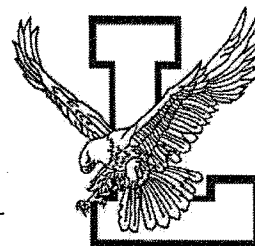


Lowville Academy & Central School District

Understanding the New Rules for School Registration



To enroll your child in school, you have to show:

- That you live and intend to remain in the school district. This is called showing you are a “resident.”
- AND
- Your child’s age.

Ways to Show Residency:

Lease or deed	Current membership documents based on residency, such as local library card
Affidavit (a written statement signed under oath) from the person you pay rent to, saying you live there	Documents from government agencies such as a social service agency or the federal Office of Refugee Resettlement
Current pay stub showing your address	Current voter registration card
Current income tax form that shows your address	Current driver’s license, permit, or non-driver ID
Current utility bill or other bill in your name at that address	Current state- or other government-issued ID
Custody or guardianship papers	

Ways to Show a Child’s Age:

Certified birth certificate (from any country)	Baptismal record (from any country)
Passport (from any country)	Other documents if you’ve had them for at least two years (state or government ID, school photo ID with date of birth, hospital or health records, military dependent ID card), court orders

WHAT IF...

- ...the youth is not living with a parent?
- ...the parents are separated or divorced?

You (the parent, guardian, or caregiver) have to show that the youth is living with you and that you have total and permanent custody and control. To do this, you can show the school district:

- Proof of custody or guardianship
- OR
- An affidavit saying that you have “total and permanent custody and control” over the child
- OR
- Other proof such as documentation that the child has been placed with a sponsor by a federal agency

There are different requirements for youth in temporary housing (this may include, for example, youth who have run away or been kicked out of their homes).

For more information about temporary housing and enrollment, call 800-388-2014.

This information is a summary of the applicable regulatory provisions and is intended for informational purposes only. For further information on the applicable regulatory requirements, please see 8 NYCRR section 100.2(x) and 100.2(y), as amended effective July 1, 2015.

LOWVILLE ACADEMY and CENTRAL SCHOOL

7668 NORTH STATE STREET
LOWVILLE, NEW YORK 13367-1328

REBECCA DUNCKEL-KING
Superintendent of Schools
Telephone: 315-376-9000

Fax: 315-376-1933 Net: www.lowvilleacademy.org

PHILOMENA B. GOSS
Elementary School Principal
Telephone: 315-376-9005

BRIAN E. FINN
High School Principal
Telephone: 315-376-9015



SCOTT D. EXFORD
Middle School Principal
Telephone: 315-376-9010

AUTHORIZATION TO RELEASE STUDENT EDUCATION RECORDS

Name of school last attended: _____

Address: _____

Telephone: _____

STUDENT INFORMATION:

Student Name: _____

Grade Level: _____ Date of Birth: _____

Please fax the following records (as it applies to the above named student) and mail a hard copy to

Lowville Elementary School
7668 N. State Street
Lowville, New York 13367
FAX: (315) 376-9006

Lowville Middle School
7668 N. State Street
Lowville, New York 13367
FAX: (315) 376-9011

Lowville High School
7668 N. State Street
Lowville, New York 13367
FAX: (315) 376-9016

Health Records		Birth Certificate		Current IEP / 504	
Student Schedule		Exit Grades		Psychological Eval	
Science Labs		Recent Report Card		Social History	
Transcript		Standardized Testing		Sports Physical	

Please provide the "end date" you are using: _____ (end date)

Date

(Signature of Parent or Legal Guardian)

In accordance with Public Law 93-380 "Family Education Rights and Privacy Act of 1974." This is authorization to release a copy of all student records.

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LOWVILLE ACADEMY & CENTRAL SCHOOL DISTRICT INCOMING STUDENTS - GENERAL INFORMATION

Date of Entrance _____

Student's Name: _____ M F
Last First Middle

Age: _____ Birthdate: _____ Place of Birth: _____ Grade: _____

Student Resides With: _____ Phone No.: _____

Address: _____ Cell Phone: _____

*Mailing Address if different: _____

Father and Mother living together? Yes _____ No _____

If parents are not living together, who has custody? _____

If applicable, please present custody paperwork to office staff.

