

TONAWANDA CITY SCHOOL DISTRICT CHECKLIST FOR TRANSFERRING/REGISTERING STUDENT

Name of Student _____

Grade _____

Male/Female _____

FOR OFFICE USE ONLY		
MU	RV	TM/HS
Bus/Walk		

DOCUMENTS TO BRING – Please have all documents out of envelopes and unfolded in the order listed below

- Original Birth Certificate
- Custody Agreement/Court Paperwork (if applicable)
- Current Immunization Records
- Health Physical from Pediatrician
- Valid NYS Driver’s License/US Government Issued ID
- Proof of Residency (**ONE** from A **AND ONE** from B are REQUIRED)
 - (A) Signed lease **OR** mortgage agreement/statement **OR** deed of sale (if none available, a signed notarized statement from property owner is required stating how long residing in residence).
 - (B) Current bank statement/notarized statement (with Tonawanda zone address) **OR** Current utility bill or service hookup (cable, phone, electric, water or gas – with Tonawanda zone address) **OR** STAR/tax receipt (if applicable)

REGISTRATION PACKET (Pages 2 - 15)

- Registration Forms (Pages 2-4)
- Enrollment Form/Residency Questionnaire (Page 5)
- Authorization for Release of Student Records (Page 6)
- Home Language Questionnaire (HLQ) (Pages 7 & 8) Language other than English _____
- Release Forms: Media, News & Interviews/Photo-Military Permission (Page 9) STUDENT’S SIGNATURE (6-12 ONLY)
- Gmail Accounts Form (Page 10)
- Computer Consent Form (Page 11) STUDENT’S SIGNATURE (6-12 ONLY)
- NYSDOH Immunization Requirements **informational** (Page 12)
- Need for Physical Examination (Page 13)
- Dental Health & Dental Health Certificate (Pages 14 & 15)
- Student Illness and Emergency Form (Page 16)
- Health History Form (Page 17)

QUESTIONS

- Does your child receive ENL services? _____ (if yes, we will request HLQ from former district)
- Does your child receive any Special Ed. Or 504 services? _____
 Your child has the right to be referred and evaluated for the purposes of Special Education
- Are you considered migrant workers? _____

AVAILABLE UPON REQUEST

- Meal Application (available upon request)
- Touchpad Scanner Opt-Out Form: Grades 6-12 only (available upon request)
- Boys & Girls Club: Newmann Family Club, Fletcher Unit or Tonawanda Middle Unit (available upon request)
- Chromebook Acknowledgement Form: Grades 6-12 only (available upon request)
- Athletic Participation Form: Grades 6-12 only (available upon request)
- Parent Portal Cheat Sheet (available upon request)

PLEASE PRINT SINGLE-SIDED ONLY

FOR OFFICE USE ONLY	
Appointment Date/Time _____	Person Preparing Packet _____
Date Packet Prepared _____	Date Given to DECA _____
Approval of DECA _____	Date Reviewed by DECA _____
Date Entered into eSchool _____	Date Given to Bldg Sec. _____
Transportation Request Sent _____	Anticipated Start Date _____
Sent to TonaCIO _____	Student Records Faxed _____

TCSD REGISTRATION FORM

Date of Entry _____ Grade Level _____ Student ID _____

Student's Name _____ Gender ____ M ____ F
 Last First M.I.

Date of Birth _____ Place of Birth _____ Home Language: _____

Is the student Hispanic, Latino, or of Spanish origin? ____ No ____ Yes

Race (please check all that apply):
 Asian Black (not Hispanic) Hawaiian/Pacific Islander
 American Indian/Alaskan Native Multi-racial (pick all that apply)
 White (not Hispanic)

Is there a court order or separation agreement that governs custody of this child: ____ No ____ Yes

If yes, a copy must be provided with this registration form (a notarized statement from each parent/guardian detailing time spent at each residence may also be required). Please provide information for mailing to joint/non-custodial parent or alternate address if necessary.

