

Belleville Henderson Central School District

Student Registration

Please complete the forms included in this packet:

- Student Enrollment Form
- Records Release Form (**with previous school's contact information**)
- McKinney-Vento Student Residency Questionnaire
- Residency Questionnaire
- Community Eligibility Provision/Household Income Eligibility Form
- Student Racial and Ethnic Identification Form
- Home Language Questionnaire
- Eligibility Screen for Migrant Education Services
- Student Custody Information
- Parent Affidavit
- Request for Parent Access to SchoolTool
- Health History
- NYS Health Examination Form
- Dental Health Certificate
- Dental Cleaning Permission Form
- Dental Fluoride Program Permission Form
- Acceptable Use of Technology Form
- Field Trip Form
- Photo Authorization Form

Parents/Guardians Must Provide:

- Birth Certificate
- Dental and Health Records
- Immunization Records, including proof of current physical exam
- Proof of Residency (2 of any document with guardian's name and physical address)
- Custody paperwork/proof of guardianship (if applicable)
- Student IEP (if applicable)

Please return all completed paperwork to the Belleville Henderson Guidance Office



Belleville Henderson Central School Student Enrollment Form



Student's **LEGAL** Name _____ Gender: Male or Female _____ SSN: _____
Last, First, Middle circle one optional

Grade: _____ Age: _____ Date of Birth: _____ Place of Birth: _____
City, State

911/Physical Address: _____
House # Street/Road City State Zip Code

Mailing Address: _____
House # Street/Road City State Zip Code

Who does the student reside with: _____ Relationship: _____
 In the case of separation or divorce, who has custody? _____
Parent Affidavit Form and Custody Paper MUST be submitted at time of registration.

Does the student have any court documents that we should be aware of (example: order of protection etc.)? _____
 Has the student attended Belleville Henderson CSD in the past? _____ If yes, when? _____
 Does the student have an IEP or 504 plan? _____

Language Spoken in Home: Primary Language _____ Secondary Language: _____

Ethnicity: Hispanic Yes or No
(circle one)

Race: Circle all that apply:
American Indian/Alaskan
Asian
Black/African American
Native Hawaiian/other Pacific Islander
White

Contact Information

Father's Name: _____ Mother's Name: Mrs/Miss/Ms. _____
Last, First, Middle Last, First, Middle

Father's Address: _____ Mother's Address: _____

Father's Home Phone: _____ Mother's Home Phone: _____

Father's Cell: _____ Mother's Cell: _____

Father's Employer: _____ Mother's Employer: _____

Father's Work #: _____ Mother's Work #: _____

Father's Occupation: _____ Mother's Occupation: _____

If Military please list which Branch: _____ If Military please list which Branch: _____

Choose 1 (ONE) number to be notified in case of emergency school closing and or delay:

Family Information: *List all household members*

Last Name, First Name

Relationship to student

Date of Birth

1

2

3

4

5

6

7

8

List local emergency Contacts--People you permit to assume care of your child if you cannot be reached by phone. Two people may be named.

Contact #1 Name: _____ Contact #2 Name: _____
Last, First Last, First

Relationship to student: _____ Relationship to student: _____

Phone #: _____ Phone #: _____

Pre-K Enrollment Only

Where will your child be picked up -
Name: _____

Address: _____

Phone #: _____

Relationship to student: _____

Where will your child be dropped off -
Name: _____

Address: _____

Phone #: _____

Relationship to student: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



Belleville Henderson Central School Records Release Form

Name: _____ Grade: _____ Date of Birth: _____

"I hereby authorize the transfer of the records of the child listed above as follows"

To: Belleville Henderson Central School
8372 County Route 75
Adams, NY 13605
(315) 846-5825 (Guidance Office Phone)
(315) 846-5617 (Fax)

From: _____

The student listed above has enrolled in the Belleville Henderson Central School District on _____, Please record an EXIT DATE from your district that is **earlier** than this date so that the student is not shown as being simultaneously enrolled in both districts. Thank you.

This should include the following records, if such exists:

1. Birth Certificate
2. Academic Records
3. Transcript
4. Attendance Records
5. Discipline Records
6. Health/Dental including immunizations
7. Psychological Reports
8. Special Services (Reading, Math, Speech, Hearing, Occupational)
9. Individual Education Program (CSE)
10. Custody paperwork

Parent/Guardian Signature

Date

The Belleville Henderson Central School District hereby advises students, parents, employees and the general public that it offers employment and educational opportunities, including vocational education opportunities, without regard to sex, race, color, national origin or handicap

Inquiries regarding this nondiscrimination policy may be directed to: Title IX Coordinator, Mr. Scott Storey, Principal, Belleville Henderson Central School 8372 County Route 75 Adams, NY 13605

McKinney-Vento Act Residency and Educational Rights Information

(questionnaire must be completed for each student)

The McKinney-Vento act provides certain rights for homeless students. This includes waiving certain requirements such as proof of residency when students are enrolling and allowing eligibility for certain services, such as free textbooks. The Act was created with the goal of ensuring the enrollment, attendance, and success of homeless children and youth in school.

When families and students find themselves in transition due to their housing situation, it is important that they know their rights regarding education. If students meet the requirements as stated in the McKinney-Vento Act (42 U.S.C. 111431 et seq., Title VII, Subtitle B), their rights are as follows:

- Students may attend their school of origin or the school where they are temporarily residing.
- Students must be provided a written statement of their rights when they enroll and at least two additional times per year.
- Students may enroll without school, medical or similar records.
- Students have the right to transportation to school
- Students must be provided a statement explaining why they are denied enrollment or any other services.
- Students must receive services, such as transportation, while disputes are being settled.
- Students are automatically eligible for Title I services.

