Transcript
- Current Report Card
- Health Records
- New York State Competency Test Record
- Test Scores
- Disciplinary Records
- Any other information that would assist us in the placement of this student

Name of Parent/ Guardian _____

Please Print

Date _____

Signature of Parent / Guardian

RYE NECK SCHOOL DISTRICT STUDENT REGISTRATION FORM

For Office Use Only:

Proof of: Legal Residence

☐

Student Number_____

Birth Certificate

☐

Family Number_____

Medical Records

☐

Gender M ☐ F ☐ ☐

Academic Records

☐

Entering Grade_____

Custody Papers
(If applicable)

☐

Date Entering _____

Today's Date _____

TO BE FILLED OUT BY PARENT / GUARDIAN

STUDENT INFORMATION

Child's Last Name_____ **First Name**_____

Date of Birth___/___/___

Siblings_____ Grade_____ Gender_____

_____ Grade_____ Gender_____

Student Lives with: ☐ Both Parents ☐ Mother ☐ Father
☐ Legal Guardian(s) ☐ Parent/ Step-parent
☐ Other _____

PARENT/GUARDIAN INFORMATION

Guardian #1

Last Name_____ **First Name**_____ **Title**_____

Address_____

City_____ Zip Code_____

Telephone:_____ Cell Phone:_____

E-Mail Address(es)_____

Employer_____ Occupation_____

Work Address_____ City_____ State_____ Zip Code_____

Work Telephone_____

Previous Home Address_____

RYE NECK SCHOOL DISTRICT STUDENT REGISTRATION FORM

Guardian #2

Last Name _____ First Name _____ Title _____

Address _____

City _____ Zip Code _____

Telephone: _____ Cell Phone: _____

E-Mail Address(es) _____

Employer _____ Occupation _____

Work Address _____ City _____ State _____ Zip Code _____

Work Telephone _____

Previous Home Address _____

School Child Last Attended _____

Address _____ City _____ State _____ Zip Code _____

Total Years in U. S. Schools _____ Telephone _____

Special Programs / Needs _____

CHILD'S HEALTH HISTORY

Was your child a premature baby? Yes ☐ No ☐ Birth Weight _____ lbs. _____ oz.

Were there any notable complications during pregnancy or birth? Yes ☐ No ☐

Does your child suffer from any of the following: (please check)

☐ Asthma ☐ Allergies ☐ Chronic Diseases such as diabetes, heart disease,
muscular dystrophy, etc.

Please Specify _____

Has your child ever had any serious illness, injuries or operations? Yes ☐ No ☐

Please Specify _____

Has your child ever worn glasses or had visual problems? Yes ☐ No ☐

Has your child ever had a hearing problem or hearing evaluation? Yes ☐ No ☐

Is your child presently required to take any form of medication? Yes ☐ No ☐

Has your child received any special services as a pre-schooler? Yes ☐ No ☐

Parent/ Guardian signature _____

Student Name: _____

Last Name **First Name**

EMERGENCY CONTACT INFORMATION

Physician _____ Telephone _____

Additional Contacts

1. Name _____ Telephone _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

2. Name _____ Telephone _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

3. Name _____ Telephone _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

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>

The information for Rye Neck's Liaison is listed at the bottom of this form.

District or LEA Rye Neck UFSD	School Name
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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. Providing it will not affect your immigration status or your eligibility for enrollment or other 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 or rent 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 or 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

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:

If you have any questions regarding this form, please reach out to:

Ana Luisa Crivorot

K-12 Social Worker

McKinney-Vento Liaison



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

Lisette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

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

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

Home Language Questionnaire (HLQ)

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

Please write clearly when completing this section.

STUDENT NAME:

First Middle Last

DATE OF BIRTH:

Month Day Year

GENDER:

☐ Male
☐ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name First Name Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

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

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

Educational History

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

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

Yes* No Not sure

☐ ☐ ☐ *If yes, please explain: _____

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

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

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

☐ No ☐ Yes – Type of services received: _____

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

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

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

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

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

 Signature of Parent or of Person in Parental Relation

Month: Day: Year:

 Date

Relationship to student: ☐ Mother ☐ Father ☐ Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

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

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

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

MO. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

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

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL
ADMINISTRATION:

MO. DAY YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

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

STUDENT 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 because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

English Only

Name of School:

School District Student Identification Number:

Date of Birth (Month/Day/Year):

Student Name: Last, First, Middle:

Grade Level:

DIRECTIONS TO PARENT/GUARDIAN

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

[For question (1) Check (✓) the box that best describes your child.] Check (✓) only ONE box.

