Phelps-Clifton Springs Central School District

Where students soar to success

Dear Midlakes Family,

Welcome to the Phelps-Clifton Springs Central School District! We are honored that you have chosen Midlakes as part of your family's educational journey and are excited to partner with you in supporting your child's success.

At Midlakes, we believe every student deserves opportunities to learn, grow, and thrive in a safe, supportive, and engaging environment. Our schools are dedicated to helping students develop the knowledge, skills, character, and confidence needed to achieve their **Limitless Future**.

As a district community, we are guided by our Midlakes Core Values, which shape the experiences we provide for students every day:


Respect


Responsibility


Independence


Kindness

We believe that **strong partnerships** between families, schools, and the community are essential to student success. We encourage you to stay connected, participate in school events, and reach out whenever you have questions or need support. Together, we can create meaningful opportunities for your child to learn, contribute, and flourish.

Thank you for becoming a part of the Midlakes community. As you complete our new student registration packet, please reach out if you have any questions, we're here to support your family. We look forward to getting to know you and supporting your child as they discover their strengths, pursue their passions, and achieve their limitless future.

Questions for UPK-6, Contact:
Kim Maher
Midlakes Elementary School
315-548-6700
kMaher@midlakes.org

Questions for 7-12, Contact:
Amanda Wheeler
Midlakes Middle/High School
315-548-6312
awheeler@midlakes.org

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To help you become a part of our Midlakes family please use this Student Registration Checklist:

☐ **Completed Student Enrollment Packet** (Documents included in this packet)

- NYS Home Language Questionnaire
- NYS Housing Questionnaire
- Midlakes Student Enrollment Form
- NYS Student Digital Resources Form
- Midlakes Records Release Request for previous School
- Community Eligibility Provision Form
- Midlakes Technology Agreement
- Midlakes Transportation Form
- Midlakes Student Photo Release
- NYS School Health Examination Form
- Midlakes Dental Health Certificate

☐ **Birth Certificate**

☐ **Parent/Guardian ID** (driver's license **or** passport **or** state issued photo identification)

☐ **Proof of Residency:**

- If you own your residence, please bring a mortgage statement **or** a school tax bill **and** one utility bill provided in the last thirty days. All documents must list the guardian's name and address.
- If you rent your residence, please bring a current signed bonafide lease **and** one utility bill provided in the last thirty days. All documents must list the guardian's name and address.
- If you cannot provide proof of residency in your name, please call the District Office at 315-548-6420 for further assistance prior to registering your child. An additional form may be required, and student registration may be subject to the District Residency Official's approval.

☐ **Student Health Records:**

- An original *Record of Immunization* from a doctor's office
- A copy of the student's last doctor's physical results from a doctor's office, the physical must be dated within one year from the start of school
- A *Dental Health Certificate* from a dentist's office

☐ **Student School Records:** Academic records are not required for registration; however, they greatly assist in the process.

- The most recent report card
- Transcript of past grades/scores
- Students in grades 7th- 12th are requested to submit a schedule from the school last attended

The following documentation is required in certain circumstances (if applicable):

☐ **Any Custody Documents and/or Court Documents/Orders** as they relate to the student who is enrolling in the Phelps-Clifton Springs Central School District.

☐ **IEP or 504 Plans:**

- If your student receives special education services via an IEP or accommodations per a 504 plan, please provide one copy of your student's plan.
- IEP and 504 Plans are not required for registration; however, they greatly assist in the process.

☐ **Medicaid Documents:** If the student is Medicaid eligible, please request appropriate documents from the registrar.

If you have any questions or you have completed the registration checklist and have collected all the requested documents, please contact:

Grades UPK-6: Kim Maher at Midlakes Elementary School, 315-548-6700 or

Grades 7-12: Amanda Wheeler at Midlakes Middle/High School, 315-548-6310.