PARENT/GUARDIAN

_____ Primary House Hold Contact (Household Head)
 Salutation: ____ Ms. ____ Mrs. ____ Mr. ____ Dr. ____ Other

 Last Name First M.I.

 Address

 City State Zip

Birth Year: _____ Birth Place: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____ Ext. _____

E-mail Address: _____

Occupation: _____

Employer: _____

Marital Status: ____ Single ____ Married
 ____ Separated ____ Divorced

Relationship to Student:
 ____ Mother ____ Father
 ____ Step Mother ____ Step Father
 ____ Legal Guardian ____ Foster Parent
 ____ Group Home Contact ____ Other: _____

PARENT/GUARDIAN

_____ Primary House Hold Contact (Household Head)
 Salutation: ____ Ms. ____ Mrs. ____ Mr. ____ Dr. ____ Other

 Last Name First M.I.

 Address

 City State Zip

Birth Year: _____ Birth Place: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____ Ext. _____

E-mail Address: _____

Occupation: _____

Employer: _____

Marital Status: ____ Single ____ Married
 ____ Separated ____ Divorced

Relationship to Student:
 ____ Mother ____ Father
 ____ Step Mother ____ Step Father
 ____ Legal Guardian ____ Foster Parent
 ____ Group Home Contact ____ Other: _____

TCSD REGISTRATION FORM (CON'T)

SIBLINGS/OTHER CHILDREN LIVING AT SAME ADDRESS

Name	Sex	DOB	Grade	Present School

HAS STUDENT EVER ATTENDED TONAWANDA CITY SCHOOLS _____ NO _____ YES _____ YEAR

STUDENT EDUCATION BACKGROUND (INCLUDE PRE-SCHOOL INFORMATION)

Previous School Name	Previous School Address	Grades Attended

HAS STUDENT EVER BEEN RETAINED (REPEATED A GRADE)? _____ NO _____ YES

IF YES, WHICH GRADE(S)? _____

HAS YOUR CHILD EVER RECEIVED AIS/IMPROVEMENT, SPECIAL EDUCATION (IEP), OR ESL SERVICES?
 _____ NO _____ YES

If YES, please complete the following:

STUDENT SPECIAL SERVICES & PROGRAMS

PLEASE CHECK (✓) ANY OR ALL SERVICES YOUR CHILD CURRENTLY RECEIVES.....

_____ SPEECH _____ COUNSELING _____ ENGLISH AS A NEW LANGUAGE (ENL)

_____ READING _____ MATH _____ OCCUPATIONAL THERAPY (OT)

_____ PHYSICAL THERAPY (PT) _____ OTHER (PLEASE EXPLAIN): _____

COMMENTS OR REQUESTS: _____

TCSD REGISTRATION FORM (CON'T)

EMERGENCY CONTACT INFORMATION (other than parent/guardian)

Name: _____
Last Name First M.I.

Address: _____
Street
City State Zip

Relationship to Student: _____ Home Phone: _____
Gender: _____ Cell Phone: _____
Work Phone: _____

STUDENT CITIZENSHIP AND RESIDENCY

CITIZENSHIP STATUS: _____ U.S. CITIZEN _____ DUAL NATIONAL
_____ NON-RESIDENT ALIEN _____ RESIDENT ALIEN
_____ OTHER (EXPLAIN) _____

TYPE OF VISA CURRENTLY IN EFFECT: _____ EXPIRATION DATE: _____

DATE STUDENT ENTERED THE U.S.: _____ LAST COUNTRY OF RESIDENCE: _____

DATE STUDENT FIRST ENROLLED IN A U.S. SCHOOL: _____

PROOF OF RESIDENCY (COMPLETED BY DISTRICT)

TYPE OF PROOF PROVIDED: _____

I understand that it may be necessary for the Tonawanda City School District to verify this student's residency at time of registration and from time to time in the future in order to provide him/her with a tuition free education. I grant permission for the address on this form to be verified. I further understand that it is my responsibility to report and provide proof of any change of this address.