- 1. Is the student Hispanic, Latino or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

- ☐ Yes, Hispanic
- ☐ No, not Hispanic

- 2. Select one or more races from the following five racial groups** [For question (2) Check (✓) all groups that apply to your child; check (✓) at least ONE box]:

- ☐ **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North American and who Maintains cultural identification through tribal affiliation or community recognition e.g. 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

Date

FAXED BY _____

DISTRICT _____



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 Every Student Succeeds Act (ESSA). 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 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.

Have you or has someone in your family worked on a farm?
Have you moved during the past three 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: _____ City/Town _____

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 mail to Mid-Hudson Migrant Education Program-
353 VH Annex 1 Hawk Drive New Paltz, NY 12561



If you need further clarification, please do not hesitate to call the school nurse in your building.

Daniel Warren	Wendy Abbatantono, RN	Grades K, 1, 2	777-4210
F.E. Bellows	Ardijane Mahmud, RN	Grades 3, 4, 5	777-4610
MS/ HS	Frannie Willsey, RN	Grades 6-8, 9-12	777-4810

Medical Exemption- A certificate from a physician licensed to practice medicine in the State of New York that one or more of the required immunizations may be detrimental to the child's health. This certificate must specify which immunizations may be detrimental and the specific contraindications.

The Rye Neck UFSD will accept an immunization transfer card or a transcript of your child's cumulative health record, demonstrating New York State requirements have been met, from the school previously attended.

We trust that you will understand our need to make certain that all of our students are properly immunized, and that you will cooperate with us in our efforts to protect all of our students.

If you have any questions or would like to speak with the school nurse regarding any medical conditions or medical history your child may have, please do not hesitate to call the school nurse in your child's building.

With best wishes,

Frannie Willsey, RN

Ardijane Mahmud , RN

Wendy Abbatantono, RN

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

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

STUDENT INFORMATION

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

HEALTH HISTORY

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

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

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

BMI _____ kg/m2

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

Hyperlipidemia: ☐ Yes ☐ Not Done

Hypertension: ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

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

☐ **System Review Within Normal Limits**

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

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

Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code*
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☐ Additional Information Attached

*Required only for students with an IEP receiving Medicaid

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

Name: _____

DOB: _____

TUBERCULOSIS TESTING / SCREENING – EITHER A OR B MUST BE COMPLETED BY THE PHYSICIAN

A. PPD (Mantoux):

1. Date Placed: _____ Date Read: _____ Result in mm: _____
2. If PPD is Positive: CXR: _____ Date of Exam: ____/____/____ Result: _____

Treatment: _____

B. Tuberculin screening not indicated _____ (MD must initial)

Date: _____

Provider's Signature: _____

Phone: _____

Provider's Name/Address: _____

Fax: _____

NEW STUDENT HISTORY

Student Name:	Parents' Name:
Grade:	Phone Number:
Counselor:	Previous School Contact:
Date:	Phone Number:
EARLY CHILDHOOD/OVERALL HEALTH	
- Any developmental delays (walking, talking, riding a bike)? - Any serious or chronic health conditions? - Any behavioral or emotional problems (tantrums, anxiety, school attendance)?	
ACHIEVEMENTS AND ACCOMPLISHMENTS	
- Extracurricular activities? - Makes friends easily? - Other (clubs, interests)?	
ACADEMIC STRENGTHS	
- Standardized Tests - Report Cards - Awards - Parent Comments	
ACADEMIC AREAS FOR DEVELOPMENT	
- What type of school setting is your child coming from (urban, suburban, ex-elementary school w/one teacher or departmentalized middle school)? - Did your child ever receive any type of additional help (special education, AIS, private tutoring, remedial support)? - Most difficult subject?	
HOME	
- If student does not live with both parents, is there a custody agreement? - Any orders of protection or PINS petitions? - Outside agencies involved with the family?	
PARENT/STUDENT COMMENTS	

Check off as completed:

- | | | |
|---|---|--|
| ☐ MEETING WITH PRINCIPAL | ☐ TUTORIALS YES/NO WHY? | ☐ TOUR |
| ☐ RECORD REVIEW | ☐ PARENT/STUDENT INTERVIEW | ☐ CONTACT PREVIOUS SCHOOL |
| ☐ ID | ☐ COMPUTER PERMISSION FORM | ☐ CREATE SCHEDULE |
| ☐ LOCKER/HANDBOOK/MAP/BELL SCHEDULE | | ☐ EMAIL TEACHERS |
| SCREENING, IF NECESSARY: ☐ MATH ☐ READING | | ☐ SCHOOL CALENDAR |