

"Success is within the reach of each and every learner".



# LAWRENCE PUBLIC SCHOOLS

(516) 295 7065 – Fax (516) 622 8025

Website: [Lawrence.org](http://Lawrence.org)

Email: [Transportation@lawrence.k12.ny.us](mailto:Transportation@lawrence.k12.ny.us)

## REGISTRATION FORM

We are pleased to welcome you to the Lawrence Public Schools. We know that you will find all of our teachers, principals, and other staff members helpful and eager to provide your child with the best possible education. Children ages four (4) on or before December 1<sup>st</sup> will be eligible for admission to Pre-Kindergarten on the preceding September. Placement in other grades is based on data from former schools.

In order to safeguard the health of your youngster, to place him or her in the most appropriate program, and to conform to New York State laws and District policy, we will need certain information and records. These include:

\*Proof of Birth (Original Birth Certificate)

\*Proof of Residency

\*Proof of prior attendance

\*Photo I.D. Required with current address

\*Proof of Parental relationship

\*Proof of Immunization

\*Proof of physical examination

All of these **must** be presented, **approved** and photocopied before your child may be registered. All types of documents required are explained in this folder. **Please fill out all forms completely.** If a question does not apply, write N/A. If you have questions, a member of our staff will be happy to help you. Our Central Registration Office is located in the Main Office at the Number 4 School, 87 Wanser Avenue, Inwood. Please call the number above to schedule an appointment. No one will be allowed in without an appointment. Please Note: A photo ID is required to come into the building. **Approved** registrations will be sent to the appropriate building principal, who will schedule an interview with you and your child prior to admission.

**Dr. Ann Pedersen,**  
**Superintendent**

Please Print All Information carefully

Child's Last Name

First

Middle

Assigned School: \_\_\_\_\_ Grade \_\_\_\_\_

I certify that all of the statements made on, and Documents submitted with this form, are true and correct. I also understand that once residency is established there maybe a 3 to 5 day waiting period before my child will be able to start school.

Parent/Guardian Signature

Today's Date

**\*HOUSEHOLD NAME\***

**For School Use Only**

**LAWRENCE SCHOOL PLACEMENT**

Comments/Directions of Supervisor of Transportation and/or Director of PPS to School Principal: \_\_\_\_\_

(Circle one)

ADMIT

DO NOT ADMIT

Signature: \_\_\_\_\_

Supervisor of Transportation and/or Director of PPS

Admitted To School: \_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_ H.R.: \_\_\_\_\_

Principal's Signature

Date

File in pupil's permanent folder U: Forms: Registration Form 2020~cav

**E-SCHOOL STUDENT ID#** \_\_\_\_\_

## PROOF OF BIRTH

STUDENTS WILL NOT BE REGISTERED UNLESS A BIRTH CERTIFICATE IS PRESENTED.

Student's Last Name First Middle (As it appears on birth certificate with official seal) Sex: Male Female

Immigration# \_\_\_\_\_

U.S Entry Date: \_\_\_\_\_ Ethnic Code: Please See Enclosed Race & Ethnicity Form

State law requires that the child's legal name must appear on the office card, permanent record card, the health card, transcripts and diplomas, and all other official records. Request to use "nick" names or other names on these records may not be honored. Arrangements may be made to have such names used in class and on unofficial records.

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year Age as of Dec 1<sup>st</sup> City State/Country

Birth Certificate# \_\_\_\_\_ Passport# \_\_\_\_\_ Other \_\_\_\_\_

## PROOF OF RESIDENCY

STUDENTS WILL NOT BE REGISTERED UNLESS PHOTO I.D. AND FOUR PROOFS OF RESIDENCY ARE SUBMITTED.

The district requires four proofs of residency in order to protect the taxpayers from the cost of educating illegal registrants. We recognize these proofs may be somewhat bothersome, but we hope you understand the requirement is for your benefit. Parents who claim to be living with a District resident, or who are unable to present four proofs must see the Supervisor of Transportation for approval.

**WARNING:** Any person/persons, in addition to parents/guardian, who provide any false statement made completing this registration form, for the purpose of enrolling a child in the Lawrence Public Schools, is punishable as a Class A Misdemeanor pursuant to Section 210.45 of the penal Law. The District will take full legal action to prosecute and collect tuition charges that may exceed \$15,000 per year, if the student is illegally registered.

The district reserves the right to investigate a student's residency by any legal means available, including but not limited to town records, telephone records, identifying information from the consumer reporting agencies, site visits and other methods of investigation prior to enrollment and during attendance.

**PARENTS WHO CLAIM TO BE LIVING WITH A DISTRICT RESIDENT, OR WHO CANNOT PRESENT FOUR PROOFS OF RESIDENCY MUST SEE THE SUPERVISOR OF TRANSPORTATION FOR APPROVAL.**

**\*NEW YORK STATE ISSUED PHOTO I.D. WITH CURRENT ADDRESS PLUS:**

One of the following is required: **AND** any four (4) of the following documents: (\*must be current-within 30 days)

Deed (owner)	Vehicle Registration	*Bank Statement	*Cable Bill
Current Nassau County Tax Bill (owner)	Driver's License (un-amended)	*Telephone Bill	*Mortgage Statement
Contract of Sale & Closing Statement (owner)	Voters Registration Card	*Credit Card Bill	DSS I.D.
Co-ops – Copy of Certificate of Shares (owner)	Medical Insurance (naming child)	*Oil/Gas Bill	*Electric Bill
LLC- Certificate of Formation- naming owner	Income Tax Form claiming child	*Insurance Bill	*Water Bill
Renters: Two (2) Notarized Affidavits Owners & Tenants With owner's current tax bill attached.	2 Recent Pay Stubs w/name & Addr	Moving Bill	*Cell phone Bill
	Post Office Change of Address		

### STUDENT INFORMATION:

Present Address Street Apt#/Floor Town Home Telephone# #of months/years

Previous Address Street Apt#/Floor Town State # of months/years

OFFICE USE ONLY (circle code) CPSE REG PPS FCC TPS FEX P2P HOM OOP COURT ADPTED OTHER 30DAY

Investigator Approval Date Supervisor of Transportation/Registration Date

## PROOF OF PARENTAL RELATIONSHIP AND FAMILY INFORMATION

### STUDENTS WILL NOT BE REGISTERED UNLESS PROPER PROOF OF PARENTAL RELATIONSHIP IS PRESENTED

Under New York State Law, Section 3202, a child must reside with one or both of his/her parents unless they are deceased, imprisoned or committed to an institution, have deserted or abandoned the child, or reside outside of New York State. In such cases, only legally appointed guardians or foster parents may assume custody and responsibility for the care of the child.

Please see Supervisor of Transportation with the Required Documents below:

\_\_\_\_ **Foster Parents –Policy 5118**

Placement Form DSS2999 –Required

\_\_\_\_ **Homeless-MVACT42**

Form: MV42 – Required

\_\_\_\_ **Guardianship – Policy 5118**

Court Documents Required.

Proof of medical insurance naming

Child and Income Tax claiming Child.

Approved

Disapproved

Director of Transportation

### Father's Name as it appears on Birth Certificate:

\_\_\_\_\_  
Last Name First Name Middle Name Date of Birth

\_\_\_\_\_  
Employer / Occupation Area Code – Business Phone/Cell Number Email Address

Father's Present Home Address if different from child's: \_\_\_\_\_

### Mother's Name as it appears on Birth Certificate:

\_\_\_\_\_  
(Maiden Name) First Name Middle Name Date of Birth

\_\_\_\_\_  
Employer / Occupation Area Code – Business Phone/Cell Number Email Address

Mother's Present Home Address if different child's: \_\_\_\_\_

### Parents Marital Status in Relation to this child:

\_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Never Married \_\_\_\_ Single Parent \_\_\_\_ Other (please explain)

Student is now living with: *(please circle)* Parent Guardian Foster Parent New Spouse Other (explain)

\_\_\_\_\_  
Parent/Legal Guardian –Full Name Relationship to child Date of Birth Occupation Business/Cell# Email Address

\_\_\_\_\_  
Parent/Legal Guardian – Full Name Relationship to child Date of Birth Occupation Business/Cell# Email address

**Divorced Parents** — Policy 5145- The district will not restrict access to a child by the non-custodial parent unless an appropriate court order is provided and a copy attached to this document.

### Other Children in Family:

Last Name	First Name	Date of Birth M/D/Y	Present School	Grade	Gender

### PROOF OF PHYSICAL EXAMINATION

STUDENTS WILL **NOT** BE REGISTERED WITHOUT A COMPLETE PHYSICAL EXAMINATION.

THE DISTRICT'S FORMS SHOULD BE COMPLETED BY YOUR PRIVATE PHYSICIAN OR AT A PUBLIC HEALTH FACILITY.

### PROOF OF IMMUNIZATION

STUDENTS WILL NOT BE REGISTERED UNLESS ALL IMMUNIZATIONS ARE COMPLETED.