According to the U.S. Department of Education, people living in the following situations are considered homeless:

- Doubled up with family or friends due to loss of housing or economic hardship
- Living in motels and hotels for lack of other suitable housing
- Runaway and displaced children and youth -- Unaccompanied Youth
- Homes for unwed or expectant mothers for lack of a place to live
- Homeless and domestic violence shelters
- Transitional housing programs
- The streets
- Abandoned buildings
- Public places not meant for housing
- Cars, trailers (does not include mobile homes intended for permanent housing), and campgrounds
- Awaiting foster care
- Migratory children staying in housing not fit for habitation

Please complete the McKinney-Vento questionnaire and return to your school guidance office.

Questions may be directed to your Social Worker, Belleville Henderson CSD Principal, Scott Storey (315) 846-5411, or: Belleville Henderson CSD McKinney-Vento Liaison, Shaun Gagan (315) 846-5825.
Melanie Faby, McKinney-Vento State Coordinator (581) 473-0295

McKinney-Vento Homeless Assistance Act

Students in Temporary Housing Guide for Parents & Youth

| TOPIC | IMPORTANT INFORMATION |
|--|--|
| <p>Children living in the following situations are considered homeless for the purposes of education rights under the McKinney-Vento Act:</p> | <ul style="list-style-type: none"> • In a shelter, transitional shelter, motel, campground, abandoned in a hospital, or awaiting foster care placement. • In a car, park, public place, bus, train or abandoned building. • Doubled up with friends or relatives because you cannot find or afford housing. |
| <p>Unaccompanied Youth</p> | <p>Youth who is not in the physical custody of a parent or guardian and who meets the definition of homelessness set forth in the explanation above.</p> <p><i>Unaccompanied homeless youth have the same rights as homeless students who reside with a parent or guardian.</i></p> |
| <p>Students who fall under the McKinney-Vento Act's definition of homeless have the following rights:</p> | <ul style="list-style-type: none"> • To a free public education. • To immediate enrollment in the zoned school. • To attend school no matter how long they have lived at their current location. • To stay in their school of origin (school attended before becoming homeless or the last school attended) or choose to attend their new zoned school. • To transportation services to and from school. • To not be denied immediate school enrollment just because of their situation or because they lack enrollment documentation. <p>To not be separated from the regular school program because they are homeless. To receive free school meals.</p> |
| <p>Important information:</p> | <p>Office of Safety and Youth Development (OSYD) has at least one Students in Temporary Housing (STH) Content Expert in each borough who serves as the STH liaison and manages programs and services designed to help children who are homeless pursue their education. The STH Content Expert supervises a team of Family Assistants.</p> <p>Additionally, District 75 and District 79 each have a designated STH liaison available to assist children who are homeless with their educational needs.</p> <ul style="list-style-type: none"> • Family Assistants are located at shelters and in some schools. They are responsible for assisting homeless parents and their children with their educational needs. • Family Assistants are available to assist the child's parent/guardian with school enrollment, obtaining immunizations, school records, and arranging transportation to and from school. School staff should not hesitate to contact their STH liaison for individual questions, to arrange training, or to assist unaccompanied youth. |
| <p>School Selection:</p> | <p>Schools must allow parents/guardians to choose the child's school when their child is homeless. The parent/guardian may choose among the following:</p> <ol style="list-style-type: none"> a) The school the child attended when permanently housed (school of origin); b) The school in which the student was last enrolled; or c) Any school available to a permanently housed child residing in the area where the homeless student is currently residing. |
| <p>School Enrollment: (Apply only if your child is not currently enrolled or you want to change school)</p> | <ul style="list-style-type: none"> • Elementary School – register your child at your zoned school. If you are currently residing in a NYC Department of Homeless Services shelter, the family assistant at your shelter will be able to assist you, if needed. If there is no family assistant in your shelter or if you are not residing in a shelter, please contact your school or the STH liaison for assistance. • Middle School – same procedure as elementary school except where your district does not have zoned middle schools, then you must report to the Borough Enrollment Center. For the location of your Borough Enrollment Center, please call 311. • High School – all high school students must register at the Borough Enrollment Center. For the location of the nearest Borough Enrollment Center, please call 311. |
| <p>Enrollment Disputes:</p> | <ul style="list-style-type: none"> • If a dispute arises over the school selection or enrollment, your child must be immediately admitted to the school in which he/she is seeking enrollment, pending resolution of the dispute. • The parent/guardian must be provided with a written explanation of the school decision on the dispute, including the right to appeal, and referred to the STH Family Assistant or STH liaison for assistance. |

| | |
|------------------------|--|
| Transportation: | <p>Students who are defined as homeless by the McKinney-Vento Act are entitled to transportation to and from school, if necessary.</p> <ul style="list-style-type: none">• If available, busses will be provided to students grades K-6; if not available, they are eligible for student MetroCard.• For students in grades Pre-K to 6 who are eligible for transportation and receive a student MetroCard, their parents/guardians are eligible for public transportation assistance (MetroCard) to accompany the child.• Students in grades 7-12 are eligible for student MetroCard. |
|------------------------|--|

For more information, please contact the borough Students in Temporary Housing Office to speak to an STH liaison or call 311 or visit our web site at:
<http://schools.nyc.gov/StudentSupport/NonAcademicSupport/StudentsinTemporaryHousing/default.htm>

REVISED 12/10/16

BELLEVILLE HENDERSON CENTRAL SCHOOL DISTRICT
RESIDENCY QUESTIONNAIRE

Name of LEA: **Shaun Gagan**

Name of School: **Belleville Henderson Central School District**

Name of Student: _____
Last First Middle

Address: _____ Phone: _____

Gender: Male / Female Date of Birth: _____ Grade: _____
(optional) Month/ Day/Year (preschool-12)

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

Date _____

If the student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. The district's LEA liaison is required to assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled.