OFFICE USE ONLY: When registration packet is completed, scan & forward to Building Principal, Director of Curriculum & Instruction, Director of Special Programs, and Public Relations Officer

Phelps-Clifton Springs
Central School District

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NYS Home Language Questionnaire

Questions for UPK-6, Contact:
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kMaher@midlakes.org

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awheeler@midlakes.org

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

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

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

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

Home Language Questionnaire (HLQ)

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

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

HOME LANGUAGE CODE _____

Language Background
(Please check all that apply.)

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

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

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

Home Language Questionnaire (HLQ)—Page Two

Educational History

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

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

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

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

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

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

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

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

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

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

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

Relationship to student: ❑ 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:

Phelps-Clifton Springs
Central School District

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NYS Housing Questionnaire

Questions for UPK-6, Contact:
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kMaher@midlakes.org

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New York State Housing Questionnaire

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

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

District or LEA	**School Name**

About this form and your rights

Schools are required by federal and state law to identify students living in temporary housing and ensure they can enroll, attend, and succeed in school. The **McKinney-Vento Homeless Assistance Act**, together with **New York State Education Law Section §3209**, protects students and families who no longer have a permanent, stable place to live; families who have lost housing; are staying with others temporarily; or are living somewhere that was never meant to be a home.

Eligible students have the right to:

- ✓ Stay in the school they attended when last permanently housed (called the school of origin), for as long as they are in temporary housing.
- ✓ Immediately enroll in the local school where they are temporarily staying (the school of current location).
- ✓ Enroll and start school right away, even without a birth certificate, proof of residency, immunization records, or school records.
- ✓ Receive free transportation to and from the school of attendance, as well as after-school activities (If within 50 miles).
- ✓ Receive free school meals without income paperwork as well as access to other school services including McKinney-Vento Grant resources, if available.

This information is confidential and will be shared only with school staff who have a legitimate educational need to support student access to McKinney-Vento rights and services. Providing this information is voluntary and will be used only to determine eligibility for services under the McKinney-Vento Act and NYS Education Law §3209. 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:

_____

_____

_____

_____

Phelps-Clifton Springs
Central School District

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Midlakes Student Enrollment Form

Questions for UPK-6, Contact:
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Midlakes Elementary School
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kMaher@midlakes.org

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Amanda Wheeler
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awheeler@midlakes.org

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Student Enrollment Form

STUDENT INFORMATION

Name: First_____ Middle_____ Last_____ Birth Date: ___ /___/

Address: _____ City_____, NY ZIP_____

Grade Entering: _____ Gender: ○ Male ○ Female ○ Non-Binary Native Language: _____

Is the student Hispanic, Latino, or of Spanish origin? ○Yes (Hispanic) ○ No (Not Hispanic)

Ethnicity (choose one or more): ☐ African American/Black ☐ American Indian/Alaskan Native ☐ Asian
☐ Native Hawaiian/Pacific Islander ☐ White

PRIMARY PARENT/GUARDIAN INFORMATION*

Name: First_____ Middle_____Last_____

Address: _____ City_____, NY ZIP_____

Relationship to Student: ○Legal Guardian ○Parent Native Language: _____

Cell Phone: (____)_____ Work Phone: (____)_____ Home Phone: (____)_____

Phone number for ParentSquare communications (closures, emergency updates, etc): (____)_____

Receive Mailings: ○ Yes ○ No Access to SchoolTool Parent Portal: ○ Yes ○ No

E-mail: _____

Name: First_____ Middle_____Last_____

Address: _____ City_____, State_____ ZIP_____

Relationship to Student: ○Legal Guardian ○Parent Native Language: _____

Cell Phone: (____)_____ Work Phone: (____)_____ Home Phone: (____)_____

Phone number for ParentSquare communications (closures, emergency updates, etc): (____)_____