Signature of Parent/Guardian Date

ENROLLMENT FORM / RESIDENCY QUESTIONNAIRE

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

HOUSING QUESTIONNAIRE

Name of LEA: Tonawanda City School District

Name of School: _____

Name of Student: _____

Last	First	Middle
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Gender: Male Date of Birth: ____ / ____ / ____ Grade: ____ ID#: _____
 Female Month Day Year (preschool-12) (optional)

Address: _____ Phone: _____

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

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

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

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

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

 Date

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

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

I, _____, bearing the relationship of parent/guardian to _____
Parent/Guardian *Student Name*

	School	Address	Fax #	Attention
	Mullen Elementary	130 Syracuse St. Tonawanda, NY 14150	(716) 694-5897	Melissa Kossow
	Riverview Elementary	55 Taylor Dr. Tonawanda, NY 14150	(716) 694-7172	Gail Taggart
	Tonawanda Middle/High School (Grades 6-12)	600 Fletcher St. Tonawanda, NY 14150	(716) 695-1488	Jen Barber
	Special Education Office	150 Hinds St. Tonawanda, NY 14150	(716) 695-5504	Keisha Clarke

give permission to _____ school in the _____
Former School Name *Former School District Name*

school district to release any and all needed records to:

Please send **ALL** records, including: academic, health & attendance reports & if applicable;
ALL Special Education records, including: IEP, social history, educational evals and psychological reports. If the student received ENL services, please include the HLQ.

*** Please use ___/___/___ as an exit date. TCSD is using ___/___/___ as a start date ***

I understand this information is confidential and is to be used for planning my child's educational program.

Signature of Parent/Guardian

Date

OFFICE USE ONLY

Faxed On: _____ Student Start Date: _____

Fax Number: _____ Requested By: _____

HOME LANGUAGE QUESTIONNAIRE (HLQ)



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:		
<i>First</i>	<i>Middle</i>	<i>Last</i>
DATE OF BIRTH:		GENDER:
<i>Month</i>	<i>Day</i>	<i>Year</i>
		<input type="checkbox"/> Male <input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
<i>Last Name</i>	<i>First Name</i>	<i>Relation to Student</i>

HOME LANGUAGE CODE

Language Background

(Please check all that apply.)

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

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 (CON'T)

Educational History

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

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.
Yes* No Not sure
 *If yes, please explain: _____

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

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

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

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

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

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

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

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation _____ **Date** _____

Relationship to student: 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: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>Mo. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>Mo. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	

RELEASE FORMS: MEDIA, NEWS & INTERVIEWS

PLEASE READ ALL SCHOOL INFORMATION ON POLICIES AND PROCEDURES LISTED BELOW AND IN THE ENCLOSED INFORMATION. RETURN THIS FORM TO SCHOOL WITH APPROPRIATE SIGNATURES AND APPROPRIATE BOXES CHECKED BY SEPTEMBER 1, 2021.

PLEASE NOTE:

SIGNING OF THIS FORM SIGNIFIES YOUR UNDERSTANDING AND AGREEMENT TO BUT NOT LIMITED TO THE FOLLOWING: CODE OF CONDUCT, WHICH INCLUDES THE SUBSTANCE ABUSE AND DRESS CODE POLICY AND THE ATTENDANCE/TARDY POLICY, WHICH ARE AVAILABLE ONLINE (www.tonawandacsd.org) OR IN THE MAIN OFFICE.

SCHOOL DISTRICT RELEASE FORM: STUDENT INTERVIEWS, PHOTOGRAPHS AND VIDEOTAPES

Please Check only ONE Item:

I hereby consent that interviews, photographs and/or videotapes of my child, _____, may be taken or used by the School District only for public relations, educational or other purposes consistent with the purpose and mission of the School District, including publication on the School District website or other District electronic resources (ie, social media.)