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

Community Eligibility Provision (CEP)/Provision 2 non-base year Household Income Eligibility Form

Belleville Henderson Central School District is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals/milk at no charge regardless of household income or completion of this form. This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete **only one** form for your household, sign your name and return it to the school named above. Call Mindy Grandjean, at 315-846-5121 if you need help.

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

| Student Name | School | Grade/Teacher | Foster Child | No Income |
|--------------|--------|---------------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 5, and sign the application.

Name: _____ CASE # _____

3. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

| Name of household member | Earnings from work before deductions <i>Amount / How Often</i> | Child Support, Alimony <i>Amount / How Often</i> | Pensions, Retirement Payments <i>Amount / How Often</i> | Other Income, Social Security <i>Amount / How Often</i> | No Income |
|--------------------------|---|---|--|--|--------------------------|
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |
| | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | \$ _____ / _____ | <input type="checkbox"/> |

4. Signature: An adult household member must sign this application.

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 may receive 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

| 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 | Total Household Income/How Often: | Household Size: |
| Free Eligibility | Reduced Eligibility | Denied Eligibility |
| Signature of Reviewing Official | | |

CEP/Provision 2 Non-Base Year Household Income Form INSTRUCTIONS

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

- (1) Print the names of the children, including foster children, for whom you are applying on one form.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

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

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the form in PART 4. **SKIP PART 3** - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.

PARTS 3 & 4 ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living 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.

PRIVACY ACT STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> (link is external), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax:

(833) 256-1665 or (202) 690-7442; or

email:

Program.Intake@usda.gov (link sends e-mail)

This institution is an equal opportunity provider.

STUDENT RACIAL AND ETHNIC IDENTIFICATION

Belleville Henderson Central School

Main Office: 315-846-5411
Guidance Office: 315-846-5825
Fax: 315-846-5618
website: www.bhpanthers.org



GUIDANCE OFFICE USE ONLY:

Paperwork complete
 Received Immunization Records
 Received Birthcertificate
Student ID# _____
Lunch Pin _____
Bus # _____
Teacher/Schedule _____

Student's **LEGAL** Name _____ Date of Birth _____
Last, First, Middle

DIRECTIONS TO PARENT/GUARDIAN

Please answer questions 1 and 2. Please read them before you respond.

For question 1 choose the answer that best describes your child. Choose only ONE answer.

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**

For question 2 choose all that apply to your child; choose at least ONE answer.

2. Select one or more races from the following five racial groups.

_____ **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ **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 Phillipine Islands, Thailand and Vietnam.

_____ **Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Black or African American:** 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

Relationship to Parent/Guardian/Other

_____ Mother _____ Father _____ Guardian _____ Other (Specify) _____

Student Racial and Ethnic Identification Form--page 1

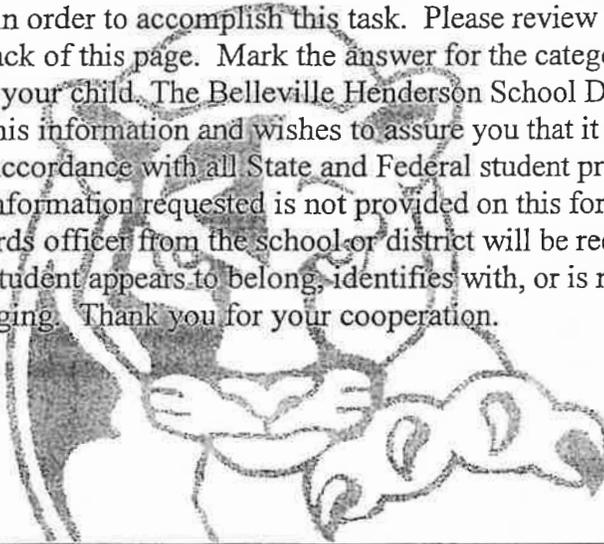
See reverse for important message to Parents/Guardians and Confidentiality Procedures and Regulations

To the Parent/Guardian:

The Belleville Henderson School District has adopted a policy which requires the collection and recording of the ethnic identity of students in the Belleville Henderson School District in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and Federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Mark the answer for the category or categories which best describe your child. The Belleville Henderson School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.



CONFIDENTIALITY PROCEDURES AND REGULATIONS

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

Please complete the form on the reverse side of this page.



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 English. Your assistance in answering these questions is greatly appreciated.