Receive Mailings: ○ Yes ○ No Access to SchoolTool Parent Portal: ○ Yes ○ No

E-mail: _____

OTHER PARENT/GUARDIAN INFORMATION*

Name: First_____ Middle_____Last_____

Address: _____ City_____, State_____ ZIP_____

Relationship to Student: ○Legal Guardian ○Parent Native Language: _____

Cell Phone: (____)_____ Work Phone: (____)_____ Home Phone: (____)_____

Phone number for ParentSquare communications (closures, emergency updates, etc): (____)_____

Receive Mailings: ○ Yes ○ No Access to SchoolTool Parent Portal: ○ Yes ○ No

E-mail: _____

Name: First_____ Middle_____Last_____

Address: _____ City_____, State_____ ZIP_____

Relationship to Student: ○Legal Guardian ○Parent Native Language: _____

Cell Phone: (____)_____ Work Phone: (____)_____ Home Phone: (____)_____

Phone number for ParentSquare communications (closures, emergency updates, etc): (____)_____

Receive Mailings: ○ Yes ○ No Access to SchoolTool Parent Portal: ○ Yes ○ No

E-mail: _____

**Parents/Guardians will be contacted in the order listed above from top to bottom. Parents/Guardians listed above should show on Birth Certificate and/or have supporting legal documentation indicating guardianship such as signed Family Court Documents or Adoption Documents.*

*Does the student have any parent/guardian who is active duty armed forces? ○Yes ○No

If yes, who is active duty? _____ Which Branch: _____ Entry Date: ___/___/____

SCHOOLS PREVIOUSLY ATTENDED

Name of School	City/Town, State, Country	Grade(s)	Dates Attended
Is this student currently suspended from his/her most recent school? ○ Yes ○ No			

SIBLINGS AT HOME INFORMATION

First Name	Last Name	Date of Birth	Gender
		/ /	○ Male ○ Female ○ Non-binary
		/ /	○ Male ○ Female ○ Non-binary
		/ /	○ Male ○ Female ○ Non-binary
		/ /	○ Male ○ Female ○ Non-binary

CUSTODY & CONTACT

Please select one of the following custody arrangements:

○ 50/50 ○ Foster Placement (DDS-2999/324 must be provided) ○ Joint Custody ○ Legal Guardian
○ Sole Custody ○ Temporary Custody ○ Unaccompanied Youth

Restrictions of Contact and/or Information:

○ No Restrictions for Parents/Guardians ○ Custody Papers Specify Restrictions ○ Order of Protection
○ Other Documentation, specify: _____ Expiration Date: ____/____/_____
Person(s) Restricted: _____ Relationship to Student: _____

Custody and/or Restrictions of Contact paperwork must be provided during registration.
Please inform your school of any changes along with updated paperwork.

STUDENT SUPPORT SERVICES

Has your student ever been identified as having a disability (CSE or CPSE)? ○ Yes ○ No

If yes, please describe:

Does your student have an IEP? ○ Yes ○ No Does your student have a 504 Plan? ○ Yes ○ No

Please describe any Special Education Services that your child has received (i.e. speech, occupational therapy, physical therapy, resource, special class, and remedial instruction): _____

Is your student eligible for migrant services?

○ Yes ○ No

Is your student eligible for free/reduced lunch?

○ Yes ○ No ○ Unsure

Has your child received any other services (i.e. gifted/talented and/or English as a Second Language)?

○ Yes ○ No If Yes, please describe:

Authorized Individuals

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STUDENT INFORMATION

Name of Student: First _____ Middle_____ Last_____
Date of Birth: ____/____/_____ Grade: _____

EMERGENCY CONTACTS (BEYOND PARENT/GUARDIAN) *

Name: First _____ Last_____
Relationship to Student: ○ Emergency Contact ○ Stepparent ○ Sitter/Day Care Provider
Address: _____ City _____, State _____ ZIP _____
Cell Phone: (____)_____ Work Phone: (____)_____ Home Phone: (____)_____
☐ Check here to authorize that the student may be picked up from school in case of illness or an emergency.