I further agree that said materials shall become the property of the School District, and I hereby release and discharge the School District and its representatives from any and all claims that may arise by reason of taking of said interviews, photographs and/or videotapes.

I do not give permission for my child, _____, to be interviewed, photographed, and/or videotaped for School District purposes.

PLEASE READ ALL OF THE "RELEASE FOR STUDENT INTERVIEWS, PHOTOGRAPHS, AND VIDEOTAPES" INFORMATION ON OUR WEBSITE BEFORE AGREEING TO ONE OF THE OPTIONS LISTED ABOVE AND BELOW.

OUTSIDE NEWS MEDIA RELEASE FORM:

Please Check only ONE Item:

I give Permission for my child, _____, to be interviewed, photographed, and/or videotaped by outside news media representatives for press or media print or broadcast purposed as indicated above.

I further agree that such material shall become the property of the applicable media agency, and I hereby release and discharge the School District and its representatives from any and all claims that may arise by reason of taking of said interviews, photographs and/or videotapes.

I do not give permission for my child, _____, to be interviewed, photographed, and/or videotaped by outside news media representatives for press or media or broadcast purposes ad indicated above.

NOTIFICATION OF PARENTAL RIGHTS TO WITHHOLD CERTAIN INFORMATION FROM MILITARY and INSTITUTIONS OF HIGHER LEARNING

Pursuant to the No Child Left Behind Act, the Tonawanda City School must disclose to military recruiters or institutions of higher learning, upon request, the names, addresses, and telephone numbers of high school students. The District Must also notify parents of their right and the right of their child to request that the District not release such information without prior written parental consent.

Please do not release the name, address, and telephone number of _____, to military recruiters.

Please do not release the name, address, and telephone number of _____, to institutions of higher learning.

GRADES 11 & 12 ONLY

GRADES 11 & 12 ONLY

PRINT STUDENT'S NAME _____

STUDENT'S SIGNATURE (6-12 ONLY) _____

GRADE: _____

DATE: _____

PRINT PARENT/GUARDIAN'S NAME _____

PARENT/GUARDIAN'S SIGNATURE _____

EMAIL ACCOUNTS (GOOGLE APPS FOR EDUCATION)

ACCOUNT CREATION AGREEMENT

The Tonawanda City School District will provide Gmail accounts to all students. All accounts will be subject to the District's Acceptable Use Policy and there should be no expectation of privacy with its use. Students will be able to utilize the account while in school or on another device that has Internet connection. They will also be able to use some of the google education tools offline. Please see information provided in the Parent Information document.

As a school district, which operates under the Family Educational Rights and Privacy Act (FERPA), we are responsible for obtaining parental consent for the students' use of an Online Service for any student under 18 years of age. Please note that while the District will take steps to maintain privacy, the use of the account and apps outside of the District cannot be fully protected from third parties inadvertent and intentional overhearing of conversations.

Please indicate that you give permission for your child to have access to Google Education through the creation of a Gmail account and he/she has your consent to use these programs for digital/remote learning. Your signature also indicates that you understand digital/remote learning individuals not employed by TCSD may hear conversations.

YES, I give permission to create an account for my child. I understand that this permission will be effective for seven (7) years or until they graduate, whichever comes first.

NO, I DO NOT give permission to create an account for my child

Please sign below to indicate you have read and agree to the terms of this form.

PRINT STUDENT NAME:

PRINT PARENT/GUARDIAN NAME:

PARENT/GUARDIAN SIGNATURE:

DATE:

COMPUTER CONSENT

(Internet does have filtering software that filters inappropriate websites)

PLEASE READ ALL OF COMPUTER INFORMATION BEFORE AGREEING TO ONE OF THE OPTIONS LISTED BELOW.

Please check the appropriate box below:

YES, my child may use the Tonawanda City School District's computer network with all its Resources and the Internet and I give consent for all forms of digital/remote learning.

NO, my child may NOT use the Tonawanda City School District's computer network.