ONE OF THE FOLLOWING PROOFS MAY BE SUBMITTED: (CHECK ONE)

\_\_\_\_ Certificate of Immunization Signed by a Physician \_\_\_\_ Certificate of Immunization Signed by Official of a Health Clinic

\_\_\_\_ School Health Record Signed by Official \_\_\_\_ District's Physical Exam Form Signed by A Physician

Documents Checked By (School Nurse) \_\_\_\_\_ Date \_\_\_\_\_

## PROOF OF PRIOR ATTENDANCE

**STUDENTS WILL NOT BE REGISTERED UNLESS PROOF OF PRIOR ATTENDANCE HAS BEEN VERIFIED**

US School Entry Date: \_\_\_\_\_ Primary Language \_\_\_\_\_ Home Language \_\_\_\_\_

**ONE OF THE FOLLOWING IS ACCEPTABLE. CHECK ONE:**

\_\_\_\_ LATEST REPORT CARD \_\_\_\_ OFFICIAL TRANSCRIPT \_\_\_\_ TELEPHONE CALL BY LPS ADMIN./GUIDANCE COUNSELOR

LAST SCHOOL ATTENDED: \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # with Area Code \_\_\_\_\_

LAST GRADE SUCCESSFULLY COMPLETED: GRADE: \_\_\_\_ DATE: \_\_\_\_ PROMOTED TO: GRADE: \_\_\_\_ DATE: \_\_\_\_

Does your child have any special education needs or interests of which we should be aware of? \_\_\_\_\_  
(Please use separate sheet of paper, if needed)

\_\_\_\_\_  
Principal's or Guidance Counselor's Signature

## PRIOR SPECIAL EDUCATION SERVICES

Has your child ever been presented to a committee for special education or received any form of special education? \_\_\_\_\_ Yes \_\_\_\_\_ No

If your answer to the question above is yes, please answer the following questions. You will be interviewed by a member of the Pupil Personnel Services staff before your child can be registered.

School District in which your child was presented to a Committee on Special Education:

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Circle Handicapping condition determined by the CSE:

Emotionally Disturbed	Learning Disabled	Deaf	Orthopedic ally -Impaired	Speech-Impaired	Autistic
Multiply Handicapped	Mentally Retarded	Hard of Hearing	Other Health-Impaired	Visually-Impaired	None

Explain: \_\_\_\_\_  
\_\_\_\_\_

Last Special Education Service Received in: \_\_\_\_\_  
School City State Date

Circle type of Service Below:

Individualized Class	BOCES- Special Ed	Self-Contained Class	Special Home Instruction	Hospital Placement	Other-Please Explain
Resource Room	Itinerant Service	Day School Spec/Ed	Residential School s/e	Court Placement	None

Please write a summary of phone call to last District by School Psychologist. Include name of person contacted. Please ask for additional writing paper, if needed.

Checked By: \_\_\_\_\_ Director of Pupil Personnel Services Notified \_\_\_\_\_  
School Psychologist's Signature Date

**CHILDREN WHO HAVE BEEN UNDER THE JURISDICTION OF A CSE MAY NOT BE REGISTERED WITHOUT THE APPROVAL OF THE DIRECTOR OF PUPIL PERSONNEL SERVICES. REGULAR PLACEMENT WILL BE MADE BY THE DISTRICT CSE.**

APPROVED DISAPPROVED DIRECTOR OF PUPIL PERSONNEL SERVICES \_\_\_\_\_  
Signature Date

Write comments or directions on page one and return form to building principal.



**LAWRENCE PUBLIC SCHOOLS**  
**Registration Department**  
**87 Wanser Ave**  
**Inwood, NY 11096**  
**Phone: 516-295-7065 Fax: 516-622-8025**

***Directions for Completing Registration Packet***

- > **Front Cover** - Fill in child's name, today's date and sign. Do not fill in school.
- > **Inside Cover** - Present original Birth Certificate translated in English
- > **Proofs of Residency** - This is the most important part. You **must** present a deed or property tax bill if you own the house. If you are a renter you will need a Tenant's and Owner's Affidavits, both notarized. If you present affidavits, **a copy of the owner's current property tax bill or deed must be attached.** Three additional proofs of residency from the list must also be presented. If you have just moved in, you will have 30 days to provide three additional proofs of residency, but your child cannot be registered without a deed or affidavits. Affidavits can be picked up at our office or downloaded from the Lawrence.org website.
- > Fill in your address, number of years there, telephone number, last home address and number of years there.
- > **Page 3** - fill in father & mother's name, social security numbers, occupation and work telephone number.
- > **Child is Now Living With Information** - fill in your names.
- > **List All Other Children in Family** - even if they are not living with you now.
- > **Back page: Fill in School Information-** where your child last attended school. If you do not have a report card tell the registrar when returning the packet.
- > **All students must have a physical examination and current record of immunizations signed by a doctor. These are important and students may not be admitted until these are submitted.**
- > Complete the emergency notification card, school lunch form, photo release form, language survey form, family medical information and census forms. These are included in all registration packets.

It is best to pick up the registration packet, complete all the necessary forms and return them to the registration office for processing. You will need to bring original documents that will be photocopied and returned to you. Once your packet is complete, it will be sent to the appropriate school building for your child and they will contact you when your child may start school. There may be a 3-5 day processing period once the registration is complete. **If you have any questions, please call the Lawrence School District's Central Registration Office at 516-295-7065**

(Registration Instructions)

(En Espanol, al revers)



# ESCUELAS PUBLICAS DE LAWRENCE

## Departamento de Registro

87 Wanser Ave

Inwood, NY 11096

Telefono: 516-295-7065 Fax: 516-622-8025

### *Instrucciones para Llenar el Paquete de Registro*

- > **Forro del Frente** – Llene el nombre del niño(a), la fecha de hoy y firme. No llene la escuela.
- > **Forro de Adentro** – Presente el Certificado de Nacimiento original traducido en inglés
- > **Prueba de Residencia** - Esta es la parte más importante. Usted **debe** presentar el título de la propiedad o el recibo de los impuestos de la propiedad, si usted es el dueño. Si alquilas, debe presentar un Afidávit Suyo y del Dueño, ambos notarizados. Si usted presenta afidávits, **adjunte la ultima copia del recibo de los impuestos de la propiedad o el título de la propiedad.** Tres pruebas adicionales de residencia de la lista indicada también deben presentarse. Si usted acaba de mudarse, tendrá 30 días para presentar tres pruebas adicionales de residencia, pero su hijo(a) no podrá ser registrado sin el título de la propiedad o los afidávits. Los afidávits pueden ser recojidas de nuestra oficina o descargadas del sitio web de Lawrence.org.
- > Llene su dirección, número de años allí, número de teléfono, dirección del ultimo hogar y número de años allí.
- > **Pagina 3** - llene los nombres del padre y de la madre, número del seguro social, ocupación y número de teléfono de trabajo
- > **El Niño Vive Ahora Con Información** – llene sus nombres.
- > **Enumere a Todos Los Otros Niños de la Familia** – incluso si no viven con usted ahora.
- > **Pagina de atrás: Llene la Información de la Escuela-** Donde su hijo(a) asistió por última vez a la escuela. Si no tiene una tarjeta de notas, informe al registrador cuando devuelva el paquete.
- > **Todos los estudiantes deben tener un examen físico y el registro actual de vacunas firmados por un médico. Estos son importantes y no serán admitidos los alumnos hasta que estos se presenten.**
- > Complete la tarjeta de notificación de emergencia, formulario de almuerzo escolar, formulario de liberación de fotos, formulario de encuesta de idiomas, información médica familiar y formularios de censo. Estos están incluidos en todos los paquetes de registro.

Lo mejor es recoger el paquete de registro, completar todos los formularios necesarios y devolverlos a la oficina de registro para su procesamiento. Tendrá que traer documentos originales que serán fotocopiados y devueltos a usted. Una vez que su paquete esté completo, será enviado al edificio escolar apropiado para su hijo y ellos le contactarán cuando su hijo(a) pueda comenzar la escuela. Puede haber un período de procesamiento de 3-5 días una vez que se complete el registro. **Si tiene alguna pregunta, llame a la Oficina Central de Registro del Distrito Escolar de Lawrence al 516-295-7065**

(Instrucciones de Registro)

(For English, see other side)



Office Use: Student ID# \_\_\_\_\_

Household Name: \_\_\_\_\_

### APPLICATION FOR TRANSPORTATION

Dear Parents/Guardian:

Please complete all information below.