Name: First _____ Last_____
Relationship to Student: ○ Emergency Contact ○ Stepparent ○ Sitter/Day Care Provider
Address: _____ City _____, State _____ ZIP _____
Cell Phone: (____)_____ Work Phone: (____)_____ Home Phone: (____)_____
☐ Check here to authorize that the student may be picked up from school in case of illness or an emergency.

Name: First _____ Last_____
Relationship to Student: ○ Emergency Contact ○ Stepparent ○ Sitter/Day Care Provider
Address: _____ City _____, State _____ ZIP _____
Cell Phone: (____)_____ Work Phone: (____)_____ Home Phone: (____)_____
☐ Check here to authorize that the student may be picked up from school in case of illness or an emergency.

Name: First _____ Last_____
Relationship to Student: ○ Emergency Contact ○ Stepparent ○ Sitter/Day Care Provider
Address: _____ City _____, State _____ ZIP _____
Cell Phone: (____)_____ Work Phone: (____)_____ Home Phone: (____)_____
☐ Check here to authorize that the student may be picked up from school in case of illness or an emergency.

____/____/____ _____

Date *Signature of Parent or Guardian*

*Please note that parents and guardians will be contacted first. Emergency contacts above will be contacted in the order they are listed from top to bottom.

Phelps-Clifton Springs
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NYS Student Digital Resources Form

Questions for UPK-6, Contact:
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kMaher@midlakes.org

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Amanda Wheeler
Midlakes Middle/High School
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awheeler@midlakes.org

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Student Digital Resources

Student _____ **District** PHELPS-CLIFTON SPRINGS CENTRAL

Collecting an accurate picture of the digital resources for our New York students will greatly help educators to better serve our students and families. In order to accomplish this, the New York State Education Department is asking parents to complete a Digital Equity survey (for each student in the family) in grades Kindergarten - Grade 12. This survey will provide information on student access to devices and internet access in their places of residence. To assist us in this process, ***please answer each question below*** *and follow any additional instructions provided for submitting or returning the survey. Thank you for your time and cooperation.*

Use blue or black ink.

1. Did the school district issue your child a dedicated school or district owned device for their use during the school year?
   - ✗ Yes
   - O No

2. What is the device your child uses **most often** to complete learning activities away from school? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.)
   - 0 Desktop
   - O Chromebook
   - O Laptop
   - O Smartphone
   - 0 Tablet
   - 0 No Device

3. Who is the provider of the primary learning device identified in question 2? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork)
   - 0 School
   - O Personal
   - O No Device

4. Is the primary learning device (identified in question 2) shared with anyone else in the household?
   - 0 Shared
   - O Not Shared
   - O No Device

5. Is the primary learning device (identified in question 2) sufficient for your child to fully participate in all learning activities away from school?
   - OYes
   - ONo

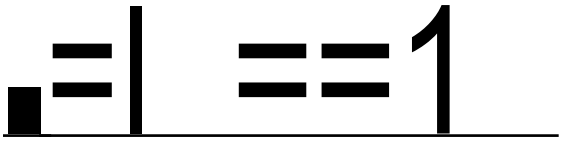
6. Is your child able to access the Internet in their primary place of residence?
   - **OYes**
   - **ONo**

7. What is the primary type of internet service used in your child's primary place of residence?
   - 0 Residential Broadband
   - O Dial Up
   - 0 Cellular
   - O DSL
   - O Mobile Hotspot
   - O Other
   - O Community Wi-Fi
   - O None
   - O Satellite

8. In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment uploads, without interruptions caused by slow or poor internet performance?
   - OYes
   - ONo

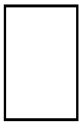
9. What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence?
   - 0 Availability
   - O Other
   - 0 Cost
   - O None

Student ID



District ID





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Phelps-Clifton Springs
Central School District

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Midlakes Records Release Request

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kMaher@midlakes.org

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Amanda Wheeler
Midlakes Middle/High School
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awheeler@midlakes.org

Phelps-Clifton Springs Central School District
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Records Release Request

STUDENT INFORMATION

Name of Student: First _____ Middle _____ Last _____

Date of Birth: ____/____/_____ Last Grade Enrolled: _____ Estimated Start Date*: ____/____/_____

**To Previous Schools: please do not drop student from enrollment until notified of a start date*

PREVIOUS SCHOOL INFORMATION

Name of Previous School: _____

Previous School's Address: _____

City _____ State _____ ZIP _____

Previous School's Phone: (_____)_____ Previous School's Fax: (_____)_____

PERMISSION

Permission is hereby given to the Phelps Clifton Springs Central School District to receive information from you and/or release information to you regarding the above-named student.