PRINT STUDENT NAME:

GRADE:

PRINT PARENT/GUARDIAN NAME:

PARENT/GUARDIAN'S SIGNATURE:

DATE:

STUDENT'S SIGNATURE (6-12 ONLY)

PLEASE NOTE

RETURN OF THIS FORM WITH SIGNATURES IS REQUIRED FOR STUDENT TO RECEIVE COMPUTER ACCESS. SIGNING OF THIS FORM SIGNIFIES YOUR UNDERSTANDING AND AGREEMENT TO BUT NOT LIMITED TO THE FOLLOWING: CODE OF CONDUCT, WHICH INCLUDES THE SUBSTANCE ABUSE AND DRESS CODE POLICY AND THE ATTENDANCE/TARDY POLICY, WHICH ARE AVAILABLE ONLINE (www.tonawandacsd.org) OR IN THE MAIN OFFICE.

NYSDOH IMMUNIZATION REQUIREMENTS

***Parents please REMOVE this page as we have to secure all mandated immunizations**

NYSCSH Summary of Key Facts 2021-2022 School Year NYSDOH Immunization Requirements for School Entrance/Attendance	
Prekindergarten (Day Care, Head Start, Nursery, or Pre-K)	
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP)	4 doses
Polio Vaccine (IPV/OPV)	3 doses
Measles, Mumps, and Rubella vaccine (MMR)	1 dose
Hepatitis B vaccine	3 doses
Varicella (Chicken Pox) vaccine	1 dose
Hemophilus influenza type b conjugate vaccine (Hib)	1 to 4 doses
Pneumococcal vaccine (PCV)	1 to 4 doses
Kindergarten through Grade 4	
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP)	5 doses or 4 doses if the 4 th dose was received at 4 years old or 3 doses if 7 years old or older and started the series after 1 year old or older
Polio vaccine (IPV/OPV)	4 doses or 3 doses if the 3 rd dose was received at 4 years old or older and at least 6 months from previous dose
Measles, Mumps, and Rubella vaccine (MMR)	2 doses (2 Measles, 2 Mumps, 1 Rubella)
Hepatitis B vaccine	3 doses
Varicella (Chickenpox) vaccine	2 doses
Grade 5	
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP)	5 doses or 4 doses if the 4 th dose was received at 4 years old or 3 doses if 7 years old or older and started the series after 1 year old or older
Polio vaccine (IPV/OPV)	4 doses or 3 doses if the 3 rd dose was received at 4 years old or older and at least 6 months from previous dose
Measles, Mumps, and Rubella vaccine (MMR)	2 doses (2 Measles, 2 Mumps, 1 Rubella)
Hepatitis B vaccine	3 doses
Varicella (Chickenpox) vaccine	2 doses
Grades 6 through 10	
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP)	3 doses
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap)	1 dose
Polio vaccine (IPV/OPV)	4 doses or 3 doses if the 3 rd dose was received at 4 years old or older
Measles, Mumps, and Rubella vaccine (MMR)	2 doses (2 Measles, 2 Mumps, 1 Rubella)
Hepatitis B vaccine	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 – 15 years old
Varicella (Chickenpox) vaccine	2 doses
Grades 7 through 12	
Meningococcal vaccine	1 dose in grade 7; if not received in grade 7, must obtain in grade 8 and 9 (per move up schedule) 2 doses in grade 12 unless 1 dose was given on or after the age of 16
Grades 11 through 12	
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP)	3 doses
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap)	1 dose
Polio vaccine (IPV/OPV)	3 doses
Measles, Mumps, and Rubella vaccine (MMR)	2 doses (2 Measles, 2 Mumps, 1 Rubella)
Hepatitis B vaccine	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 – 15 years old
Varicella (Chickenpox) vaccine	2 doses

ALL students must be fully immunized to attend school.