Transportation eligibility is based on current district mileage limits:

Pre K/Kgn: All Ride   Grades 1-5: ½ mile   Grades 6-8: 1 mile   Grades 9-12: 1 ¼ mile

Last Name \_\_\_\_\_ Re-Entry: (yes) \_\_\_\_\_ (no) \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:    \_\_\_Male        \_\_\_Female

Date of Birth: \_\_\_\_\_

Ethnic:    \_\_\_Asian (A)    \_\_\_Black or African American (B)    \_\_\_American Indian/Stateplace Alaska Native (I)

\_\_\_White (W)    \_\_\_Hispanic or Latino (H)    \_\_\_Multiracial (M)    \_\_\_Native Hawaiian/Other Pacific Islander (P)

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Parent/Guardian

Names:    (Mother) \_\_\_\_\_ & (Father) \_\_\_\_\_

Home Phone:    (    ) \_\_\_\_\_ Cell Phone:    (    ) \_\_\_\_\_

Emerg Contact:    \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone#    (    ) \_\_\_\_\_

Emerg Contact:    \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone#    (    ) \_\_\_\_\_



**LAWRENCE PUBLIC SCHOOLS  
LAWRENCE, NEW YORK**

**REGISTRATION NOTICE TO PARENTS AND GUARDIANS**

**CHILD'S NAME:** \_\_\_\_\_

Today's family unit is occasionally structured by the courts.

If you are the court assigned custodial parent or guardian of a child, we must have a copy of the entire court ordered custody agreement establishing that fact. This document is necessary to determine to whom the child may be released. Should other legal circumstances exist regarding your child (e.g. restraining orders), it is imperative that you contact the building principal as soon as possible.

***Please check one:***

\_\_\_\_\_ The above statement does not apply. My child/children is/are not involved in a custody situation.

\_\_\_\_\_ I have court assigned custody of my child/children and court papers have been supplied.

\_\_\_\_\_ Court papers will be supplied on \_\_\_\_\_  
Date

\_\_\_\_\_ My child resides with me, but custody has not been assigned by the court.

\_\_\_\_\_ I am not the natural parent of this child but I have legal guardianship and court papers have been supplied.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Date

# Lawrence Public Schools

## CENTRAL REGISTRATION

### Tenant's Affidavit

Date \_\_\_\_\_

State of New York)

) ss.:

County of Nassau )

\_\_\_\_\_, swear under the penalties of perjury, that all of the following  
(print name)  
statements are true:

7. I am the *Tenant* of : (Home) (Apartment Building) - (please include apt#) located at:

\_\_\_\_\_  
\_\_\_\_\_

8. The residence listed in item 1 above is a: (please identify up/down, 1<sup>st</sup> floor, 2<sup>nd</sup> floor,  
Side, or rear entrance, basement, apt#, etc.)

- a. (One-Family) \_\_\_\_\_  
b. (Two-Family) \_\_\_\_\_  
c. (Multi-Family) residence \_\_\_\_\_

9. I, \_\_\_\_\_ (do) (do not) reside at the residence listed in item 1 above.  
(print tenant name)

10. The following persons reside at the residence listed in item 1 since \_\_\_\_\_.  
(Date)

Name of Tenant:	Date moved in:	Relationship to Person in Item #1
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. The residence listed in item 1 above has: \_\_\_\_ bedrooms(s), \_\_\_\_ bathroom(s), \_\_\_\_ kitchen(s).

12. I recognize that the \_\_\_\_\_ School District will rely upon this representation with respect to domicile and agree to bear legal responsibility for any inaccuracy of such representation.

(Over, please)

13. The above statements made by me are true, and I know that Perjury is a Class A Misdemeanor punishable by up to six months in prison or a fine up to \$1,000.
8. I understand that the Lawrence Union Free School District will rely on the representations herein and I agree to bear legal responsibility, including but not limited to tuition for any inaccuracy of such representation, except as such facts may change hereafter, in which case, I shall immediately notify the Lawrence Union Free School District in writing of any such change.

\_\_\_\_\_  
(Tenant's Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

**NOTICE:**

Penal Law S210.05: A person is guilty of perjury in the third degree when he swears falsely. Perjury in the third degree is a Class A Misdemeanor.

A Class A Misdemeanor is punishable by up to six months in prison or a fine up to \$1,000.

All Misdemeanor convictions carry a \$60.00 surcharge in addition to any other penalty or fine imposed.

**WARNING:**

**This District will take legal action to collect tuition charges which may exceed \$15,000 per year if the students are illegally registered. Any person or persons, in addition to the parents or guardians, who provide false evidence of residence, will also be prosecuted. The District will investigate student's residence by visits and other means.**

# Lawrence Public Schools

## CENTRAL REGISTRATION

### Owner's Affidavit

Date \_\_\_\_\_

State of New York    )  
                                  ) ss.:  
County of Nassau    )

\_\_\_\_\_, swear under the penalties of perjury,  
(Print name)

that all of the following statements are true:

1. I am the (Owner) (Manager) (Tenant) of a (Home) (Apartment Building) located at:

\_\_\_\_\_  
\_\_\_\_\_  
(Please identify if: 1<sup>st</sup> floor, 2<sup>nd</sup> floor, rear, side, apt#, etc)

2. The residence listed in item 1 above is a: (please include apt#, rear, side entrance, 1<sup>st</sup>, 2<sup>nd</sup> floor, etc)

- a. (One-Family) \_\_\_\_\_  
b. (Two Family) \_\_\_\_\_  
c. (Multi-Family) residence. \_\_\_\_\_

3. I, \_\_\_\_\_ (do) (do not) reside at the residence listed in item 1 above.  
(print name)

4. The following persons reside at the residence listed in item 1 since \_\_\_\_\_.  
(Date)

Name of Tenant:

Date moved in:

Relationship to Owner:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. The residence listed in item 1 above has \_\_\_\_ bedrooms(s), \_\_\_\_ bathroom(s), \_\_\_\_ kitchen(s).

6. I recognize that the **LAWRENCE** School District will rely upon this Representation with respect to domicile and agree to bear legal responsibility for any inaccuracy of such representation.

(Over, please)

7. I understand that the Lawrence Union Free School District will rely on the representations herein and I agree to bear legal responsibility, including but not limited to tuition for any inaccuracy of such representation, except as such facts may change hereafter, in which case, I shall immediately notify the Lawrence Union Free School District in writing of any such change.
8. I have attached a copy of the Deed to the residence in Item#1. The Lawrence School District will accept a copy of the Village, Town or County tax bill as proof of ownership of this property, if the Deed is unavailable.

\_\_\_\_\_  
(Owner Signature)

\_\_\_\_\_  
(Print Name)

9. If you are the Officer of Management, Superintendent of Building, or a representative, authorized to sign documents on behalf of the owner/company, please attach a copy on letter head from the owner/employer, authorizing you as a representative, and a copy of your photo id or drivers license.

\_\_\_\_\_  
(Officer of Management Company)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

**NOTICE:**

Penal Law S210.05: A person is guilty of perjury in the third degree when he swears falsely. Perjury in the third degree is a Class A Misdemeanor.

A Class A Misdemeanor is punishable by up to six months in prison or a fine up to \$1,000.

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**WARNING:**

This District will take legal action to collect tuition charges which may exceed \$15,000 per year if the students are illegally registered. Any person or persons, in addition to the parents or guardians, who provide false evidence of residence, will also be prosecuted. The District will investigate student's residence by visits and other means.



In the event of a serious illness or injury that requires immediate care, EMS will transport to nearest hospital

Lawrence Public Schools  
Number Four School  
Student Health History

En el caso de una enfermedad o lesión grave que requiere atención inmediata EMS transportará al hospital mas cercano.

To be completed by Parent/Guardian of student and returned to the school nurse.

Student's Name ( Los estudiante popular nombre ) Sex DOB ( Fecha de nacimiento ) Place of birth ( lugar de nacimiento )

Address ( Sudirección ) Town ( Ciudad ) Zip Code Home Telephone # ( Numero de telefono )

Name of Father/Guardian. Does child live with Father? ( ) yes ( ) No Business # \_\_\_\_\_

(Nombre del Padre/Guardián) (Vive el niño con el Padre?) ( ) Si ( ) No (Negocios #) \_\_\_\_\_

Name of Mother/Guardian. Does child live with Mother? ( ) yes ( ) No Business # \_\_\_\_\_

(Nombre del Madre/Guardián) (Vive el niño con Madre?) ( ) Si ( ) No (Negocios #) \_\_\_\_\_

Birth History ( Nacimiento de la historia )

Healthy pregnancy ( ) Yes/Si ( ) No Birth Weight ( Peso al nacer ) \_\_\_\_\_ Premature ( ) Yes/Si ( ) No  
(Embarazo saludable)

Trouble breathing at birth? ( Dificultad en respirar al nacer ) ( ) Yes/Si ( ) No Complications? ( ) Yes/Si ( ) No

Family and Students Health History

( Los antecedentes familiares estudiantes de salud )

Mother's health? ( Madre salud? ) Good/Bien ( ) other, please explain \_\_\_\_\_  
(Otra, por favor explique)

Father's health? ( Padre salud? ) Good/Bien ( ) other, please explain \_\_\_\_\_

Does your child have any congenital birth defects? \_\_\_\_\_  
( Tiene su hijo defectos de nacimiento congénitos? )

Does your child have any serious and or chronic health problems? \_\_\_\_\_  
( Tiene su hijo tiene problemas de salud graves o crónicos? )