/ /

_____ _____

Date *Signature of Parent, Guardian, or Unaccompanied Youth*

DIRECTIONS FOR PREVIOUS SCHOOLS

The student named above is registering in our school district. Please forward the following information as soon as possible so that we may do our best to prepare for them:

- Administrative Records: Name, address, birth date, grade level, etc.
- Attendance Records
- Birth Certificate
- Current IEP or 504 Plan (if applicable)
- Disciplinary Reports
- Free/Reduced Lunch Paperwork
- Grade UPK-6 students – Recent report card, AIS reports, RTI or IST paperwork, counseling notes
- Grade 7-12 students – Cumulative Academic Record
- Grade 9-12 students – Unofficial Transcript
- Standardized Test Data including, but not limited to, New York State Assessments
- All reports and assessments associated with Special Education (if applicable)
- All reports and assessments associated with ENL services (if applicable)

Please send records to:

Students UPK-6	Students 7-12	Students with Disabilities
Kim Maher Phelps-Clifton Springs CSD 1500 State Route 488 Clifton Springs, NY 14432	Amanda Wheeler Phelps-Clifton Springs CSD 1554 State Route 488 Clifton Springs, NY 14432	Jessica Givens Phelps-Clifton Springs CSD 1550 State Route 488 Clifton Springs, NY 14432
Phone: (315) 548-6700 Fax: (315) 548-6709 Scan: kmaher@midlakes.org	Phone: (315) 548-6310 Fax: (315) 548-6309 Scan: awheeler@midlakes.org	Phone: (315) 548-6440 Fax: (315) 548-6449 Scan: jgivens@midlakes.org

Phelps-Clifton Springs
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NYS Community Eligibility Provision

(Currently, ALL students that attend Midlakes receive Free Breakfast & Lunch as part of NYS's Community Eligibility Program- This next form is used when the School District reapplies for eligibility to ensure all of pour students continue to receive Free Breakfast and Lunch at School)

Questions for UPK-6, Contact:
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315-548-6700
kMaher@midlakes.org

Questions for 7-12, Contact:
Amanda Wheeler
Midlakes Middle/High School
315-548-6312
awheeler@midlakes.org

Date Withdrew_____ F _____ R _____ D_____

2026-2027 Application for Free and Reduced-Price School Meals/Milk

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

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

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

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

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

Name: _____ CASE #: _____

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

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

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

Total Household Members (Children and Adults) ☐☐

***Last Four Digits of Social Security Number:** XXX-XX-__ __ __ __ I do not have a SS# ☐

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

4. Signature: An adult household member must sign this application before it can be approved.
I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.
Signature: _____ **Date:** _____
Email Address: _____
Home Phone: _____ Work Phone: _____ Home Address: _____

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

Ethnicity: ☐Hispanic or Latino ☐Not Hispanic or Latino
Race (Check one or more): ☐American Indian or Alaskan Native ☐Asian ☐Black or African American ☐Native Hawaiian or Other Pacific Island ☐White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

☐ SNAP/TANF/Foster
☐ Income Household: Total Household Income/How Often: _____/_____ Household Size: _____
☐ Free Meals ☐ Reduced Price Meals ☐ Denied/Paid
Signature of Reviewing Official_____ **Date Notice Sent:** _____