MS/HS Nurses	Riverview Nurse	Mullen Nurse
Nadine Hammersmith/ Meredith Edholm	Janine Barone	Karen Ammerman
Phone: 694-7678	Phone: 694-7697	Phone: 694-6805
Fax: 694-5172	Fax: 694-7172	Fax: 694-5897

Dental Health

Dear Parent or Guardian:

As a part of your child’s requirements for school, a physical examination has been required for students in **Prekindergarten, Kindergarten and in Grades 1, 3, 5, 7, 9 and 11**. A law was recently enacted that expands health screenings to include the **dental health** of students in New York State.

New York State currently requests that your child has a **dental certificate** completed by your dentist the same years as your child’s New York State mandated physical examination. On the next page, there is a dental certificate available for you to take to your child’s dentist and once it is completed, it should be returned to the District Registrar or School Nurse as it will be filed in your child’s Cumulative Health Record.

Please call your child’s School Nurse (see below) if you have any questions or concerns.

Mullen Elementary School Nurse: Meredith Edholm (P) (716) 694-6805 x1741 (F) (716) 694-5897	Riverview Elementary School Nurse: Janine Barone (P) (716) 694-7697 x1241 (F) (716) 694-7172	Fletcher Elementary School Nurse: Karen Ammerman (P) (716) 694-7694 x1541 (F) (716) 743-5441	Middle/High School School Nurses: Nadine Hammersmith (P) (716) 694-7670 x2041 (F) (716) 694-5172
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Below is a list of Dental Providers for provision of free or reduced fee screening from the NYS Department of Health.

Community Health Center of Buffalo, Inc.

34 Benwood Ave, Buffalo, NY 14214 | (716) 986-9199

Neighborhood Health Center Mattina Dental Services

300 Niagara Street, Buffalo, NY 14201 | 716-242-8600

Oishei Children’s Hospital – Dental Department

818 Ellicott Street, Buffalo, NY 14203 | (716) 323-2000

University Pediatric Dentistry

1100 Main St., Buffalo, NY | (716) 242-8200

Thank you for your cooperation in this new health endeavor. Our students benefit when we work together to promote the health and achievement of all students.

Student Name: _____ **Grade:** _____

Parent/Guardian Signature: _____ **Date:** _____

Your cooperation is appreciated,

District Registrar

Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

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

Child's Name: Last First Middle

Birth Date: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first oral health assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Month Day Year		

School: <small>Name</small>	Grade
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Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

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

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

Parent's Signature _____ Date _____

Section 2. To be completed by the Dentist/ Dental Hygienist

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

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

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

Dentist's/ Dental Hygienist's name and address

(please print or stamp)

Dentist's/Dental Hygienist's Signature

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

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

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

Yes No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

Yes No **Dental Sealants Present**

Other problems (Specify): _____

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.

NEED FOR PHYSICAL EXAMINATION

Dear Parent/Guardian:

As mandated by State Education Law (EL903-904), **all new registrants** and students in **pre-kindergarten, kindergarten** and grades **1st, 3rd, 5th, 7th, 9th** and **11th** must have a physical examination given by a **New York State** Health Care Provider.

A physical examination at the designated grade level **must** take place whether it is given by the family health care provider or by the school personnel. The school health office will schedule your child for a physical examination by our district Health Care Provider upon your request.

Health Care Providers are requested to fax in the completed physical to the nurse at the student’s school. Physical examination reports must be **dated after September 1, 2021**.

Please check the appropriate box below, sign your name, and return this completed form with your registration packet.

My child is scheduled for a physical examination by our Health Care Provider on (date)_____ by (name)_____.

My child’s Health Care Provider will **fax** a completed copy of their physical (dated after September 1, 2021) to my child’s school:

- | <u>School</u> | <u>Fax #</u> |
|---|--------------|
| <input type="checkbox"/> Mullen School | 716-694-5897 |
| <input type="checkbox"/> Riverview School | 716-694-7172 |
| <input type="checkbox"/> Fletcher School | 716-743-5441 |
| <input type="checkbox"/> Tonawanda Middle/High School | 716-694-5172 |

My child may receive a school physical examination by the School Practitioner and/or School Physician.

Student Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Your cooperation is appreciated,
District Registrar

STUDENT ILLNESS AND EMERGENCY INFORMATION

Date _____ Grade _____

Student's (full) Name _____ Date of Birth _____
Please print Last First

Address _____ City _____ Zip _____

Home Phone # _____ Whom to contact first/Who has custody? _____

Mother's Full Name _____ Home Phone # _____

Cell Phone # _____ Work # _____

Father's Full Name _____ Home Phone # _____

Cell Phone # _____ Work # _____

List 2 alternate adults if parents are unavailable. These adults must be able to pick up the student, make arrangement for them or give medication to that student:

(1) Name _____ Address _____
 Relationship _____ Phone # _____ Cell # _____

(2) Name _____ Address _____
 Relationship _____ Phone # _____ Cell # _____

Siblings that are in the school district:

(1) Name _____ School _____

(2) Name _____ School _____

(3) Name _____ School _____

Student's Physician Name _____ Phone # _____

Hospital of Choice for Emergency Care _____

Check student's health condition(s): Allergy: Bee/Wasp Allergy: Food Allergy: Medicine
 List allergies _____ Last reaction(date) _____

Extent or type of reaction _____

Check student's diagnosis(es):

Arthritis Asthma Diabetes Elimination Hearing Loss Hearing Aid

Intestinal Kidney Seizures Vision Loss Glasses Other _____

Physical Limitations _____

List medications on a regular basis _____

List immunizations or tests given in the **LAST YEAR** _____

PLEASE NOTE * Unless you indicate otherwise, information contained on this form will be shared on a "Need to Know" basis where the safety and welfare of your child is at stake. Only relevant information will be shared such as allergies and medical issues that could possible manifest themselves while the child is not in proximity to a nurse. Only teachers, coaches and staff that would be in a supervisory capacity over your child would be authorized to access that information.

Signature of Parent/Guardian _____

HEALTH HISTORY

NAME _____ ADDRESS _____
(LAST) (FIRST) (MI)

BIRTH DATE _____ PHYSICIAN'S NAME _____
(MONTH) (DAY) (YEAR)

FATHER'S NAME _____ MOTHER'S NAME _____

TELEPHONE NUMBER(S) _____
(HOME) (CELL) (WORK)

1. Please carefully review the following to provide an accurate health history by checking those items that pertain to your child. If you checked any of the above areas, please have your child's physician note the medical condition on the physical form or have the doctor send in a separate statement to the health office.

Meningitis _____	Diabetes _____	Vision Problems _____
Encephalitis _____	Scarlet Fever _____	Developmental Problems _____
Rheumatic Fever _____	Pneumonia _____	Bowel/Bladder Problems _____
Ulcer/Colitis _____	Cancer _____	Physical Disability _____
Kidney Disease _____	Mononucleosis _____	Muscle/Joint Problems _____
Heart Disease _____	Congenital Defect _____	Eczema _____
Murmur _____	Speech Problems _____	Tuberculosis or Contact T.B. _____
Seizures/Convulsions _____	Hearing Problems _____	Behavior/Social Problems _____
Blood Disease _____	Vision Problems _____	Hepatitis _____
Asthma/Wheezing _____		

ALLERGIES (please list) _____

NOTE: Verification, including dates of the immunizations based on what grade the student will be entering must be provided before your child can enter school. A list of immunizations is available at any of the school health offices or at the Tonawanda School website. You must secure an immunization record and physical form from your child's doctor.

2. Does your child take any medication on a regular basis? _____

Name of medicine _____ Dose: _____ Reason: _____

Name of medicine _____ Dose: _____ Reason: _____

Name of medicine _____ Dose: _____ Reason: _____

If, during the school year, your child should develop a medical problem or require medication on a regular and/or continuing basis, please have your child's medical provider complete the district's "Authorization for Medication Administration in School" form.

Parent/Guardian Signature **Date**