Father Living Yes _____ No _____

Mother Living Yes _____ No _____

Father's Name: _____

Mother's (Maiden) Name: _____

Birthdate: _____

Birthdate: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Step-Father's Name: _____

Step-Mother's Name: _____

Birthdate: _____

Birthdate: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Language spoken in home: _____

School Last Attended: _____

Address: _____

Telephone: _____

Please list all members of the family living in the home:

Brothers: _____ Age _____ Grade _____ Sisters: _____ Age _____ Grade _____

Brothers: _____ Age _____ Grade _____ Sisters: _____ Age _____ Grade _____

Brothers: _____ Age _____ Grade _____ Sisters: _____ Age _____ Grade _____

SPECIAL EDUCATIONAL NEEDS:

Does your child have an IEP (Individualized Education Plan) or 504 Plan Yes _____ No _____

Name & Phone Number of Special Ed Teacher at Previous School _____

Please identify any needs your child may have (Remedial help, acceleration, special education, etc.)

HEALTH INFORMATION:

Does your child have any physical impairment of hearing, seeing, etc.?

Yes _____ No _____ If yes, please name the defect: _____

Is your child presently on medication? YES _____ NO _____ Type: _____

Do you identify your child as a physically handicapped student? []

Do you identify your child as a learning disabled student? []

ARE YOU CONNECTED WITH FORT DRUM? Yes _____ No _____

If yes, please complete information below:

Branch of the Military _____

Which Parent _____

.....

****** For Office Use Only ******

Proof of Residency -		Academic Records Received	
Proof of Age -		Medical Records Received	
Custody Papers Presented		Foreign Language	
Records Release Sent		Band – Instrument	
AIS		Chorus	
504		IEP	

Lowville Academy & Central School
RESIDENCY QUESTIONNAIRE

Student(s): _____ Gender: Male Female Grade: DOB
(Last, First, Middle)
_____ Gender: Male Female Grade: DOB
(Last, First, Middle)
_____ Gender: Male Female Grade: DOB
(Last, First, Middle)
_____ Gender: Male Female Grade: DOB
(Last, First, Middle)

Address: _____ Phone: _____

**This questionnaire will help the district determine the services
your child may be able to receive under the McKinney-Vento Act.**

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

Please answer the following questions:

1. Is this student's home address a temporary living arrangement? ☐ Yes ☐ No
2. Is this a temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No
3. Is this student in temporary or emergency foster care placement? ☐ Yes ☐ No
4. **(for unaccompanied youth)** As a student, are you living with someone other than your parent or legal guardian? ☐ Yes ☐ No

If you answered NO to all of the above questions, you may stop here.

If you answered YES to any of the above questions, please complete the remainder of this form and the attached **STAC-202 Homeless Designation Form**.

For Office Use Only: If this student answered YES to any of the above questions, a copy of both forms should be forwarded to Marie Western, District Homeless Liaison.

1. Where is this student currently living? (check box)

- ☐ In a motel/hotel - Name of motel/hotel: _____
- ☐ In a shelter - Name of shelter: _____
- ☐ Transitional Housing - Name of transitional housing: _____
- ☐ Group Home - Name of group home: _____
- ☐ Temporary/emergency foster home
- ☐ With more than one family in a house or apartment
- ☐ With another family in a house or apartment
- ☐ Moving from place to place
- ☐ In a location not designed for sleeping accommodations such as a car, park, or campsite.

2. How long has this student lived at this residence? _____

3. How long does this student plan to live at this residence?

4. With whom does this student currently live: *(check box)*

- ☐ Both parents
- ☐ One parent - Which parent? _____
- ☐ One parent and another adult - Which parent? _____
- ☐ A relative - Specify which (e.g. grandmother) _____
- ☐ Friends or other adults- please identify _____
- ☐ An adult who is not a parent or legal guardian - please identify _____
- ☐ Other - Please describe: _____

5. Describe this student's current living situation in detail:

6. In this student's previous school, did he/she receive any of the following? *(check all that apply)*

- ☐ IEP Services through a Committee on Special Education - Describe: _____
- ☐ 504 Accommodation Plan - Describe: _____
- ☐ English As a Second Language (ESL) services
- ☐ Help for Behavior Improvement
- ☐ Tutoring Services
- ☐ Academically or Intellectually Gifted services
- ☐ Counseling services
- ☐ Other - Please describe: _____

7. At this time, what is the greatest need for this student? *(check all that apply)*

- ☐ School supplies
- ☐ School clothing
- ☐ Help for academic improvement
- ☐ Help for behavior improvement
- ☐ Referral for food assistance
- ☐ Medical referral/immunizations
- ☐ Mental health/counseling referral
- ☐ Other - Please describe: _____

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

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

Date

Eligibility screen for Migrant Education services

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

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

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

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



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

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

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

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

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

Parents/ Guardians

Mother's name _____ Father's Name _____

Home Address _____ Home Phone # _____

(Street Address)

Work or Message # _____

(city, town or village) (Zip)

School District _____ School Building _____

School Contact Person _____ Contact Number _____

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

To submit this referral please fax to the CiTi BOCES at (315) 963-4242 or mail to the address above. For more information please call the Migrant Program at 963-4265.