APPLICATION INSTRUCTIONS

To apply for free and reduced-price eligibility, complete only one application for your household using the instructions below. Sign the application and return the application to _____. If you have a foster child in your household, you may include them on your application. A separate application is not needed. Call the school if you need help: _____. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

(1) Print the names of the children, including foster children, for whom you are applying on one application.
(2) List their grade and school.
(3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

(1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
(2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

(1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people **in your household**. Use another piece of paper if you need more space.
(2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
(3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
(4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
(5) An adult household member must sign the application in PART 4.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meal benefits. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.
We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

DISCRIMINATION COMPLAINTS

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW, Mail Stop 9410
   Washington, D.C. 20250-9410; or
2. **fax:**
   (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

This institution is an equal opportunity provider.

FREE AND REDUCED PRICE MEAL APPLICATION FACT SHEET

When filling out the application form, please pay careful attention to these helpful hints.

SNAP/TANF/FDPIR case number: This must be the complete valid case number supplied to you by the agency including all numbers and letters, for example, E123456, or whatever combination is used in your county. Refer to a letter you received from your local Department of Social Services for your case number or contact them for your number.

Foster Child: A child who is living with a family but who is under the legal care of the welfare agency or court may be listed on your family application. List the child's "personal use" income. This includes only those funds provided by the agency which are identified for the personal use of the child, such as personal spending allowances, money received by his/her family, or from a job. Funds provided for housing, food and care, medical, and therapeutic needs are not considered income to the foster child. Write "0" if the child has no personal use income.

Household: A group of related or non-related people who are living in one house and share income and expenses.

Adult Family Members: All related and non-related people who are 21 years of age and older living in your house.

Financially Independent: A person is financially independent and a separate economic unit/household when his or her earnings and expenses are not shared by the family/household. Separate economic units in the same residence are characterized by prorating expenses and by economic independence from one another.

Current Gross Income: Money earned or received at the present time by each member of your household before deductions. Examples of deductions are federal tax, State tax, and Social Security deductions. If you have more than one job, you must list the income from all jobs. If you receive income from more than one source (wage, alimony, child support, etc.), you must list the income from all sources. Only farmers, self-employed workers, migrant workers, and other seasonal employees may use their income for the past 12 months reported from their 1040 Tax Forms.

Examples of gross income are:

- Wages, salaries, tips, commissions, or income from self-employment
- Net farm income – gross sales minus expenses only – not losses
- Pensions, annuities, or other retirement income including Social Security retirement benefits
- Unemployment compensation
- Welfare payments (does not include value of SNAP)
- Public Assistance payments
- Adoption assistance
- Supplemental Security Income (SSI) or Social Security Survivor's Benefits
- Alimony or child support payments
- Disability benefits, including workman's compensation
- Veteran's subsistence benefits
- Interest or dividend income
- Cash withdrawn from savings, investments, trusts, and other resources which would be available to pay for a child's meals
- Other cash income

Income Exclusions: The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care Development (Block Grant) Fund should not be considered as income for this program.

If you have any questions or need help in filling out the application form, please contact:

Name: _____ Title: _____

Telephone Number: _____

Phelps-Clifton Springs
Central School District

Where students soar to success

Midlakes Technology Agreement

Questions for UPK-6, Contact:
Kim Maher
Midlakes Elementary School
315-548-6700
kMaher@midlakes.org

Questions for 7-12, Contact:
Amanda Wheeler
Midlakes Middle/High School
315-548-6312
awheeler@midlakes.org

Phelps-Clifton Springs Central School District

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Technology Agreement

ACCEPTABLE USE POLICY AND AGREEMENT

The following are the terms of our Acceptable Use Policy:

- **Distribution**: The District will distribute a device to each student at the beginning of the school year.
- **Ownership**: All devices are the property of the District.
- **Terms of Agreement**: Students will be able to use their device for the school year. Students who withdraw, are suspended, change programs, or leave the District must return their device and any accessories before their departure.
- **Cost of Use:** The District will purchase the device and all required apps. Parents/Guardians are responsible for the cost of any damage, loss, or theft of the device determined by district administration to be caused by gross negligence.
- **Protection of the Device:** Students, with support from parents/guardians will care for their device in a way that minimizes the likelihood of damage, loss, and theft. This includes keeping the device in the protective case provided by the District at all times as well as keeping the device in a safe location in transit between home and school.

