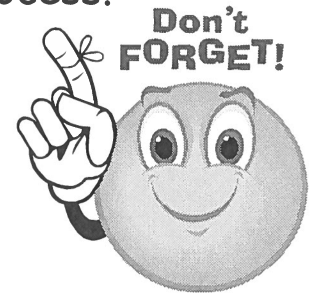
We need the following information:

to continue the kindergarten registration process.



_____ Residency Questionnaire

_____ Registration Form

_____ Student User Agreement & Parent Permission Form

_____ Copy of Birth Certificate

_____ Social Security Card (or write No. on Registration) (Optional)

_____ Copy of Shot Records (can be faxed to the office at 315-389-5245)

_____ Proof of residency (Driver's License, Rental Agreement or utility bill with 911 address on it)

_____ Any Court Orders regarding this child (if applicable)

_____ Physical form filled out by your doctor (before September 1st).

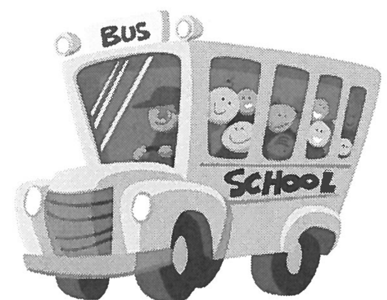
Copies can be made at your scheduled appointment.

****

Please call the our office to schedule an appointment to bring in all documents

****

If you have any questions,
or want to schedule an appointment,
please call Mrs. Delisle at
315-389-5131 Ext. 29108.



NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. This 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.

RESIDENCY QUESTIONNAIRE

Name of LEA: **Brasher Falls Central School** Name of School: **SLC Elementary Middle High**

Name of Student: ____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: ______/______/______ (*Month Day Year*) Grade: __________ (*preschool-12*) ID#: __________ (*optional*)

New Address: ______________________________________ Phone: ____________________

______________________________________ Cell/Work: ____________________

List everyone residing at present address: ____________________ ____________________

____________________ ____________________ ____________________

Former Address: ____

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 residence, 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") (Name of Family) ____________________
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train or campsite
- ☐ Other temporary living situation (Please described): ____________________
- ☐ In permanent housing

________ ____________________ ____________________

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

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.

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

Rev. 11/15/16

BRASHER FALLS CENTRAL SCHOOL STUDENT REGISTRATION FORM

(PLEASE FILL IN ALL WHITE AREAS)

A. STUDENT INFORMATION

First Name:	Middle Name:		Last Name:
Date of Birth ______ / ______ / ______	Male Female *(Please circle)*	Grade:	Returning Student: Y or N *(Please circle)*
SSN: _ _ _ - _ _ - _ _ _ _ (optional)	Race:		Student ID # / Bus #
City of Birth:	State of Birth:	Country of Birth:	If no US, date of entry into US: _____

B. *PRIMARY* GUARDIAN INFORMATION

Mr. Mrs. Miss Ms. *(Please circle)*	First Name:	Last Name:	Relationship:
Mr. Mrs. Miss Ms. *(Please circle)*	First Name:	Last Name:	Relationship:
Parents are: Married Separated Divorced Other *(Please circle)*	**Active Duty?** Y or N *(Please circle)*		Child Lives With:
Father Occupation:	Father Employer:		Last Grade Completed:
Mother Occupation:	Mother Employer:		Last Grade Completed:
Email Address:			Cell Phone: _ _ _ - _ _ _ - _ _ _ _

C. *PRIMARY* GUARDIAN RESIDENCE

Physical Address:		Home Phone: _ _ _ - _ _ _ - _ _ _ _
Mailing Address:		Work Phone: _ _ _ - _ _ _ - _ _ _ _
City:	State:	ZIP Code:

The answer to this residency question helps determine services the student may be eligible to receive under the McKinney-Vento Act.

Is your current address a temporary living arrangement? YES NO *(Please circle)*

If you answered YES, you must complete Residency Enrollment Form

D. *SECONDARY* GUARDIAN INFORMATION IF SEPARATED/DIVORCED

Mr. Mrs. Miss Ms. *(Please circle)*	First Name:	Last Name:	Relationship:
Physical Address:			Home Phone: _ _ _ - _ _ _ - _ _ _ _
Mailing Address:			Work Phone: _ _ _ - _ _ _ - _ _ _ _
City:	State:		ZIP Code:
Email Address:	Permission to Pick Up? Y or N *(Please circle)*		Cell Phone: _ _ _ - _ _ _ - _ _ _ _

E. EVERYONE LIVING IN THE PRIMARY HOME

Name	Relationship	Date of Birth	Grade/Occupation

F. STUDENT PRIOR EDUCATION

Name of Previous School:	Address:
Date of Attendance:	Has Either Parent Ever Worked on a Farm Y or N *(Please circle)*

G. MEDICAL INFORMATION

Date of Last Physical:	Family Doctor:	Date of Last Eye Exam:
Findings of Last Eye Exam:	Date of Last Hearing Exam:	Findings of Last Hearing Exam:

Does your child have a health problem? Check where appropriate.

__Hearing __High Temperature __Difficulty Swallowing/Chewing __Injury __Stomach complaints __Asthma
__Diabetes __Vision __Birth Defects __Head Injury __Allergies __Anemia
__Seizures __Convulsions __Heart __Surgeries __Headaches __Fainting
__Coordination problems __Sleeping Problems __Bee sting allergy Other______________________

Does your child take medication? Y or N *(Please circle)*	Name of medication(s):

Does any close relative in your family have a history of: Check where appropriate.

___Diabetes ___Cancer ___High Blood Pressure ____Birth Defects ___Anemia ___Epilepsy ___Sickle Cell Anemia ___Heart Disease
___Learning Problems ___Mental Retardation Other______________________

Are there any problems in the home that might affect your child's learning? ? Y or N *(Please circle)*
If yes, explain:

Is there anything more about this child's health that you think is important for us to know? (i.e.: surgeries, illnesses, or disorders that have been difficult for this child (dates if available)

H. SIGNATURE

I authorize the verification of the information provided and understand it will be treated confidentially.

X	**X**
Signature of Parent/Guardian	***Date***

I. Additional Information Needed

Birth Certificate	Date Received:	Immunization Records	Date Received:
Social Security Card (optional)	Date Received:	Proof of Residency If the student is NOT living in permanent housing-proof is not required	Date Received:

For Office Use Only : Routing

Elementary School		Middle School		HS / Guidance	
Official Date of Entry		Official Date of Entry		Official Date of Entry	
AM Bus #		AM Bus #		AM Bus #	
PM Bus #		PM Bus #		PM Bus #	
All Transcript Received		All Transcript Received		All Transcript Received	
OSS Eligible		OSS Eligible		OSS Eligible	
Free/Reduce Eligible		Free/Reduce Eligible		Free/Reduce Eligible	
Classroom Teacher		Locker# / Agenda		Locker# / Agenda / COC	
Court Order		Court Order		Court Order	

STUDENT USER AGREEMENT AND PARENT PERMISSION FORM

Office Use Only:

Username:

Password:

Date of Completion:

This form must be completely filled out for your network and email accounts to be activated. If you don't know how to respond to any item, please ask for assistance. PLEASE PRINT! Illegible responses will be considered incomplete.

To be completed by all new PreK-4th grade students to the district.

Student LAST Name: ________________________________

Student FIRST Name: ________________________________

Year of Graduation: 20_ _ Date of Birth: ___ / ___ / ___ Home Phone: _ _ _-_ _ _ _

Student ID Number: __ __ __ ___ Homeroom Teacher or #: ______________________

Parent/Guardian Name: ____

Home Street Address & Town: ____

☛*Parent: Please read and respond in the appropriate place(s) below.*

As a parent or guardian of a Brasher Falls Central School student, I have read the Computer Use Policy regarding student use of the computer network. I have discussed the rules and procedures with my son/daughter and agree to allow him/her to utilize the districts network, Internet and personal e-mail as long as he/she upholds those rules. I understand that computer network privileges can and will be suspended or revoked for a student who does not comply. I agree to release the Brasher Falls Central School District, the Board of Education, its agents and employees from any and all claims of any nature arising from my son/daughter's use of the District's Computer System (DCS) in any manner whatsoever. I agree that my son/daughter may have access to the DCS and I agree that this may include remote access from our home.

PARENT SIGNATURE: ______________________________________ Date: ______________

COMPUTER USE POLICY

The Board of Education considers computers to be a valuable tool for education and encourages the use of computer-related technology in district classrooms.

Through software applications, online databases, and electronic mail, computer use will significantly enhance educational experiences and provide statewide, national, and global communications opportunities for students and staff.

The Superintendent shall establish rules and regulations governing the use and security of the district's computer network. Failure to comply with district policy and regulations for use of the computers may result in disciplinary actions as well as suspension and/or revocation of computer access privileges.

The following rules and regulations apply to students using the district computer system:

1. Each student will be granted a network account.
2. Each student will be issued a network login name and password. The username/login is comprised of the last two digits of the year of graduation + first three letters of last name + 3 digit student ID. (i.e. 04smi990)
3. Each student shall sign an acceptable use agreement to abide by district policy and regulations concerning the use of computers. These agreements shall be kept on file in the technology office and are active for the duration of student's educational career. Parental permission is required.
4. The district prohibits the use of any computer hardware/software in any inappropriate, fraudulent, or destructive manner including but not limited to
    - Accessing inappropriate sites
    - Sending of unauthorized messages
    - Entering a code-protected file
    - Plagiarism
    - Altering a software program
    - Vandalizing hardware or software components
    - Using others username and/or password

Users are expected to follow these rules for network etiquette:

1. I will be polite and use appropriate language. Abusive and/or vulgar messages are not allowed.
2. I will not reveal anyone else's address, phone number, or personal information out over the Internet.
3. I will not use the network in any way that will disrupt others' use of the network.
4. I will not access, alter, or destroy another user's files.
5. I will not use another person's password, nor will I give my password to anyone.
6. I will treat the district computer equipment with care and not abuse it.
7. I will use the network with educational intent. I will not play or investigate games or use chat rooms.
8. I will credit all materials in my work in keeping with copyright laws.
9. I will not employ the network for commercial purposes.
10. I understand that a user's files are *not* guaranteed to be private. System Operators may have access to all files.
11. I will not engage in illegal activities. Any evidence of or incidents relating to or in support of illegal activities may be reported to authorities.
12. I will not hold the District responsible for materials acquired on the network.
13. I will not download any programs, games, or other inappropriate files from the Internet to the hard drive or to my network storage space.
14. I will not tamper with network system or computer desktop security passwords or programs.
15. I will report any misuse of the system according to these rules to the administration.

SANCTIONS FOR VIOLATIONS:

First Offense - loss of privileges for **30 school days**, at the discretion of the administration.

Second Offense - loss of privileges for **60 school days**, or the remainder of the semester, at the discretion of the administration.

Third Offense - loss of privileges for **90 school days**, or the remainder of the school year, at the discretion of the administration.

The Technology Coordinator may remove students from the network system for inappropriate use of the network/Internet. Faculty/staff will file a referral to report violations. Additional disciplinary action may be determined at the building level for infractions that may violate existing practices (i.e. inappropriate language). When applicable, law enforcement agencies may become involved. A student whose account has been suspended for a third offense must appear before the technology committee to discuss the infraction(s) prior to reinstatement.

Internet Safety Policy:

The Children's Internet Protection Act (CIPA) was signed into law on December 21, 2000. In compliance with the FCC regulations, Brasher Falls Central School has employed software and hardware technologies to ensure Internet safety for all computers in the district. This Internet Safety Policy protects against access, through computers with Internet access, to visual depictions that are obscene, child pornography, or (in the case of use by minors) harmful to minors.

Internet harassment that occurs outside of school may be referred to law enforcement.

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

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

STUDENT INFORMATION

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

HEALTH HISTORY

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

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

BMI________kg/m2

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

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

PHYSICAL EXAMINATION/ASSESSMENT

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

Laboratory Testing	Positive	Negative	Date
TB- PRN	☐	☐	
Sickle Cell Screen-PRN	☐	☐	
Lead Level Required Grades Pre- K & K			**Date**
☐ Test Done ☐ Lead Elevated ≥ 5 µg/dL			

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

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

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

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

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

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

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

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

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

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

- ☐ **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- ☐ **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
- ☐ **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
- ☐ **Other Restrictions:**

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

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

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

MEDICATIONS

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

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS

HEALTH CARE PROVIDER

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone: Fax:

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