Thank you for your assistance.



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

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

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

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

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT
INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

Educational History	
8. Indicate the total number of years that your child has been enrolled in school _____	
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.	
Yes* <input type="checkbox"/>	No <input type="checkbox"/> Not sure <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below	
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received (Please check all that apply):	
<input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> 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: _____
Date

Signature of Parent or of Person in Parental Relation _____

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: _____ MO. DAY YR.	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: _____ MO. DAY YR.	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 ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	

LOWVILLE ACADEMY and CENTRAL SCHOOL

7668 NORTH STATE STREET

LOWVILLE, NEW YORK 13367-1328

Fax: 315-376-1933

www.lowvilleacademy.org

REBECCA DUNCKEL-KING

Superintendent of Schools

Telephone: 315-376-9000

SCOTT D. EXFORD

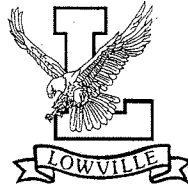
Middle School Principal

Telephone: 315-376-9010

BRIAN E. FINN

High School Principal

Telephone: 315-376-9015



PHILOMENA B. GOSS

Elementary School Principal

Telephone: 315-376-9005

STUDENT RACIAL & ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition or immigration status.

Student Name : _____

Date of Birth : _____ **Grade Level :** _____

Directions to Parent/Guardian : Please answer questions (1) and (2). Please read them before you respond.

(1) **Is the student Hispanic, Latino or of Spanish origin?** Check the box that best describes your child.
Please check only one box.

Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin regardless of race.

☐ **YES**, Hispanic

☐ **NO**, not Hispanic

(2) **Select one or more races from the following five racial groups.** Check all racial groups that apply to your child. Please check at least one box.

☐ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North American and who maintains cultural identification through tribal affiliation or community recognition. (i.e.) Cherokee, Mohawk, Inuit

☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example : Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

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

☐ **African American:** A person having origins in any of the black racial groups of Africa.

☐ **White:** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Signature of Parent/Guardian

Date

LACS Digital Resources Survey

Question 1

Has the school provided your child with a device for their use during the school year?

- ☐ Yes
- ☐ No

Question 2

What type of device does your child use **most often** to complete school work?

- ☐ Desktop computer
- ☐ Laptop computer
- ☐ Tablet
- ☐ Chromebook
- ☐ Smartphone
- ☐ No Device

Question 3

Is that device (the device in question 2) a school device, a personal/home device, or there is no device?

- ☐ School
- ☐ Personal / home
- ☐ No Device

Question 4

Is that device (the device in question 2) shared with anyone else in the household?

- ☐ Yes, shared with others
- ☐ No, not shared – Only student uses it
- ☐ No Device

Question 5

Is that device (the device in question 2) sufficient for your child to fully participate in all learning activities away from school?

- ☐ Yes
- ☐ No

Question 6

Is your child able to access the internet at their primary home?

- ☐ Yes
- ☐ No

Question 7

What is the primary type of internet service used in your child's primary home?

- ☐ **Residential broadband** - "Residential Broadband" means a high-bandwidth connection to the Internet at your home by using a cable (fiber or coaxial) connected to an Internet service provider such as Spectrum, AT+T, Frontier, etc.

☐ **Cellular** - "Cellular" means wireless Internet access delivered through cellular towers to computers and other devices. Uses your cell phone provider for internet access.

☐ **Mobile hotspot** - "Mobile Hotspot" means a wireless access point created by a dedicated hardware device or a smartphone feature that shares the phone's cellular data. For example, a cellphone or a device like a Kajeet, Verizon Jetpack, Netgear Nighthawk or MiFi.

☐ **Community WiFi** - "Community WiFi" means allowing Internet connection to visitors and guests using an existing Wi-Fi infrastructure in the community such as a library, café, hotel, etc.

☐ **Satellite** - "Satellite" means a wireless connection through the use of a satellite dish located on your property.

☐ **Dial Up** - "Dial up" means a service that allows connectivity to the Internet by using a modem and a standard telephone line.

☐ **DSL** - "DSL" Digital Subscriber Line means a high-speed bandwidth connection from a phone wall jack on an existing telephone network that works within the frequencies so you can use the Internet while making phone calls.

- ☐ Other
- ☐ None

Question 8

In your child's primary home, can they complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet?

- ☐ Yes
- ☐ No

Question 9

What, if anything, is the primary barrier to having good and reliable internet access at your child's primary home?

- ☐ Availability
- ☐ Cost
- ☐ Other
- ☐ None

Lowville Academy and Central School
Lowville, New York

Please sign and return this permission form allowing your child to participate in bus and walking field trips.

Field Trips by Bus

I hereby give _____ permission to participate in field trips and end-of-year picnics that require transportation by school bus.

Your signature below acknowledges that you have read the above statement, and accept responsibility for any personal injury that the child may incur at school or while participating in school activities.

(Parent or Guardian Signature)

(Date)

Walking Field Trips

Every year our children participate in field trips to enhance the lessons studied in school. Since we are located in the Village of Lowville, we have access to many community businesses and agencies. Due to their close proximity to our school, plans may include taking the children on walking field trips to places such as the library, the fire station, the post office, village businesses and the fairgrounds. Students will be chaperoned on these walking field trips. Thank you.

_____ I give permission for my child to participate in the walking field trips in the village of Lowville. I do not need to be notified in advance about these walks.

_____ I give permission for my child to participate in the walking field trips in the village of Lowville. I want to be notified about these walks in advance.

(Parent or Guardian Signature)

(Date)

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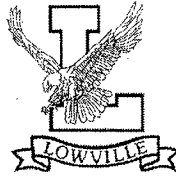
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MEDIA PERMISSION FORM

The Lowville Academy & Central School District uses various types of media for the purposes of advertising and promoting the activities and learning of its students. Some examples of the media used may be, but is not limited to, the district newsletter, public news articles (Journal & Republican; Watertown Daily Times), brochures, the district website (www.lowvilleacademy.org), district Facebook page, individual teachers' webpages and Facebook pages, video releases, and news broadcasts (WWNY TV7). Students' names may be included with their image placed in the newsletter and/or school webpage.

The district asks that all parents/guardians of students in grades PK, K, 6 and 9, or parents of students transferring into the district, notify us of their consent preference for their student's image to be used in any/all media.

The consent option indicated on this form will be on record until a new form is completed. If you wish to change your consent option, please see the building office of your child's school for a new form.

Please check one:

☐ I give permission to use recorded media (photos, audio, video) of my child.

☐ I do not give permission to use recorded media (photos, audio, video) of my child.

Student's Name _____

Grade _____ Homeroom / Classroom Teacher's Name _____

Parent/Guardian Signature _____ Date _____



LOWVILLE ACADEMY and CENTRAL SCHOOL Health History Card

Student Name:		DOB:	Age:	Grade:
Parent/Guardian Name:		Emergency Contact Name:		
Parent/Guardian Phone:		Emergency Contact Phone:		
Primary Healthcare Provider:		Healthcare Provider Phone:		
Has your child ever:	YES	NO	If Yes, please explain and include date:	
Had allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> food <input type="checkbox"/> environmental <input type="checkbox"/> insect <input type="checkbox"/> medication <input type="checkbox"/> other	
List Allergies/Reactions:				
Had an operation	<input type="checkbox"/>	<input type="checkbox"/>		
Had an injury requiring an Emergency Room visit	<input type="checkbox"/>	<input type="checkbox"/>		
Passed out, had a concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>		
Had a vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> glasses <input type="checkbox"/> contacts	
Had a hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply	
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crutches <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> other:	
TREATMENTS	YES	NO		
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> peak flow monitoring <input type="checkbox"/> special diet	

CHECK ALL THAT APPLY TO YOUR CHILD (please explain details if needed on lines at bottom of page):

<input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Autism <input type="checkbox"/> Diabetes <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS) <input type="checkbox"/> Headaches/migraines	<input type="checkbox"/> High Blood Pressure <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Irregular Heart Rhythm Mental Health Conditions: <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> OCD <input type="checkbox"/> ODD <input type="checkbox"/> Other: _____	<input type="checkbox"/> Scoliosis <input type="checkbox"/> Seizure Condition <input type="checkbox"/> Single Organ (<input type="checkbox"/> kidney, <input type="checkbox"/> testicle) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
---	--	--

Please list **ALL** medications taken at home and needed at school. A school order is needed for any medications to be taken at school or during any school sponsored activity including sports and field trips.

Medication Name i.e. (Tylenol, Albuterol, Epipen)	Dose (mg, units)	Frequency (Times taken)	Purpose (Asthma, etc.)	Required during school hours:	School Order provided to Nurse:
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any additional concerns below and update the school nurse with changes throughout the year!

Parent/Guardian Signature: _____ Date: _____



LOWVILLE ACADEMY and CENTRAL SCHOOL
7668 NORTH STATE STREET
LOWVILLE, NEW YORK 13367-1328

For School Use:

Enrollment Date: _____

Grade/Teacher: _____

SCHOOL HEALTH REQUIREMENT NOTIFICATION LETTER

Immunizations:

All children must receive the immunizations (shots) required by New York State Law Section 2164 in order to attend school. The age at which vaccines (shots) are given must match the NYSDOH Immunization Requirements for School Entrance/Attendance Chart. A complete and acceptable immunization record must be submitted to the Health Office no more than 14 days after enrollment if NYS resident/transferring from a school within New York State and no more than 30 days after enrollment if transferring from another state. **Per NYS law, schools cannot allow students without proof of required immunizations to continue to attend school/school sponsored activities after the time period listed above.**

New York State immunization requirements and information on where to obtain immunizations can be found on our website www.lowvilleacademy.org Click Menu>> Departments >> Health Services>> NYS SCHOOL HEALTH REQUIREMENTS.

Schools can accept the following immunization records as proof of immunization:

- An immunization record from your healthcare provider or health department.
- An official copy of the immunization record sent directly from your child's previous school with the dates given.
- A NYSIIS/NYCIR Immunization Registry record.
- A blood test (titer) lab report that proves immunity to Measles, Mumps, Rubella, Varicella, Hepatitis B.
- A note from your health care provider with the date your child had Chickenpox (varicella).

Physicals:

NYS Education Law (section 903) requires health examinations (physicals) performed for public school students when they are a new student in a school district and when they enter Pre-K or Kindergarten, and grades 1, 3, 5, 7, 9, and 11. The physical must be documented on the NYS Required Health Examination Form and submitted to the Health Office no more than 30 days after the enrollment date/first day of school year. Schools can accept a health examination done within 12 months prior to the enrollment date/first day of school year. Health examinations are also required to participate in interscholastic sports. Scoliosis, hearing, and vision screenings will be conducted by the school nurses as required if not done during the health examination.

Medication:

The school nurse must have a written medication order from a health care provider to administer **ANY** medication, prescription or over the counter. This medication order has to be renewed annually, and a parent has to provide the medication to the school and give signed permission to administer any medication. **ALL** medication is to be provided and delivered by the parent/guardian. Forms can be obtained from the school health office or on the school website as listed above.

In order to provide the best care possible for your child, please contact the school Health Office at 315-376-9007 to discuss any health concerns you may have or if further information on the above requirements is needed.

I have read the above information and acknowledge the stated requirements.

Parent/Guardian Signature: _____ Date: _____

Student Name: _____



LOWVILLE ACADEMY and CENTRAL SCHOOL
7668 NORTH STATE STREET
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*Parent/Guardian Copy.
Please keep for your records.*

LOWVILLE ACADEMY and CENTRAL SCHOOL

7668 NORTH STATE STREET
LOWVILLE, NEW YORK 13367-1328

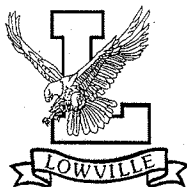
Fax: 315-376-1933 www.lowvilleacademy.org

REBECCA DUNCKEL-KING
Superintendent of Schools
Telephone: 315-376-9000

SCOTT D. EXFORD
Middle School Principal
Telephone: 315-376-9010

BRIAN E. FINN
High School Principal
Telephone: 315-376-9015

PHILOMENA B. GOSS
Elementary School Principal
Telephone: 315-376-9005



LACS BUS TRANSPORTATION

Child's Name _____ Homeroom # _____
Grade _____ Date of Birth _____ M / F

School (please circle one)

PreK	Elementary School	Middle School	High School	Head Start	Augustinian Academy	River Valley
------	----------------------	------------------	----------------	---------------	------------------------	-----------------

Transportation Start Date _____

Father's Name _____

Mother's Name _____

Mailing Address (if different) _____

Physical (911) Address : _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail Address _____

1. Please give the location and description (including house color) of where you live –

2. Will your child be picked up AND dropped off at the location listed above ?

Yes _____ No _____

If no, please give the alternate site (911 address), including house color, person's name,
phone number and when your child will be picked up/dropped off at this location

****Bus Garage Use Only****

ID # _____

Bus Route Number _____ Location ID# _____

Approximate morning pick
up time _____

LOWVILLE ACADEMY and CENTRAL SCHOOL

7668 NORTH STATE STREET

LOWVILLE, NEW YORK 13367-1328

Fax: 315-376-1933 Net: www.lowvilleacademy.org

REBECCA DUNCKEL-KING

Superintendent of Schools

Telephone: 315-376-9000

SCOTT D. EXFORD

Middle School Principal

Telephone: 315-376-9010

BRIAN E. FINN

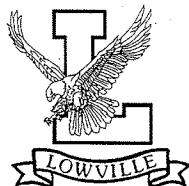
High School Principal

Telephone: 315-376-9015

PHILOMENA B. GOSS

Elementary School Principal

Telephone: 315-376-9005



2021-22

New York State Education Law Section 409-H, effective July 1, 2001, requires all public and nonpublic elementary and secondary schools to provide written notification to all persons in parental relation, faculty, and staff regarding the potential use of pesticides periodically throughout the school year.

The Lowville Academy and Central School District is required to maintain a list of persons in parental relation, faculty, and staff who wish to receive 48-hour prior written notification of certain pesticide applications. The following pesticide applications **ARE NOT** subject to prior notification requirements:

- a school remains unoccupied for a continuous 72-hours following an application;
- anti-microbial products;
- nonvolatile rodenticides in tamper resistant bait stations in areas inaccessible to children;
- nonvolatile insecticidal baits in tamper resistant bait stations in areas inaccessible to children;
- silica gels and other nonvolatile ready-to-use pastes, foams, or gels in areas inaccessible to children;
- boric acid and disodium octaborate tetrahydrate;
- the application of EPA designated biopesticides;
- the application of EPA designated exempt materials under 40CFR1 52.25;
- the use of aerosol products with a directed spray in containers of 18 fluid ounces or less when used to protect individuals from an imminent threat from stinging and biting insects including venomous spiders, bees, wasps, and hornets.

In the event of an emergency application necessary to protect against an imminent threat to human health, a good faith effort will be made to supply written notification to those on the 48-hour prior notification list.

If you would like to receive 48-hour prior notification of pesticide applications that are scheduled to occur in your school during this school year, please complete the form below and return it to Mr. Michael Hlad at Lowville Central School, 7668 North State Street, Lowville, NY 13367 or by fax to (315) 376-1933.

.....

**Lowville Academy and Central School District
Request for Pesticide Application Notification
For 2021-22**

Name: _____

Daytime Phone: _____

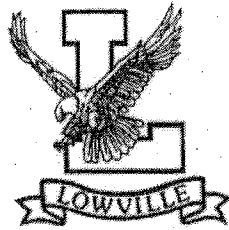
Address: _____

Evening Phone: _____

E-Mail Address: _____

Please feel free to contact Michael Hlad, the Lowville Academy and Central School District pesticide representative at: Lowville Academy and Central School, 7668 North State Street, Lowville, NY 13367; phone (315) 376-9130 or fax (315) 376-1933 for further information on these requirements.

LOWVILLE ACADEMY and CENTRAL SCHOOL



PARENTAL RIGHTS REGARDING THE REFERRAL AND EVALUATION OF CHILDREN FOR THE PURPOSES OF SPECIAL EDUCATION SERVICES AND/OR PROGRAMS

Upon a child's enrollment or attendance at a public school in New York State, the child's parent, guardian, or person in parental relation to that child has the right to refer the child to the school district's Committee on Special Education (CSE) to have the child evaluated and a determination made whether the student is a student with a disability and, therefore, eligible for special education and/or related services.

For additional information regarding this process, please visit the NY State Education Department's website and review "A Parent's Guide to Special Education" at this web address:

<http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf>.

You may also contact Mary E. Compo, the district's Committee on Special Education chairperson, at 376-9012 with any questions or for assistance with this process. Thank you.