PARENT/GUARDIAN TECHNOLOGY AGREEMENT

- I have been made aware of the Student Use Policy for Technology and the Student Handbook.
- I can access the Student Use Policy for Technology and the Student Handbook by visiting www.midlakes.org or by requesting a copy in writing to the principal.
- I accept responsibility to set and convey standards for appropriate and acceptable use of technology to my student when he/she is using technology, including personal electronics on school grounds or at school events.
- I am aware that a current list of resources used with students and their data privacy information can be found at www.midlakes.org or by requesting a copy in writing to the principal.
- I release the District, Board of Education, its agents and employees from any and all claims of any nature arising from my student's use of District technology in any manner whatsoever.

STUDENT TECHNOLOGY AGREEMENT

- I have been made aware of the Student Use Policy for Technology and the Student Handbook.
- I can access the Student Use Policy for Technology and the Student Handbook by visiting www.midlakes.org or by requesting a copy in writing to the principal of my building.
- I will follow the Student Use Policy for Technology and the Student Handbook as well as any changes or additions that later may be adopted by the District.
- If I violate the Student Use Policy for Technology or the Student Handbook I understand that I may lose privileges related to technology and be subject to the District's school conduct and discipline policies.
- I understand that the District reserves the right to pursue legal action against me or my parents/guardians if I willfully, maliciously or unlawfully damage or destroy property of the District.

○ I give my permission for my child to take their device home, if the school grants them that privilege.
○ I <u>do not</u> wish to have my child have access to their District device outside of school.

_____ / ____ / _____ _____

Date *Signature of Parent or Guardian*

_____ / ____ / _____ _____

Date *Signature of Student*

Phelps-Clifton Springs
Central School District

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Midlakes Transportation Form

Questions for UPK-6, Contact:
Kim Maher
Midlakes Elementary School
315-548-6700
kMaher@midlakes.org

Questions for 7-12, Contact:
Amanda Wheeler
Midlakes Middle/High School
315-548-6312
awheeler@midlakes.org

Phelps-Clifton Springs Central School District

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Transportation

STUDENT INFORMATION

Name: First _____ Middle _____ Last _____ Grade: _____

Address: _____ City _____, NY _____ Phone: (____)_____

INSTRUCTIONS

Please submit one form per child.

Complete the sections of this form that apply to your child.

Only two pick up and two drop off locations will be accepted.

MORNING PICK UP INFORMATION

Start Date: ___/___/_____

☐ **No AM Transportation Needed**

☐ **Home**

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ **AM Alternate Location:**

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Provider: _____ Phone: (_____)_____

Address: _____

AFTERNOON DROP OFF INFORMATION

Start Date: ___/___/_____

☐ **No PM Transportation Needed**

☐ **Home**

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ **PM Alternate Location:**

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Provider: _____ Phone: (_____)_____

Address: _____

EMERGENCY DISMISSAL AND HALF-DAY DROP OFF

In the event of an **emergency dismissal**, I would like my child transported to: ○ Home ○ PM Alternate Location

When school is scheduled for a **half-day**, I would like my child transported to: ○ Home ○ PM Alternate Location

/ /

Date *Signature of Parent or Guardian*

Phelps-Clifton Springs
Central School District

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Midlakes Student Photo Release

Questions for UPK-6, Contact:
Kim Maher
Midlakes Elementary School
315-548-6700
kMaher@midlakes.org

Questions for 7-12, Contact:
Amanda Wheeler
Midlakes Middle/High School
315-548-6312
awheeler@midlakes.org

Phelps-Clifton Springs Central School District

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Student Photo Release

The Phelps-Clifton Springs Central School District is excited to celebrate the learning and accomplishments of Midlakes' students. In order to do so, the District frequently posts on social media and the Internet. These posts may include certain pieces of student information, including, but not limited to, student names, honors, and awards received, non-graded student work, student artwork, student photographs, and video and/or voice recordings. In addition, the District may also release this information to local media or publish it in other District-approved publications, at school or public functions, and in the school yearbook. If published, a student's name or photo will appear with a clear school-related purpose with the intent to honor and praise student learning and accomplishments.