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL

DISTRICT _____ *Please print or type clearly*

SCHOOL _____ GRADE _____

STUDENT NAME _____

DATE OF BIRTH _____
Month: _____ Day: _____ Year: _____

STUDENT IDENTIFICATION NUMBER _____

COUNTRY OF BIRTH / ANCESTRY _____

NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. _____

NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION _____

DETERMINATION: Possible LEP
 English Proficient

(✓ boxes that apply)

- What language(s) is spoken in the student's home or residence? English Other _____ *specify*
- What language(s) are spoken most of the time to the student, in the home or residence? English Other _____ *specify*
- What language(s) does the student understand? English Other _____ *specify*
- What language(s) does the student speak? English Other _____ *specify*
- What language(s) does the student read? English Other _____ Does Not Read *specify*
- What language(s) does the student write? English Other _____ Does Not Write *specify*
- In your opinion, how well does the student understand, speak, read and write English?

| | Very well | Only a little | Not at all |
|---------------------|--------------------------|--------------------------|--------------------------|
| Understands English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaks English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reads English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writes English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Parent/Guardian/Other _____

Month: _____ Day: _____ Year: _____
Date _____

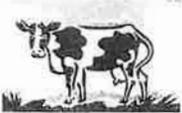
Eligibility screen for Migrant Education services

*** Migrant Education Program services are free of charge and may include tutoring, assistance with health needs, educational field trips, summer programs, parent involvement activities, adult education, emergency assistance and referrals to other services as needed. ***

Has your family moved to a different school district in the last 3 years? YES _____ NO _____

In the last three years, has the parent or guardian of the child enrolling done farm work as a paid job? (Did they work on a dairy farm, planting, picking/harvesting fruits or vegetables, food processing or packaging, logging or tree farming?) YES _____ NO _____

If yes, what farm did you work on? _____ Where? _____ When? _____



If you can answer **YES** to **BOTH** of the above questions, your family **MAY** qualify for Migrant Education services. To be contacted by a Migrant Education recruiter, please complete the information below.

Child's name _____ D.O.B. _____ Grade _____

Parents/ Guardians

Mother's name _____ Father's Name _____

Home Address _____ Home Phone # _____
(Street Address)

_____ Work or Message # _____
(city, town or village) (Zip)

School District _____ School Building _____

School Contact Person _____ Contact Number _____

Other Useful information (directions, farm names, best time to contact, etc.) _____

To submit this referral please fax to the CiTi BOCES at (315) 908-0148 or mail to the address above. For more information please call the Migrant Program at 963-4265.

Thank you for your assistance.

BELLEVILLE HENDERSON CENTRAL SCHOOL DISTRICT
STUDENT CUSTODY INFORMATION

Complete **ONLY if you have court papers & attach a **COPY** of the papers.

Date: _____
Student Name: _____
Name of person completing form: _____

PARENT/LEGAL GUARDIAN #1

Type of Custody Arrangement: _____ Name: _____
_____ Sole Custody Address: _____
_____ Joint Custody _____
_____ Physical Custody _____
_____ Visitation Phone: _____
_____ Supervised Visitation _____
_____ No Custody Receive School Records: ___ yes ___ no
_____ Foster Parent: Agency: _____

PARENT/LEGAL GUARDIAN #2

Type of Custody Arrangement: _____ Name: _____
_____ Sole Custody Address: _____
_____ Joint Custody _____
_____ Physical Custody _____
_____ Visitation Phone: _____
_____ Supervised Visitation _____
_____ No Custody Receive School Records: ___ yes ___ no
_____ Foster Parent: Agency: _____

Provide copies of relevant court documents

_____ Custody Papers
_____ Guardianship
_____ Orders of Protection
_____ Court Order Pending – Court Date: _____
_____ Other

Please provide us with any helpful information or comments that may assist us. Please provide us with visitation schedules that may interfere with attendance or transportation. Thank you for your cooperation.

Both parents have a right to school records unless otherwise ordered by the courts. Duplicate report cards and individual conferences will be scheduled upon request of the non-custodial parent unless otherwise ordered by the Court.

PARENT AFFIDAVIT

STATE OF NEW YORK
COUNTY OF JEFFERSON

)
)SS.:

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

1. I am the _____ of _____.
(Relationship to Student) (Name of Student)

2. I reside at _____.
(Address of Parent)

3. (Initial the one that applies) _____ I do _____ I do not
have legal custody of the student. (Attach court/custody papers if parents are separated/divorced)

4. If the other parent has legal custody, identify that person by name, address and telephone number, and provide a notarized statement from that parent indicating consent to the current living Arrangement.

5. The Student is currently residing with _____ at the following address:

6. The Student's relationship to the person with whom he/she is currently residing is:

7. The Student began living at the current residence on _____ and will continue to reside there until _____.

8. Why is the student living at the current location?

9. Will the student reside in your home during weekends, holidays or any other times during his/her stay at the current location (list all that apply)?

10. Who will claim the Student as a dependent for Income Tax purposes?

11. During the time the student resides at the current location, it is understood that _____ Will be fully responsible for the following activities, and the School district may rely upon any and all authorizations given by such person with respect to the following items:

- (a) Receiving and responding to academic and other reports concerning the Student;
- (b) Making decisions regarding the Student's education;
- (c) Authorizing medical treatment for the Student;
- (d) Making payment for medical treatment of Student;
- (e) Releasing records for the Student;
- (f) Providing other necessary consents for the Student (Please Initial);

Yes _____ No _____

12. Will you provide any other financial assistance to the Student (Please Initial)?

Yes _____ No _____

If yes, what is the nature and amount of the assistance?

13. Other information that would assist the School District in acting on the application of this Student

I certify that all the information provided on this affidavit is true and accurate.

I understand that:

If I provide false information on this affidavit to the Belleville Henderson Central School District, I may be committing the crime of perjury in the third degree (a class A misdemeanor);

If I provide false information on this affidavit to the Belleville Henderson Central School District With the intent to defraud the Belleville Henderson Central School District, I may be committing the crime of perjury in the second degree (a class E felony); and

I may be prosecuted on criminal charges for such false information.

(Signature)

Sworn before me this _____
day of _____, 20__.

Notary Public

Request for Parent Access to School Tool

Please use this form to request a Parent Access account for Belleville Henderson schooltool. With a parent account you will be able to view your child's attendance and grades online. Submitting this form grants the school permission to post your child's information on the internet. Please rest assured that the site is secure and only verified parents/guardians and authorized school personnel will be able to access your child's information. Account activation may take up to 72 hours. When finished, you must click on DONE.

Student's Name * _____

Name of person requesting account. (Last, First) *

- Father
 - Mother
 - Step-Father
 - Step-Mother
 - Guardian
 - Other, please specify
- _____

Student's Grades: *

Your E-mail address: * This will be your username.

Daytime phone number where we can contact you with issues regarding this request.

Are there any custody issues specifying parents or step-parents that should not have access to your child's Grading or attendance information? If so, list and explain.

HEALTH HISTORY

Student Name: _____ DOB: _____ Grade: _____

Address: _____

1st Parent/Guardian Name: _____ Phone: _____

2nd Parent/Guardian Name: _____ Phone: _____

Name of Physician: _____ Dentist: _____

| HAS YOUR CHILD EVER: | YES | NO | IF YES, PLEASE EXPLAIN AND INCLUDE DATES |
|---|--------------------------|--------------------------|--|
| Had an ongoing medical condition | <input type="checkbox"/> | <input type="checkbox"/> | |
| Seen a medical specialist | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had allergies/allergic reaction: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Been Hospitalized | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had Surgery | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had an injury requiring an ER visit | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had a bone/muscle injury | <input type="checkbox"/> | <input type="checkbox"/> | |
| Passed out, had a concussion or serious head injury | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had a convulsion/seizure | <input type="checkbox"/> | <input type="checkbox"/> | |
| Had a vision problem or condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> glasses <input type="checkbox"/> contacts |
| Had a hearing problem or condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant |
| Worn dental bridge/braces or mouthpiece | <input type="checkbox"/> | <input type="checkbox"/> | |
| HAS A RELATIVE HAD ANY OF THE FOLLOWING | YES | NO | |
| Heart attack at age 50 or younger? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pacemaker or implanted cardiac defibrillator (ICD)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Enlarged Heart/ Hypertrophic Cardiomyopathy/ Dilated Cardiomyopathy | <input type="checkbox"/> | <input type="checkbox"/> | |
| Arrhythmogenic Right Ventricular Cardiomyopathy? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Heart rhythm problems: long or short QT interval? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Brugada Syndrome? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Catecholaminergic Ventricular Tachycardia? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Marfan Syndrome (aortic rupture)? | <input type="checkbox"/> | <input type="checkbox"/> | |

CHECK ALL THAT APPLY TO YOUR CHILD:

- | | | |
|---|---|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> GI (stomach) Conditions (Ulcer, Reflux, IBS) | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Asthma/Trouble Breathing | <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Single Organ <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle |
| <input type="checkbox"/> Autism/Asperger | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Skin Condition |
| <input type="checkbox"/> Dental Injuries | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Speech Condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Health Condition (Depression, Eating Disorder, Anxiety, OCD, ODD, Etc.) | <input type="checkbox"/> Urinary Condition |
| <input type="checkbox"/> Ear Infections | | |

Please list any additional concerns/factors which may have an effect on your child's performance at school: (use another sheet if necessary)

PLEASE LIST CURRENT MEDICATIONS

| Medication name | Dose | Time | Given at home | Given at School |
|-----------------|------|------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

Does your child require any special needs/monitoring?

- Insulin/Blood Glucose Monitoring
- Inhaler/Nebulizer/Peak flow monitoring
- Dietary Restrictions: _____
- **please be aware that any special dietary substitutions require a note from your physician/pediatrician*
- Other: _____

Other Concerns:

Any Present Difficulties: Check only if applies:

- Frequent Nightmares
- Bed Wetting
- Trips Easily
- Short attention Span
- Frequently hurts self
- Runs into things
- Trouble with stairs
- Unexplained temper tantrums

Any Other factors within the home that may have an effect on your child's performance here at school?

- Recent death in the family
- Frequent Moves
- Deployments
- Separation/Divorce
- Birth of Sibling

Other: _____

****Please provide the health office with a copy of your child's current physical from their medical provider. If medications are required during school hours, please discuss forms needed with the health office at 315-846-5323.**

If you are unavailable and your child needs to go home because of illness or injury, whom do we contact?

Name: _____ Phone: _____
 Name: _____ Phone: _____

I give permission for medical and emergency information about my child to be shared with the school nurse. I also give permission for the school nurse to have my child transported to an emergency medical facility if deemed necessary.

Parent/Guardian

Signature: _____ Date: _____

2024-25 School Year New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

All children must be age-appropriately immunized to attend school in New York State. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the **"ACIP-Recommended Child and Adolescent Immunization Schedule."** Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes must meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

| Vaccines | Pre-Kindergarten (Day Care, Head Start, Nursery or Pre-K) | Kindergarten and Grades 1, 2, 3, 4 and 5 | Grades 6, 7, 8, 9, 10 and 11 | Grade 12 |
|---|---|---|---|---|
| Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)² | 4 doses | 5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older | | 3 doses |
| Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)³ | | Not applicable | | 1 dose |
| Polio vaccine (IPV/OPV)⁴ | 3 doses | | 4 doses or 3 doses if the 3rd dose was received at 4 years or older | |
| Measles, Mumps and Rubella vaccine (MMR)⁵ | 1 dose | | 2 doses | |
| Hepatitis B vaccine⁶ | 3 doses | | 3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years | |
| Varicella (Chickenpox) vaccine⁷ | 1 dose | | 2 doses | |
| Meningococcal conjugate vaccine (MenACWY)⁸ | | Not applicable | Grades 7, 8, 9, 10 and 11: 1 dose | 2 doses or 1 dose if the dose was received at 16 years or older |
| Haemophilus influenzae type b conjugate vaccine (Hib)⁹ | 1 to 4 doses | | Not applicable | |
| Pneumococcal Conjugate vaccine (PCV)¹⁰ | 1 to 4 doses | | Not applicable | |

1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019, and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
 - c. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grades 6 through 10: 10 years; minimum age for grades 11 and 12: 7 years).
 - a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
 - b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2024-25, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 10; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 11 and 12.
 - c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.
4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
 - b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
 - c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
 - d. For children with a record of OPV, only trivalent OPV (tOPV) counts toward New York State school polio vaccine requirements. Doses of OPV given before April 1, 2016, should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016, must not be counted.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
 - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. Measles: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
 - c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
 - d. Rubella: At least one dose is required for all grades (pre-kindergarten through 12).
6. Hepatitis B vaccine
 - a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 AND at least 16 weeks after dose 1 AND no earlier than age 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 3" in these calculations).
 - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.
7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
 - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
 - b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.
8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 through 11: 10 years; minimum age for grade 12: 6 weeks).
 - a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) is required for students entering grades 7, 8, 9, 10 and 11.
 - b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
 - c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.
9. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
 - c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
 - d. If dose 1 was received at 15 months or older, only 1 dose is required.
 - e. Hib vaccine is not required for children 5 years or older.
 - f. For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.
10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
 - b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
 - c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
 - d. If one dose of vaccine was received at 24 months or older, no further doses are required.
 - e. PCV is not required for children 5 years or older.
 - f. For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.

For further information, contact:

New York State Department of Health
 Division of Vaccine Excellence
 Room 649, Corning Tower ESP
 Albany, NY 12237
 (518) 473-4437

New York City Department of Health and Mental Hygiene
 School Compliance Unit, Bureau of Immunization
 42-09 28th Street, 5th floor
 Long Island City, NY 11101
 (347) 396-2433

New York State Department of Health/Division of Vaccine Excellence
 health.ny.gov/immunization

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: <input type="checkbox"/> Female <input type="checkbox"/> Male | Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X | |
| School: | Grade: | Exam Date: |

HEALTH HISTORY

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

| | |
|------------------------------------|--|
| <input type="checkbox"/> Allergies | Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached |
| <input type="checkbox"/> Seizures | Type: _____ Date of last seizure: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached |
| <input type="checkbox"/> Diabetes | Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> 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 | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g}/\text{dL}$ |
| Sickle Cell Screen-PRN | <input type="checkbox"/> | <input type="checkbox"/> | | |

System Review Within Normal Limits

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

| | | | | |
|--|---|--|---------------------------------------|---|
| <input type="checkbox"/> HEENT | <input type="checkbox"/> Lymph nodes | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Extremities | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Back/Spine/Neck | <input type="checkbox"/> Skin | <input type="checkbox"/> Social Emotional |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Lungs | <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Neurological | <input type="checkbox"/> 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 | With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No | Right | Left | Referral | Not Done |
|----------------------------|--|-------|------|------------------------------|--------------------------|
| Distance Acuity | | 20/ | 20/ | <input type="checkbox"/> Yes | <input type="checkbox"/> |
| Near Vision Acuity | | 20/ | 20/ | | <input type="checkbox"/> |
| Color Perception Screening | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | | | | <input type="checkbox"/> |

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 <input type="checkbox"/> Pass <input type="checkbox"/> Fail Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail Referral <input type="checkbox"/> Yes | <input type="checkbox"/> |

Notes

| | | | | |
|--|--------------------------|--------------------------|------------------------------|--------------------------|
| Scoliosis Screening: Boys grade 9, Girls grades 5 & 7 | Negative | Positive | Referral | Not Done |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> |

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

***Family cardiac history reviewed** – required for Dominic 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 **ONLY** required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: I II III IV V

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 |
|---|--|
| <input type="checkbox"/> Confirmed free of communicable disease during exam | <input type="checkbox"/> Record Attached <input type="checkbox"/> 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.

Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

| | | | | | |
|-------------------------------------|------------------------------------|--|------|-------|--------|
| Child's Name: | | | Last | First | Middle |
| Birth Date: / / | Sex: <input type="checkbox"/> Male | Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <small>Month Day Year</small> | <input type="checkbox"/> Female | | | | |
| School: <small>Name</small> | | | | | Grade |

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature _____ Date _____

Section 2. To be completed by the Dentist

I. The Dental Health condition of _____ on _____ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

| | |
|--|---------------------|
| Dentist's name and address (please print or stamp) | Dentist'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 1/4 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

Yes No Dental Sealants Present

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

Belleville Henderson Central School District

Please complete this form and return it to your child's teacher.

Dear Parents,

Statistics at Belleville Henderson Central School have shown that 85% of our Pre-K-6th grade students receive their screening and /or cleaning of their oral dentition at our school. This free service has been continually provided at Belleville Henderson by a registered dental hygienist for 20 + years. We encourage you to read and sign the permission slip below regarding the screening and cleaning of your child's teeth. This will allow your child to participate in this valuable preventative program. This permission slip will be good throughout your child's school life; however, you may withdraw your child from the program at any time by writing a note to school.

Unless a note is provided stating otherwise, every child at Belleville Henderson will continue to receive a visual screening of their teeth by a Registered Dental Hygienist. By signing the permission slip below, you are granting the school permission to provide cleaning service(s) to your child as well.

PLEASE RETURN THE PERMISSION SLIP LOCATED ON THE BACK TO YOUR CHILD'S TEACHER.

Child's Name: _____ Child's Age: _____

____ Yes, I give permission for my child to have his/her teeth cleaned.

____ No, I do not give permission for my child to have his/her teeth cleaned.

Signature of Parent or Guardian:

Date:

I am the parent or legal guardian of the child whose name appears above. I hereby give permission for such child to receive a dental screening and/or prophylaxis (cleaning) performed by the Dental Hygienist at Belleville Henderson Central School District. I understand and agree that the dental screening and/or prophylaxis (cleaning) **is being conducted at no cost** and that I am participating in this screening and/or prophylaxis (cleaning) voluntarily. I hereby agree to release and discharge all parties involved, including without limitation the dental professionals who are conducting the screenings and/or prophylaxis (cleaning), from any and all liabilities, suits, costs or expenses in any way relating to the participation of the child above.

Should you have any questions/concerns about your child's dental health care and would like to contact me, please feel free to call or email me at (315)846-5323 or jhodge@bhpanthers.org.

BELLEVILLE HENDERSON CENTRAL SCHOOL
8372 COUNTY ROUTE 75
ADAMS, NEW YORK 13605
Dental Fluoride Program Permission Slip

Dear Parents or Guardian:

The Belleville Henderson Central School District, in cooperation with the New York State Department of Health, is offering a Fluoride mouth rinsing program (Grades 1-6) to help reduce the risk of tooth decay. The Centers for Disease Control and Prevention recommends fluoride supplements for children who live in communities with less than optimum levels of fluoride in their drinking water.

Grades 1-6 will rinse their mouths with a 0.2% neutral sodium fluoride solution once a week. If your child is taking fluoride vitamins at home or has fluoride in the drinking water, he/she should not be included in the fluoride rinse program at school. The fluoride program is safe and effective when the protocol is followed.

We encourage you to allow your child to participate in this valuable preventative program. This permission slip will be good while your child is enrolled at Belleville-Henderson Central Schol. However, you may withdraw your child from the program at any time by writing a note to school. If you have any questions concerning the program, please feel free to call our registered dental hygienist Janelle Hodge (315)846-5323.

The program is completely funded and your child may participate at **NO COST**. The fluoride program is, however, no substitute for routine dental care. Your child must continue proper home care and routine dental check-ups.

Please read and return the completed form without delay to your child's teacher.

Sincerely,

Scott A Storey
Building Principal

PARENTAL PERMISSION FORM
FLUORIDE RINSE PROGRAM

_____ I give permission for my child to participate in the fluoride rinse program.

_____ I do not want my child to participate in the fluoride rinse program.

Parent/Guardian Signature : _____ Date: _____

Phone _____ Address _____

Child's Name: _____ Date of Birth: _____

Acceptable Use Policy for Computer Technology

Realizing the impact made by technology on learning in the 21st century Belleville Henderson Central School (BHCS) provides computers in the majority of classrooms as well as 4 computer labs available for student use. The use of computers and the internet at BHCS is a privilege, not a right, and inappropriate use will result in a cancellation of the privilege. We expect all students and faculty/staff to conduct themselves in a safe and appropriate manner in regards to computer use at BHCS. The administration or any faculty/staff member may request the NetWare administrator to deny, revoke or suspend a specific student user account. Any student identified as a security risk may be denied access.

Belleville Henderson Network

All computers at BHCS are connected by a Local Area Network (LAN) which in turn is connected to the Internet or World Wide Web (WWW) via a Wide Area Network (WAN). This network is used to support the BHCS District's curriculum, the educational community, projects between schools, communication and research for all students, staff and community. All users should be aware that there is no expectation of privacy in data stored on the school network. All data stored on the BHCS network is the property of BHCS.

Student Responsibilities

- Students in Grades 4-12 will have a password to access their computer account. The password is to be kept confidential and is **NOT** to be shared. The password will be known only to the student and the NetWare Administrator. To login to the BHCS Network a student must use his/her OWN user ID and Password.
- Students will use school computers for specific school related assignments only.
- Only school appropriate language will be used on all files created, printed and/or saved on a school computer.
- Students will follow all copyright laws; Plagiarism is considered a violation of the AUP.
- Students will not have access to email or any social networking site. This includes free accounts on the internet, chat rooms, user groups, etc.
- Blogging under an account set up and monitored directly by the teacher for school use only is considered acceptable. The site Class Blogmeister <http://classblogmeister.com/> or the blogging feature of the school website are 2 sites considered acceptable for classroom use at Belleville Henderson.
- Students must have a signed pass from a teacher indicating what work they need to do on computers prior to using the computer/internet in the library.
- Students must be under the direct supervision of a teacher or monitor when using any BHCS Computer Lab.
- Students will not save or download any files from the internet. This includes, but is not limited to, programs (.exe, zip files), mp3 or other audio and/or video files.
- Computers and peripherals are the property of BHCS and are maintained with a specific 'desktop' in regards to a student or faculty/staff in terms of both appearance and operation. Any attempted change to the BHCS computers is considered an act of vandalism and will not be tolerated.
- BHCS computers may not be used for commercial purpose, individual profit or gain, political lobbying or other illegal activity.
- Remote access to the BHCS network is strictly prohibited.

Consequences

Violations of the Acceptable Use Policy will be dealt with by the NetWare Administrator/Technology Coordinator and school administration; consequences will follow as deemed appropriate. All AUP offenses will be kept within the Discipline Module of School Tool, the BHCS District Student Data Management System. Any student identified as a security risk or having a history of disciplinary actions involving the BHCS Computer Network may be denied access to BHCS computer technology.

Internet Safety and CIPA Compliance

All users of the BHCS computer network are reminded that no material stored on the computer network or email is private. Email provided to employees of the BHCS district is for school/educational use only. Personal email is not considered acceptable use. There is no guarantee of private with e-mail/internet traffic, as all email/ internet traffic is subject to public disclosure and scrutiny.

All computers at BHCS are monitored for inappropriate internet content with the X-Stop Internet Filtering Service through the Madison Oneida Regional Information Center (MORIC). This is in compliance with the Children's Internet Protection Act (CIPA) and required for the BHCS to obtain e-Rate funding.

Students agree to never give out personal information about themselves, their family, friends or school on any social networking site such as my Space, Facebook, Bebo, etc. If a student encounters any material on the internet that makes him/her feel uncomfortable or is clearly in poor taste, he/she will discuss it with a responsible adult.

Use of Electronic and Other Personal Technology Related Devices

We at BHCS are aware of the ever increasing use of cell-phones, iPods and other mp3 player devices. BHCS has a specific cell phone usage policy (see student handbook). iPod and mp3 players may be used in certain classroom activities under the direct supervision of the teacher.

We at BHCS are aware that many faculty/staff members as well as students have their own personal Laptop/Notebook or Netbook computes that they may wish to use at school. Personally owned computers may NOT be connected to the BHCS Network, which would imply that a student would not have access to their files saved in their BHCS Network account. BHCS reserves the right to inspect any personal computer to determine if sufficient Virus and MalWare protection is present on the machine. Once the machine has been inspected the NetWare Administrator will issue the owner a signed "Pass" stating that the computer may access the Internet at BHCS. This is not to be confused with accessing the BHCS network.

Agreement:

I have read and understand the Acceptable Use of Computer Technology/Internet Policy of BHCS and my responsibility for using the BHCS computer network. I also understand that any violation of the BHCS AUP is unethical and may constitute a criminal offense. Should I commit any violation of the BHCS AUP I understand my access privileges may be revoked and school disciplinary and/or legal action may be taken. By signing this document both my Parent/Guardian and I agree to abide by the rules of the BHCS AUP.

Parent/Guardian Signature

Date

Student Signature

Grade

Date

Parent /Guardian Home Email Address

BELLEVILLE HENDERSON CENTRAL SCHOOL



2024-2025 FIELD TRIP PERMISSION FORM

In order that my son/daughter, _____, may receive all the educational benefits to be derived from attendance on all educational trips, I hereby request that he/she be allowed to participate under such conditions as may be prescribed by the school. If, as in most cases, the place to be visited is beyond walking distance, I grant permissions form my child to ride the school bus. I understand that all elements of the Code of Conduct apply.

Signature of Parent/Legal Guardian

Date

After signing, please return this permission form:

Grades K-6 return to your child's teacher

Grades 7-12 return to the Guidance Office

Your child will not be allowed to go on any excursion or trip unless this form is signed and returned for record in the office. This permission form will apply to all field trips appropriate for your child in the 2024-2025 school year.

Belleville Henderson Central School District

8372 County Route 75
Adams, NY 13605
www.bhpanthers.org
315-846-5411 Main Office
315-846-5825 Guidance Office
315-846-5826 District Office
315-846-5617 Fax



Home of the Panthers

Board of Education:

John W. Allen, President
Dennis R. Jerome, Vice President
Anthony J. Barney
Roger E. Eastman
Adam J. Miner
Gary M. Ramsdell
Kristin J. Vaughn

Administration:

Jane A. Collins, Superintendent
Scott A. Storey, Building Principal
Colleen M. Bellinger, Business Manager
Barry Davis, Interim Administrator/Athletic Director

Photo Release Authorization Form 2024 - 2025

From time to time, photos will be taken of students, student activities, etc. The school reserves the right to use these photos for news releases, the school's website, the yearbook, school related video, slide presentations, marketing purposes, etc.

The school will allow members of the media to take pictures of students, athletic events, and other school activities for publication.

The school feels that these are legitimate opportunities for students to be in the "lime light" and promote the school.

_____ Yes, I give consent for Belleville Henderson Central School to photograph my child for school purposes and/or school events.

_____ No, I do not authorize Belleville Henderson Central School to photograph my child for any event.

STUDENT _____ GRADE _____

Parent Signature: _____ Date: _____