Does your child take any medication other than vitamins? \_\_\_\_\_  
( Su hijo toma alguna medicación diaria? Por favor indique el nombre aquí. )

Does your child require any physical adaptive devices? Eye Glasses ( ) Hearing Aide ( ) Leg/Arm braces ( )  
( Tiene su hijo requiere ningún dispositivo adaptativo? ) ( Gafas ) ( Audiencia asistente ) ( Pierna/brazo corse )  
Other, Explain ( Otra, explique ) \_\_\_\_\_

Does your child have any FOOD or other SEVERE ALLERGIES? \_\_\_\_\_  
( Tiene su hijo tiene ALEGRÍAS GRAVES A LOS ALIMENTOS o de other ALEGRIA GRAVE? )

IF YOUR CHILD HAS FOOD OR OTHER SEVERE ALLERGY YOU MUST SEE THE NURSE TO PREPARE CARE PLAN AND OBTAIN DOCTOR'S ORDERS. ( SI TU HAS CHILD ALEGRIA SEVERA ALIMENTOS U OTROS QUE HAY VER A LA ENFERMA QUE PREPARA PLAN DE ATENCION OBTENER ORDENES DEL MEDICO )



Has your child ever been examined by a medical specialist? ( ) Yes/Sí ( ) No. If yes explain below.  
(Su hijo ha visto ningún un especialistras en el cucidado de la salud? En caso a afirmjativo explique abajo)

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Please ( X ) any medical conditions that your child presently has or has been treated for in the past.  
Por favor(X) alguna condición medica que su hijo tiene en la actualidad o ha sido tratado en el pasado.

- ( ) Anemia \_\_\_\_\_
- ( ) Asthma/Asma On any medication? \_\_\_\_\_
- ( ) Diabetes \_\_\_\_\_
- ( ) Ear problems/los problemas del oído \_\_\_\_\_
- ( ) Heart Condition/ enfermedad del Corazon \_\_\_\_\_
- ( ) Febrile Seizures/ Seizuresms febriles \_\_\_\_\_
- ( ) Kidney or urinary tract problems/ problemas de los rinones or de la vejiga \_\_\_\_\_
- ( ) Lead poisoning/ llevar poisoning \_\_\_\_\_
- ( ) Seasonal allergies/ Alergias estacionales \_\_\_\_\_
- ( ) Skin conditions/ Condición dela piel \_\_\_\_\_
- ( ) Seizure Disorder/ Trastorno de convulsions \_\_\_\_\_
- ( ) Tuberculosis \_\_\_\_\_
- ( ) Neurological problems \_\_\_\_\_
- ( ) Vision problems/ la vision mala \_\_\_\_\_

***\*The above responses to your child's medical history will be shared on a need to know basis with appropriate school employees to ensure your child's safety while attending school.***

***\*(Las respuestas anteriores a la historia medica de su hijo sera compartida en la necesidad de conocer dicha informacion con los emleades de la escuela apropiades para grantizar la seguridad de su hijo mintras asiате a la escuela.)***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Padre/ Guardian Firma) (Fecha)



PUPIL PERSONNEL SERVICES  
(SERVICIOS DEL PERSONAL DEL ALUMNO)  
LAWRENCE PUBLIC SCHOOLS  
(ESCUELAS PUBLICAS DE LAWRENCE)

PRE-KINDERGARTEN/KINDERGARTEN SOCIAL/DEVELOPMENTAL HISTORY  
(PRE-KINDER / KINDER HISTORIA SOCIAL/DESARROLLO)

STUDENT INFORMATION  
(INFORMACION DEL ESTUDIANTE)

PRE-KINDERGARTEN – KINDERGARTEN (CIRCLE ONE/CIRCULE UNO)

NAME OF CHILD (NOMBRE DEL NIÑO(A))

SEX (SEXO)

DATE OF BIRTH (FECHA DE NACIMIENTO)

ADDRESS (DIRECCION)

TELEPHONE (TELEFONO)

( ) ADOPTED ( ) FOSTER ( ) STEPCHILD  
(ADOPTADO) (ACOGIDO(A)) (HIJASTRO(A))

NAME OF LEGAL GUARDIAN  
(NOMBRE DEL TUTOR LEGAL)

FAMILY INFORMATION  
(INFORMACION DE LA FAMILIA)

FATHER/GUARDIAN (PADRE/GUARDIAN)

MOTHER/GUARDIAN (MADRE/GUARDIAN)

NAME (NOMBRE)

NAME (NOMBRE)

DATE OF BIRTH  
(FECHA DE NACIMIENTO)

PLACE OF BIRTH  
(LUGAR DE NACIMIENTO)

DATE OF BIRTH  
(FECHA DE NACIMIENTO)

PLACE OF BIRTH  
(LUGAR DE NACIMIENTO)

HOME PHONE  
(TELEFONO DE CASA)

BUSINESS PHONE  
(TELEFONO DEL TRABAJO)

HOME PHONE  
(TELEFONO DE CASA)

BUSINESS PHONE  
(TELEFONO DEL TRABAJO)

EDUCATION  
(EDUCACION)

OCCUPATION  
(OCUPACION)

EDUCATION  
(EDUCACION)

OCCUPATION  
(OCUPACION)

# YEARS ON JOB  
(# DE AÑOS EN TRABAJO)

# YEARS IN USA  
(# DE AÑOS EN EE.UU)

# YEARS ON JOB  
(# DE AÑOS EN TRABAJO)

# YEARS IN USA  
(# DE AÑOS EN EE.UU)

MARITAL STATUS (ESTADO CIVIL):  
( ) MARRIED (CASADO(A))  
( ) DIVORCED (DIVORCIADO(A))  
( ) WIDOWED (VIUDO(A))  
( ) SINGLE (SOLTERO(A))

PRIMARY LANGUAGE SPOKEN AT HOME: \_\_\_\_\_  
(IDIOMA HABLADO EN EL HOGAR)  
DOES YOUR CHILD SPEAK MORE THAN ONE LANGUAGE: ( ) YES (SI) ( ) NO (NO)  
(SU NIÑO HABLA MAS DE UN IDIOMA)  
WHICH LANGUAGES: \_\_\_\_\_  
(QUE IDIOMA)

FAMILY LIVES IN (LA FAMILIA VIVE EN):  
( ) PRIVATE HOME (CASA PRIVADA)  
( ) APARTMENT (APARTAMENTO)

CHILD SHARES A BEDROOM: ( ) YES (SI) ( ) NO (NO) – IF YES, WITH WHOM?:  
(¿EL NIÑO(A) COMPARTE EL DORMITORIO?) (SI, SÍ ¿CON QUIEN?)



**PARENTS GIVE PERMISSION FOR CHILD TO BE RELEASED TO THE FOLLOWING PEOPLE:**

(LOS PADRES DAN PERMISO A LIBERAR AL NIÑO A LAS SIGUIENTES PERSONAS)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**SIBLINGS AND OTHERS LIVING IN HOME** (HERMANOS(AS) Y OTROS QUE VIVEN EN EL HOGAR):

NAME (NOMBRE)	DATE OF BIRTH (FECHA DE NACIMIENTO)	SEX (SEXO)	OCCUPATION/SCHOOL (OCUPACION/ESCUELA)

**NAMES OF RELATIVES ALSO ENTERING NUMBER FOUR SCHOOL THIS YEAR:**

(NOMBRE DE FAMILIARES TAMBIEN INGRESANDO A LA ESCUELA NUMERO CUATRO ESTE AÑO)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**HAS THERE EVER BEEN A LENGTHY PERIOD OF SEPARATION FROM MOTHER/FATHER OF GUARDIAN?**

(¿HA HABIDO UN LARGO PERIODO DE SEPARACION DE LA MADRE/PADRE O GUARDIAN?)

( ☐ ) YES (SI)

( ☐ ) NO (NO)

**IF YES, STATE CIRCUMSTANCES AND LENGTH OF TIME:**

(SI, SÍ ¿CUALES SON LAS CIRCUNSTANCIAS Y LA LONGITUD DEL TIEMPO?)

**BRIEFLY DESCRIBE ANY UNUSUAL FAMILY CIRCUMSTANCES AND/OR STRESS SINCE CHILD'S BIRTH TO PRESENT** (DESCRIBA

BREVEMENTE CUALQUIER CIRCUNSTANCIAS EXTRAÑA DE LA FAMILIA Y/O TENSION DESDE EL NACIMIENTO DEL NIÑO AL PRESENTE):

(i.e., marital problems, illness, unemployment, etc. (i.e., problemas matrimoniales, enfermedad, desempleo, etc.))

**STUDENT DEVELOPMENTAL HISTORY** (HISTORIA DEL DESARROLLO DEL ESTUDIANTE):

**DIFFICULTIES DURING PREGNANCY/DELIVERY** (DIFICULTADES DURANTE EL EMBARAZO/PARTO): (illness, medications, bleeding,

unusual birth, chemical dependency (enfermedad, medicamento, sangrante, nacimiento inusual, dependencia quimica))

**WAS INFANT PREMATURE?:** ( ☐ ) YES (SI) ( ☐ ) NO (NO) **IF YES, HOW EARLY?** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_

(¿FUE EL NIÑO(A) PREMATURO?)

(SI, SÍ ¿CUANTO TIEMPO ANTES?)

(PESO)

**AGE STUDENT:** \_\_\_\_\_ **WALKED** \_\_\_\_\_  
(CAMINÓ)

**TALKED** \_\_\_\_\_  
(HABLÓ)

**TOILET TRAINED** \_\_\_\_\_  
(ENTRENADOS EN USO DE BAÑO)



**REMARKABLE DIFFICULTIES DURING INFANCY (health, physical, emotional):**

(DIFICULTADES NOTABLES DURANTE INFANCIA (salud, física, emocional))

**HEALTH PROBLEMS / HOSPITALIZATIONS:**

(PROBLEMAS DE SALUD / HOSPITALIZACIONES)

**MEDICATION (MEDICAMENTO):**

TYPE (TIPO): \_\_\_\_\_

DOSAGE (DOSIS): \_\_\_\_\_

PRESCRIBED BY (PRESCRITO POR): \_\_\_\_\_

DATE (FECHA): \_\_\_\_\_

**OTHER ATTENDING PHYSICIANS (OTROS MEDICOS):**

NAME (NOMBRE): \_\_\_\_\_

PHONE NO. (TELEFONO): \_\_\_\_\_

NAME (NOMBRE): \_\_\_\_\_

PHONE NO. (TELEFONO): \_\_\_\_\_

**HEARING – VISION (AUDICIÓN - VISIÓN):**

**SCHOOL HISTORY (HISTORIA ESCOLAR):**

**CURRENT SCHOOL PLACEMENT:** \_\_\_\_\_

(COLOCACIÓN DE LA ESCUELA ACTUAL)

**PREVIOUS SCHOOL PLACEMENT (include play groups, pre-school, dates of attendance):**

(COLOCACIÓN DE LA ESCUELA Anterior (incluya grupos de juego, pre-escolar, fechas de asistencia))

**ANY DIFFICULTIES NOTED FROM PREVIOUS SCHOOL** \_\_\_\_\_

(OTRAS DIFICULTADES NOTADAS DE LA ESCUELA ANTERIOR)

**CPSE SERVICES** \_\_\_\_\_ **SEIT** \_\_\_\_\_ **SPEECH** \_\_\_\_\_ **OT** \_\_\_\_\_ **PT** \_\_\_\_\_

(SERVICIOS DE CPSE)

(HABLA)

**PARENTS' PERCEPTION OF STUDENT'S NEEDS (PERCEPCIÓN DE PADRES DE NECESIDADES DEL ESTUDIANTE):**

**HOW WELL DOES YOUR CHILD HANDLE CHANGES? (i.e., routines, strangers, new places, separating from family, etc.)**

(¿SU HIJO RESPONDE BIEN A CAMBIOS? (i.e., rutinas, desconocidos, nuevos lugares, separación de la familia, etc.))



**SOCIAL/EMOTIONAL BEHAVIORAL CHECKLIST** (Please check if applicable)

(LISTA DE VERIFICACION DEL COMPORTAMIENTO SOCIAL/EMOCIONAL (Por favor marque si es applicable))

<b>SUCKS THUMB</b> _____ (SE CHUPA EL DEDO)	<b>IS STUBBORN</b> _____ (ES TERCO(A))	<b>HIGH ACTIVITY LEVEL</b> _____ (ALTO NIVEL DE ACTIVIDAD)
<b>IS DISTRACTIBLE</b> _____ (ES DISTRAIBLE)	<b>SLEEPS POORLY</b> _____ (DUERME MAL)	<b>ENJOYS NEW EXPERIENCES</b> _____ (DISFRUTA NUEVAS EXPERIENCIAS)
<b>ADAPTS EASILY</b> _____ (SE ADAPTA FACILMENTE)	<b>IS AFFECTIONATE</b> _____ (ES CARIÑOSO(A))	<b>CAN TOILET INDEPENDENTLY</b> _____ (PUEDE USAR EL BAÑO INDEPENDIENTE)
<b>HAS NIGHTMARES</b> _____ (TIENE PESADILLAS)	<b>EATS POORLY</b> _____ (FALTA DE APETITO)	<b>HAS TEMPER TANTRUMS</b> _____ (TIENE RABIETAS)
<b>IS NERVOUS</b> _____ (ES NERVIOSO(A))	<b>TIRES EASILY</b> _____ (SE CANSA FACILMENTE)	<b>IS EVEN TEMPERED</b> _____ (TIENE UN CARACTER PACIFICO)
<b>IS CURIOUS</b> _____ (ES CURIOSO(A))	<b>IS TALKATIVE</b> _____ (ES HABLADOR(A))	<b>HAS A SENSE OF HUMOR</b> _____ (TIENE UN BUEN HUMOR)
<b>WITHDRAWS</b> _____ (SE RETIRA)	<b>SHARES</b> _____ (COMPARTE)	<b>PREFERS TO PLAY ALONE</b> _____ (PREFIERE JUGAR SOLO(A))
<b>IS AGGRESSIVE</b> _____ (ES AGRESIVO(A))	<b>IS IMPULSIVE</b> _____ (ES IMPULSIVO(A))	<b>PLAYS WELL WITH PEERS</b> _____ (JUEGA BIEN CON SUS COMPAÑEROS(AS))

**LANGUAGE DEVELOPMENT CHECKLIST** (LISTA DE VERIFICACION DEL DESARROLLO DE LENGUAJE)**YES** (SI) **NO** (NO)

<b>Speaks in complete sentences</b> (Habla con oraciones completas)	_____	_____
<b>Seems to speak as well as other children the same age</b> (Habla como otros niños de la misma edad)	_____	_____
<b>Speaks so you and others understand him/her</b> (Habla para que usted y otras personas le entienda)	_____	_____
<b>Usually quiet</b> (Generalmente tranquilo(a))	_____	_____
<b>Repeats words or actions needlessly</b> (Repite palabras o acciones innecesariamente)	_____	_____
<b>Follows simple verbal directions</b> (Sigue direcciones verbales simples)	_____	_____
<b>Uses mostly gestures or pointing to communicate</b> (Usa generalmente gestos o señalando para comunicarse)	_____	_____

**MOTOR DEVELOPMENT CHECKLIST** (LISTA DE VERIFICACION DEL DESARROLLO MOTRICE)

<b>Can snap or zip</b> (Puede ajustar o cerrar el zipper)	_____	_____
<b>Walks up and down stairs feet alternating</b> (Sube y baja las escaleras alternando los pies)	_____	_____
<b>Is agile and coordinated</b> (Es ágil y coordinado(a))	_____	_____
<b>Can pedal bicycle/tricycle</b> (Puede pedalear la bicicleta/triciclo)	_____	_____
<b>Uses crayon and markers</b> (Utiliza crayones y marcadores)	_____	_____
<b>Can cut with scissors</b> (Puede cortar con tijeras)	_____	_____

**IS THERE ANY OTHER INFORMATION ABOUT YOUR CHILD OR FAMILY THAT WILL HELP US UNDERSTAND HIM/HER?****PLEASE DESCRIBE** (¿HAY ALGUNA OTRA INFORMACIÓN SOBRE SU HIJO(A) O FAMILIA QUE NOS AYUDARÁ A ENTENDERLO(A)?

POR FAVOR DESCRIBA):

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Revised 3/2018

<b>REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM</b> <b>TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR</b> <b>IF AN AREA IS NOT ASSESSED INDICATE NOT DONE</b>					
<b>Note:</b> 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).					
<b>STUDENT INFORMATION</b>					
Name				Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
School:				DOB:	
				Grade:	
				Exam Date:	
<b>HEALTH HISTORY</b>					
<b>Allergies</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached			
<b>Asthma</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		<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			
<b>Seizures</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> Medication/Treatment Order Attached		Date of last seizure: <input type="checkbox"/> Seizure Care Plan Attached	
<b>Diabetes</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type		Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached			
<b>Risk Factors for Diabetes or Pre-Diabetes:</b> <i>Consider screening for T2DM if BMI% &gt; 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.</i>					
<b>BMI</b> _____ kg/m2					
<b>Percentile (Weight Status Category):</b> <input type="checkbox"/> <5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> -49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> -84 <sup>th</sup> <input type="checkbox"/> 85 <sup>th</sup> -94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> -98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and>					
<b>Hyperlipidemia:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Done			<b>Hypertension:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Done		
<b>PHYSICAL EXAMINATION/ASSESSMENT</b>					
<b>Height:</b>		<b>Weight:</b>		<b>BP:</b>	
				<b>Pulse:</b>	
				<b>Respirations:</b>	
<b>Laboratory Testing</b>		<b>Positive</b> <b>Negative</b>		<b>Date</b>	
TB- PRN		<input type="checkbox"/>		<input type="checkbox"/>	
Sickle Cell Screen-PRN		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Lead Level Required Grades Pre- K &amp; K</b>			<b>Date</b>		
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 5$ µg/dL					
<input type="checkbox"/> <b>System Review and Abnormal Findings Listed Below</b>					
<input type="checkbox"/> HEENT		<input type="checkbox"/> Lymph nodes		<input type="checkbox"/> Abdomen	
<input type="checkbox"/> Dental		<input type="checkbox"/> Cardiovascular		<input type="checkbox"/> Extremities	
<input type="checkbox"/> Neck		<input type="checkbox"/> Lungs		<input type="checkbox"/> Skin	
		<input type="checkbox"/> Back/Spine		<input type="checkbox"/> Neurological	
		<input type="checkbox"/> Genitourinary		<input type="checkbox"/> Speech	
				<input type="checkbox"/> Social Emotional	
				<input type="checkbox"/> Musculoskeletal	
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:				Diagnoses/Problems (list)      ICD-10 Code*	
<input type="checkbox"/> Additional Information Attached				*Required only for students with an IEP receiving Medicaid	

Name:				DOB:	
<b>SCREENINGS</b>					
<b>Vision</b> (w/correction if prescribed)	<b>Right</b>	<b>Left</b>	<b>Referral</b>	<b>Not Done</b>	
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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					
<b>Hearing</b> 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.				<b>Not Done</b>	
Pure Tone Screening	<b>Right</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Left</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Referral</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Notes					
<b>Scoliosis</b> Screen Boys in grade 9, and Girls in grades 5 & 7	<b>Negative</b>	<b>Positive</b>	<b>Referral</b>	<b>Not Done</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
<b>RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK</b>					
<input type="checkbox"/> <b>Student may participate in all activities without restrictions.</b> <input type="checkbox"/> <b>Student is restricted from participation in:</b> <div style="margin-left: 20px;"> <input type="checkbox"/> <b>Contact Sports:</b> Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.  <input type="checkbox"/> <b>Limited Contact Sports:</b> Baseball, Fencing, Softball, and Volleyball.  <input type="checkbox"/> <b>Non-Contact Sports:</b> Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track &amp; Field.  <input type="checkbox"/> <b>Other Restrictions:</b> </div>					
<b>Developmental Stage for Athletic Placement Process <u>ONLY</u> required</b> for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level <b>OR</b> Grades 9-12 who wish to play at the modified interscholastic sports level. <b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V      Age of First Menses (if applicable) : _____					
<input type="checkbox"/> <b>Other Accommodations*:</b> (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.					
<b>MEDICATIONS</b>					
<input type="checkbox"/> <b>Order Form for Medication(s) Needed at School Attached</b>					
<b>IMMUNIZATIONS</b>					
<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS					
<b>HEALTH CARE PROVIDER</b>					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
<b>Please Return This Form To Your Child's School When Completed.</b>					



# Vaccine Administration Record for Children and Teens

Patient name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Chart number: \_\_\_\_\_

Vaccine	Type of Vaccine <sup>1</sup> (generic abbreviation)	Date given (mo/day/yr)	Source (F,S,P) <sup>2</sup>	Site <sup>3</sup>	Vaccine		Vaccine Information Statement		Signature/ Initials of vaccinator
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Hepatitis B<sup>5</sup></b> (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.									
<b>Diphtheria, Tetanus, Pertussis<sup>5</sup></b> (e.g., DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, DTaP-Hib-IPV, Tdap, DTaP-IPV, Td) Give IM.									
<b>Haemophilus influenzae type b<sup>5</sup></b> (e.g., Hib, Hib-HepB, DTaP-Hib-IPV, DTaP-Hib) Give IM.									
<b>Polio<sup>5</sup></b> (e.g., IPV, DTaP-HepB-IPV, DTaP-Hib-IPV, DTaP-IPV) Give IPV SC or IM. Give all others IM.									
<b>Pneumococcal</b> (e.g., PCV, conjugate; PPV, polysaccharide) Give PCV IM. Give PPV SC or IM.									
<b>Rotavirus (Rota)</b> Give oral (po).									
<b>Measles, Mumps, Rubella<sup>5</sup></b> (e.g., MMR, MMRV) Give SC.									
<b>Varicella<sup>5</sup></b> (e.g., Var, MMRV) Give SC.									
<b>Hepatitis A (HepA)</b> Give IM.									
<b>Meningococcal</b> (e.g., MCV4; MPSV4) Give MCV4 IM and MPSV4 SC.									
<b>Human papillomavirus</b> (e.g., HPV) Give IM.									
<b>Influenza</b> (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM. Give LAIV IN.									
<b>Other</b>									

1. Record the generic abbreviation for the type of vaccine given (e.g., DTaP-Hib, PCV), *not* the trade name.
2. Record the source of the vaccine given as either F (Federally-supported), S (State-supported), or P (supported by Private insurance or other Private funds).

3. Record the site where vaccine was administered as either RA (Right Arm), LA (Left Arm), RT (Right Thigh), LT (Left Thigh), IN (Intranasal), or po (by mouth).
4. Record the publication date of each VIS as well as the date it is given to the patient.
5. For combination vaccines, fill in a row for each separate antigen in the combination.

LPS

# Emergency Contact Card

(Tarjeta de Contacto de Emergencia)

Alert- \_\_\_\_\_

**Pupil's Last Name** (El Apellido del Alumno), **First Name** (Nombre de Pila) **DOB** **Grade** (Grado)  
**Address**( Direccion) \_\_\_\_\_

**Person to be called** \_\_\_\_\_  
**Persona que se llama** **Name** (Nombre) **Relation** (Relacion) **Phone Number** (Numero de Telefono)

**Parent or Guardian Name** \_\_\_\_\_ **Home Phone Number** ( Numero de Telefono de su casa) \_\_\_\_\_  
(Padre/Madre) **Cell Phone Number** (Numero de Telefona Celular) \_\_\_\_\_  
**Work Phone Number** (Trabajo Numero Phne) \_\_\_\_\_

**Parent or Guardian Name** \_\_\_\_\_ **Home Phone Number** (Numero de Telefono de su casa) \_\_\_\_\_  
(Padre/Madre) **Cell Phone Number** (Numero de Telefona Celular) \_\_\_\_\_  
**Work Phone Number** (Trabajo Numero Phne) \_\_\_\_\_

**Alternate adult allowed to pick up your child from school** ( Adulto alternative permitido para recoger a su nino de la escuela.)

1- \_\_\_\_\_ 2- \_\_\_\_\_  
**Name/Nombre- Phone/Telefono #** **Name /Nombre- Phone/Telefono #**  
3- \_\_\_\_\_ 4- \_\_\_\_\_

**Childs Physician** (Doctor de su hijo) \_\_\_\_\_ **Phone Number** (Numero de telefono) \_\_\_\_\_

If you child is absent from school the parent or guardian must call the school nurse or the attendance department that morning. (Si su Niño esta ausentede la escuela del padre o tutor debe llmar a la enferemera de la escuela o la asistencia e informarles de la falta razon.)

**Parent or Guardian's Signature** (Firma del Padre o Tutor) \_\_\_\_\_

# Medical Update/ Medico Update

Alert- \_\_\_\_\_  
\_\_\_\_\_

Pupil's Last Name (El Apellido del Alumno), First Name (Nombre de Pila)

Grade (Grado) Teacher (Maestro)

## Any Allergies / Alergias

\_\_\_\_\_

## Current Medical Conditions / Groselia Condiciones Medicas

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

## Current Medications –Name Dosage and Frequency Medicamentos- Con el Nombre y la Dosis

- |          |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |



EMERGENCY CONTACT CARD

STUDENT: \_\_\_\_\_  
Last First SCHOOL GRADE

Parent/Guardian Name: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

1) Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone# ( ) \_\_\_\_\_ Cell# ( ) \_\_\_\_\_

2) Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone# ( ) \_\_\_\_\_ Cell# ( ) \_\_\_\_\_

# LAWRENCE PUBLIC SCHOOLS

## Media Release Form

The Lawrence Public Schools requires parent/legal guardian permission to use a student's photograph, voice, and/or name in various media projects. Please read the following, then date and sign where indicated.

☐ Yes – I consent. I grant permission for my child to participate and appear in video or audio recordings, films, photographs, written articles, or on websites and social media sites. This consent includes the use and editing of my child's image, voice and name in media projects by the Lawrence Public Schools to print, broadcast or Internet media outlets, such as newspapers, radio and television stations and news websites. In consideration of the opportunity for my child to participate, I release the Lawrence Public Schools, including its employees and contractors, from all claims resulting from the use and editing of my child's image, voice or name, and the use, editing and release to media outlets.

☐ No – I do not consent to the use of my child's photograph, voice and/or name in various media projects.

Your selection remains valid for all media projects occurring during the school year in which this form is signed. You may rescind your permission at any time by completing a new form at your child's school.

Child's name: \_\_\_\_\_  
(First) (Last)

School: \_\_\_\_\_

Parent/Legal Guardian's Name (Print): \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# ESCUELAS PUBLICAS DE LAWRENCE

## Forma de Comunicación de Prensa

Las Escuelas Públicas de Lawrence requieren permiso de padres/guardianes para utilizar fotografías, voz, y/o nombre del estudiante en varios proyectos de medios de comunicación. Por favor, lea a continuación, y luego añada la fecha y firme en el espacio indicado.

☐ Si – Yo doy mi consentimiento. Le doy permiso a mi hijo de participar y aparecer en las grabaciones de audio y video, películas, fotografías, artículos por escrito, o en las páginas del web y áreas de medios sociales. Este consentimiento incluye el uso y edición de las imágenes de mi hijo, voz y nombre en los medios de comunicación para proyectos en las Escuelas Públicas de Lawrence de imprimir, editar en medios de comunicación, tales como periódicos, radio, televisión y sitio de noticias en el web. Teniendo en cuenta la oportunidad de mi hijo de participar, yo asumo la responsabilidad en nombre de la Escuelas Públicas de Lawrence, incluyendo sus empleados y contratistas, de todas las reclamaciones basadas en el uso y edición de las imágenes, voz o nombre de mi hijo, y de publicar y editar a los medios de comunicación.

☐ No – Yo no doy mi consentimiento de usar fotografías, voz y/o nombre de mi hijo en los proyectos de medios de comunicación.

Su selección es válida para todos los proyectos de medios de comunicación que se producen durante el año escolar en que esta forma está firmada. Puede revocar su permiso en cualquier momento completando y firmando una nueva forma en la escuela de su hijo.

Nombre del estudiante: \_\_\_\_\_  
(Nombre) (Apellido)

Escuela: \_\_\_\_\_

Nombre del Padre o Guardián: \_\_\_\_\_

Firma de Padre o Guardián: \_\_\_\_\_

Fecha: \_\_\_\_\_





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

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

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

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

## Home Language Questionnaire (HLQ)

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

Please write clearly when completing this section.

STUDENT NAME:

First Middle Last

DATE OF BIRTH:

GENDER:

Month Day Year

☐ Male  
☐ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name

First Name

Relation to  
Student

HOME LANGUAGE CODE

### Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?

☐ English

☐ Other

specify

2. What was the first language your child learned?

☐ English

☐ Other

specify

3. What is the Home Language of each parent/guardian?

☐ Mother

☐ Father

specify

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

☐ Does not speak

specify

6. What language(s) does your child read?

☐ English

☐ Other

☐ Does not read

specify

7. What language(s) does your child write?

☐ English

☐ Other

☐ Does not write

specify

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT  
INFORMATION SYSTEM:

District Name (Number) & School

Address



## Home Language Questionnaire (HLQ)—Page Two

### Educational History

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

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

Yes\*    No    Not sure

☐    ☐    ☐    \*If yes, please explain: \_\_\_\_\_

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

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

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

☐ No    ☐ Yes – Type of services received: \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_  
Signature of Parent or of Person in Parental Relation

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
Date

Relationship to student: ☐ Mother    ☐ Father    ☐ Other: \_\_\_\_\_

### OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

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

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

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ORAL INTERVIEW NECESSARY: ☐ No    ☐ Yes

\*\*DATE OF INDIVIDUAL  
INTERVIEW:

Mo. DAY YR.

OUTCOME OF  
INDIVIDUAL  
INTERVIEW:

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

### NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE OF NYSITELL  
ADMINISTRATION:

Mo. DAY YR.

PROFICIENCY LEVEL  
ACHIEVED ON  
NYSITELL:

☐ ENTERING    ☐ EMERGING    ☐ TRANSITIONING    ☐ EXPANDING    ☐ COMMANDING

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





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

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

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

## Cuestionario de Idioma del Hogar ("HLQ" por sus siglas en inglés)

Estimados padres o tutores:

Con el fin de proporcionar la mejor educación posible a su hijo(a), necesitamos determinar el nivel del habla, lectura, escritura y comprensión en el inglés, así como conocer su educación previa e historial personal.

Por favor, llene con su información las secciones "Conocimientos de idiomas" e "Historial educativo". Apreciamos mucho su colaboración respondiendo a estas preguntas.

Gracias.

Por favor escriba con claridad al completar esta sección.

NOMBRE DEL ESTUDIANTE:

Nombre Segundo nombre Apellido

FECHA DE NACIMIENTO:

GÉNERO:

Mes Día Año

☐ Masculino  
☐ Femenino

INFORMACIÓN DE LOS PADRES/PERSONA EN RELACIÓN PARENTAL

Apellido Primer Nombre Relación con el estudiante

CÓDIGO DEL  
IDIOMA DEL HOGAR

### Conocimientos de idiomas

(Por favor, marque todas las opciones que sean aplicables)

1. ¿Qué idioma(s) se habla(n) en el hogar o residencia del estudiante?

☐ Inglés ☐ Otro

especifique

2. ¿Cuál fue el primer idioma que su hijo(a) aprendió?

☐ Inglés ☐ Otro

especifique

3. ¿Cuál es el idioma primario de cada padre / tutor?

☐ Madre ☐ Padre

☐ Tutor(es)

especifique

especifique

especifique

4. ¿Qué idioma o idiomas entiende su hijo(a)?

☐ Inglés ☐ Otro

especifique

5. ¿Qué idioma o idiomas habla su hijo(a)?

☐ Inglés ☐ Otro

☐ No sabe hablar

especifique

6. ¿Qué idioma o idiomas lee su hijo(a)?

☐ Inglés ☐ Otro

☐ No sabe leer

especifique

7. ¿Qué idioma o idiomas escribe su hijo(a)?

☐ Inglés ☐ Otro

☐ No sabe escribir

especifique

### TO BE COMPLETED BY THE DISTRICT IN WHICH THE STUDENT IS REGISTERED

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT  
INFORMATION SYSTEM:

District Name (Number) & School

Address

PARA LLENAR POR EL DISTRITO EN EL QUE EL ESTUDIANTE SE HA INSCRITO



# Cuestionario de Idioma del Hogar (HLQ) — Página Dos

## Historial Educativo

8. Indique con un número el total de años que su hijo(a) lleva inscrito en una escuela: \_\_\_\_\_

9. ¿Cree usted que su hijo(a) pueda tener dificultades, interferencias o problemas educacionales que le afecten su capacidad para entender, hablar, leer o escribir en inglés o en cualquier otro idioma? En caso afirmativo, por favor descríbalos.

Sí\* ☐ No ☐ No se sabe ☐

\* En caso afirmativo, por favor explique: \_\_\_\_\_

¿Qué gravedad considera usted que tienen estas dificultades educacionales? ☐ Poca gravedad ☐ Algo grave ☐ Muy grave

10a. ¿Alguna vez se ha recomendado a su hijo(a) a tener una evaluación de educación especial? ☐ No ☐ Sí\* \* Por favor, llene 10b.

10b. \*Si se le ha recomendado alguna vez una evaluación, ¿ha recibido su hijo(a) alguna vez alguna forma de educación especial?

☐ No ☐ Sí – Explique, que forma o formas de educación especial recibió: \_\_\_\_\_

Edad en la que recibió la intervención o forma de educación especial (favor de marcar todas las opciones que sean aplicables):

☐ De nacimiento a 3 años (Intervención Temprana) ☐ 3 a 5 años (Educación Especial) ☐ 6 años o mayor (Educación Especial)

10c. ¿Tiene su hijo(a) un Programa de Educación Individualizada ("IEP" por sus siglas en inglés)? ☐ No ☐ Sí

11. ¿Considera que hay alguna otra información importante que la escuela deba saber sobre su hijo(a)?

(Por ejemplo, talentos especiales, problemas de salud, etc.)

12. ¿En qué idioma(s) quiere usted recibir la información de la escuela? \_\_\_\_\_

\_\_\_\_\_ Mes: \_\_\_\_\_ Día: \_\_\_\_\_ Año: \_\_\_\_\_  
Firma del padre/madre o de la persona en relación paternal \_\_\_\_\_ Date  
Relación con el estudiante: ☐ Madre ☐ Padre ☐ Otra: \_\_\_\_\_

## OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

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

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

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

\*\*DATE OF INDIVIDUAL  
INTERVIEW:

MO. DAY YR.

OUTCOME OF  
INDIVIDUAL  
INTERVIEW:

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

## NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE OF NYSITELL  
ADMINISTRATION:

MO. DAY YR.

PROFICIENCY LEVEL  
ACHIEVED ON  
NYSITELL:

☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

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



# LAWRENCE PUBLIC SCHOOLS

## Ethnic Codes & Language Identification Survey

STUDENT'S NAME (First & Last) \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

**CHILD'S ETHNIC CODE** (Please check one, using mother's ethnic background)

☐ **White** (100)

☐ **Black, African American** (200)

### **Hispanic**

☐ Mexican (301)

☐ Cuban (305)

☐ Mexican American (302)

☐ Chicano (306)

☐ Latino (303)

☐ Other (307)

☐ Puerto Rican (304)

### **Asian**

☐ Asian Indian (401)

☐ Korean (405)

☐ Chinese (402)

☐ Vietnamese (406)

☐ Filipino (403)

☐ Other Asian (407)

☐ Japanese (404)

☐ **American Indian or Alaskan Native** (500)

### **Native Hawaiian/Pacific Islander**

☐ Guamanian or Chamorro (601)

☐ Other Pacific Islander (603)

☐ Samoan (602)

☐ Some other race (604)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of person completing form)

\_\_\_\_\_  
(Relationship to child)

**LAWRENCE PUBLIC SCHOOLS – BUSINESS ADMINISTRATION  
GENERAL NOTICE FOR PARENTS/GUARDIANS SCHOOL STAFF**

Dear Parent, Guardian and/or School Staff:

A New York State law went into effect on July 1, 2001 that requires schools to inform all school staff and persons in a parental relation that pesticides may be used periodically throughout the school year. **No one is to bring pesticide products to any school building or property without express written permission from the designated Pesticide Coordinator.**

**INTEGRATED PEST MANAGEMENT**

The Lawrence Public Schools practice the procedures of integrated pest management (IPM). This process utilizes measures for suppressing pests with minimal impact on human health, the environment and on non-target organisms. Pesticides will only be used as a last resort and if needed, the least toxic pest specific alternative must always be selected.

The Lawrence Public Schools is required to maintain a list of staff and persons in parental relations who wish to receive 48-hour prior written notification of pesticide applications. If you would like to be notified, please complete and return the form below to: (Director of Facilities, 195 Broadway, Lawrence, NY 11559.) If you have any questions regarding this notice, please contact, the Pesticide Notification Coordinator at (516-295-7045).

**REQUEST FOR PESTICIDE NOTIFICATION**

Request for the following buildings(s) notification (list buildings below):

---

I understand that the school will register my name so I will receive 48 hour prior notification of pesticide applications within the facility I have requested for notification.

Please note that not all pesticide applications require notification. The following pesticide applications shall not be subject to prior notification requirements:

- Antimicrobial pesticides and products as defined by FIFRA
- Aerosol products with a directed spray in containers of less than 18 fluid ounces, used to protect individual from an imminent threat from stinging and biting insects. Fogging is not exempt.
- Applications where the school facility remains unoccupied for a continuous 72-hour period following pesticide application.
- Silica gels, and other non-volatile ready-to-use paste, foam or gel insecticides in areas inaccessible to children.
- Non-volatile insecticide or rodenticidal baits in tamper-resistant bait stations in areas inaccessible to children.
- U.S. EPA exempt materials under 40 CFR 152.25
- Boric Acid and Disodium Octaborate Tetrahydrate.
- An emergency application due to an imminent threat to human health. Notification to the Commissioner of Health is required.

All notification requests must be in writing and submitted via US Postal Service. Please print clearly:

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Day Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

## NOTIFICACION GENERAL PARA PADRES/GUARDIANES/Y EMPLEADOS ESCOLARES

Estimado Padre, Guardian y/o Empleado Escolar:

Una ley del estado de Nueva York entró en efecto el 1ro. de Julio del 2001. Esta ley requiere que las escuelas informen a todos los empleados escolares y a las personas encargadas de estudiantes, acerca de los pesticidas que pueden ser usados periódicamente durante el año escolar. No le será permitido a ninguna persona traer productos pesticidas a las escuelas, o propiedades de las mismas, sin el permiso escrito por parte del Coordinador de Pesticidas designado.

Las escuelas públicas de Lawrence están obligadas a mantener una lista de los empleados, padres y guardianes que desean recibir una notificación escrita 48 horas antes de la aplicación de algún pesticida. Si usted desea ser notificado(a), por favor llene y devuelva la Solicitud para la Notificación de Pesticidas al señor: Dennis Veriello, Director de Facilidades, 195 Broadway, Lawrence, NY 11559. Si tiene alguna pregunta en relación a esta notificación, por favor llame al señor Dennis Veriello, Coordinador de la Notificación de Pesticidas al número 516-295-7045.

### MANEJO INTEGRADO DE PLAGAS

Las escuelas públicas de Lawrence practican el procedimiento de Manejo Integrado de Plagas (IPM - Integrated Pest Management).

Este procedimiento utiliza medidas para eliminar plagas con el menor impacto en la salud de los humanos, el ambiente y en los organismos que no son parte de la plaga.

Los pesticidas serán usados solo como recurso final y si son necesarios, la alternativa de pesticida menos tóxico será seleccionada.

### SOLICITUD PARA LA NOTIFICACION DE PESTICIDAS

Solicitud para la notificación del siguiente edificio o edificios (escriba el nombre del edificio o edificios en la línea):

Yo entiendo que la escuela registrará mi nombre en una lista para que yo pueda recibir una notificación 48 horas antes de la aplicación de algún pesticida en el edificio o edificios que aparecen escritos en la línea:

No todos las aplicaciones de pesticidas requieren una notificación. La aplicación de los pesticidas descritos a continuación no estarán sujetos a una notificación previa:

- Pesticidas y productos antimicrobios como son definidos por FIFRA.
- Productos de aerosol con un rociador directo en envases de menos de 19 onzas, usados para proteger a las personas de un peligro inminente de insectos que muerden y pican. Cuando la aplicación del pesticida impregna completamente el ambiente (Fogging), este no estará exento de ser notificado.
- Aplicaciones de pesticidas en la escuela o en una propiedad de esta, cuando estén desocupadas por un periodo de 72 horas continuas después de la aplicación del pesticida.
- Gelatina sílica (Silica gels), y otros insecticidas no volátiles listos para usar como pastas, espuma, o gelatinas en áreas inaccesibles a los niños.
- Insecticidas no volátiles o comadas para roedores en contenedores resistentes a ser abiertos en áreas inaccesibles a los niños.
- Materiales Estadounidenses EPA exentos bajo 40.CFR 152.25.
- Acido Bórico y Disodium Octaborate Tetrahydrate.
- Una aplicación de emergencia debido al inminente peligro a la salud de los humanos. Notificación al Comisionado de Salud es requerida.

Todas las solicitudes de notificación deben ser en forma escrita y enviadas a través del Servicio Postal de Los Estados Unidos.

Nombre del Padre/Guardián: \_\_\_\_\_ Fecha: \_\_\_\_\_  
Dirección: \_\_\_\_\_  
Teléfono en el día: ( ) \_\_\_\_\_ Teléfono en la noche: ( ) \_\_\_\_\_  
Dirección electrónica: \_\_\_\_\_

# LAWRENCE PUBLIC SCHOOLS

Lawrence, NY 11559

<http://www.lawrence.org>

## CONSENT FOR RELEASE OF RECORDS/TRANSCRIPTS/INFORMATION

TO: \_\_\_\_\_ (Tel) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Student's Name)  
(Fax) \_\_\_\_\_  
GRADE \_\_\_\_\_ DOB: \_\_\_\_\_

### THIS STUDENT HAS REGISTERED IN THE FOLLOWING SCHOOL:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Lawrence HS<br>2 Reilly Road<br>Cedarhurst, NY 11516<br>Attn: Guidance<br>Fax: (516) 295-8078 | <input type="checkbox"/> Lawrence MS @ Broadway Campus<br>195 Broadway<br>Lawrence, NY 11559<br>Attn: Guidance<br>Fax: (516) 295-7196 | <input type="checkbox"/> Lawrence Elementary School<br>@ Broadway Campus<br>195 Broadway<br>Lawrence, NY 11559<br>Fax: (516) 812-6123 |
| <input type="checkbox"/> Lawrence Primary School @ #2<br>1 Donahue Avenue<br>Inwood, NY 11096<br>Fax: (516) 295-6213   | <input type="checkbox"/> ECC @ Number Four School<br>87 Wanser Avenue<br>Inwood, NY 11096<br>Fax: (516) 295-6416                      | <input type="checkbox"/> PPS (Pupil Personnel)<br>87 Wanser Avenue<br>Inwood, NY 11096<br>Fax: (516) 295-7177                         |

PLEASE FORWARD THE FOLLOWING INFORMATION TO THE ADDRESSES CHECKED ABOVE.

- HEALTH/IMMUNIZATION RECORD
- ACADEMIC RECORD
  - a) Current report card
  - b) All previous report cards
  - c) Cumulative record/testing
- PSYCHOLOGICAL RECORD
  - a) Evaluations (social, psychological, Speech/Language, psychiatric, CSE records)
  - b) IEP, if applicable

The parent/guardian authorizes the above named agency/school district to release information, and consents to having Lawrence School District personnel speak with the agency/school district named above.

All records are kept confidential and access limited to specific school personnel.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Administrator, Central Registration

\_\_\_\_\_  
(Date Original Mailed)