The Federal Family Education Rights and Privacy Act (FERPA) allows school districts to release certain pieces of school "directory information," including many of those listed above, unless parents choose to exercise their right of refusal.

If you agree to allow Phelps-Clifton Springs Central School District to publish and/or display this information for non-commercial purposes, no action is required.

If you do not grant permission for the District to release this information, please write a brief statement below to that effect. Please be sure to clearly include your student's first and last name as well as the grade level.

Phelps-Clifton Springs
Central School District

Where students soar to success

NYS School Health Examination Form

Questions for UPK-6, Contact:
Kim Maher
Midlakes Elementary School
315-548-6700
kMaher@midlakes.org

Questions for 7-12, Contact:
Amanda Wheeler
Midlakes Middle/High School
315-548-6312
awheeler@midlakes.org

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

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

STUDENT INFORMATION

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

HEALTH HISTORY

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

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

BMI_____kg/m2

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

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

PHYSICAL EXAMINATION/ASSESSMENT

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

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

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

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

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

Name:	DOB:

SCREENINGS

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

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

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

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

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

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

☐ **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.

☐ **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.

☐ **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.

☐ **Other Restrictions:**

Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V Age of First Menses' (if applicable) : _____

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

MEDICATIONS

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

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS

HEALTH CARE PROVIDER

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone: Fax:

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

Phelps-Clifton Springs
Central School District

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Midlakes Dental Health Certificate

Questions for UPK-6, Contact:
Kim Maher
Midlakes Elementary School
315-548-6700
kMaher@midlakes.org

Questions for 7-12, Contact:
Amanda Wheeler
Midlakes Middle/High School
315-548-6312
awheeler@midlakes.org

Dental Health Certificate

Phelps-Clifton Springs Central School District
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A Dental Health Certificate is requested to be furnished by the student at the same time that a Health certificate is required (New entrants and students in Grades pre-K or K, 1, 3, 5, 7, 9, & 11)

- Must be signed by a licensed Dentist/Dental Hygienist.
- Must be no older than the 12 months prior to the beginning of the current school year; therefore the certificate must be dated after September 1, previous school year.
- Must describe the Dental Health Condition at the time of the exam.
- Must state whether student is in fit condition of dental health to permit attendance in school.

SCHOOL: _____ GRADE: _____

TO BE FILLED IN BY PARENT/GUARDIAN PRIOR TO EXAMINATION BY DENTIST/DENTAL HYGIENIST:

Name: First _____Middle_____Last_____Birthdate: ____/____/_____Gender: _____
Address: _____City_____, NY ZIP_____
Parent/Guardian Name: _____Phone: (_____)_____
Parent/Guardian Address if different than student's: _____
Physician's Name: _____Office Phone: (_____)_____
Dentist/Dental Hygienist Name: _____Dentist's Phone: (_____)_____

DENTAL HEALTH INFORMATION (TO BE COMPLETED BY DENTIST/DENTAL HYGIENIST)

Assessment Date: ____/____/_____

Visible fillings and/or restoration(s) present: ○Yes ○No
Untreated cavities present: ○ Yes ○ No
Treatment Urgency: ○ No obvious problem found
○ Dental care recommended
○ Urgent care needed

Student is in fit condition of dental health to attend school: ○Yes ○No
If no, please provide Plan of Action: _____

_____

_____

/ /
_____ _____
Date **Signature** *of Dental Professional*

_____
Print Name *of Dental Professional*

OR Office stamp: