

DEPEW UNION FREE SCHOOL DISTRICT REGISTRATION PROCESS

Cayuga Heights	686 5003	Registration Hours
Depew Middle School	686 5055	M-F 8am -2 pm
Depew High School	686 5069	Call for Appointment

Fill out Registration Form and Residency Verification Form.

Download from website www.depewschools.org or pick up at one of the individual building offices

Documentation Required (*Needed Immediately):

- Proof of Residency (See table below for requirements) *
- Parent/Guardian Identification (See table below for requirements) *
- Documentation of Age *
- Previous School information (Name of school, address, phone number and copy of report card)
- Copy of Immunization Records
- Custody

IDENTIFICATION DOCUMENTATION

One Required:

Adult

- Valid Driver's License
- Non-Driver's Identification Card
- Passport
- Photo Identification
- State or Government Issued ID

Student

- Foster Care Form – DSS2999

RESIDENCY DOCUMENTATION

One Required:	Plus One of these
<input type="checkbox"/> Documentation of purchase of home in district	<input type="checkbox"/> Car registration
<input type="checkbox"/> Lease or Rental agreement, Deed	<input type="checkbox"/> Utility bill (no cable bills)
<input type="checkbox"/> Notarized statement from a landlord	<input type="checkbox"/> Statement from a financial institution
Note: Each of these documents must show the applicant's address of residence which must match the address on the notarized statement of residence.	<input type="checkbox"/> Payroll stub
	<input type="checkbox"/> Government benefit document
	<input type="checkbox"/> Voter Registration Documents
	<input type="checkbox"/> Documents issued by Federal, State or Local agencies
	<input type="checkbox"/> Tax bill
	<input type="checkbox"/> Income tax form

Statement of residency: I, by signing this statement, am testifying that my child is a legal resident of the Depew U.F.S.D. Should the district find the above documentation to be false the district will seek charges of theft of services, reimbursement for court costs and back tuition. In the event of a parochial or private school, transportation cost may be sought.

Parents/Guardians are responsible for payment of tuition if the parent's residency is not within the Depew U.F.S.D. If children move out of the district, their parents/guardians are responsible for withdrawing them in accordance with the district policy or for paying tuition. The Depew U.F.S.D. will seek restitution for tuition if it is deemed that the student is not a resident of the district.

Parent/Person in Parental Relation

Student Name and Grade

Witness: _____ Date: _____

Proof of Residency is subject to approval by Depew UFSD Director of Pupil Services

Instructions:

1. Fill out all information as accurately and completely as possible.
2. Please take extra care filling out medical information.
3. New York State Education Department requires an annual Physical Exam and Dental exam for new entrants, and students in grades k, 2,4,7, and 10.
4. Race and Ethnicity information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.
The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number
5. Please read and complete the Consent form and release.
6. Additional forms may be required for transportation, free or reduced lunch program, housing, residency or English as a New Language (ENL) students. If in doubt, contact the school building where you are registering your student.
7. As per NYSED requirements (Chapter 434 of the Laws of 2014) we are informing you of your rights to the referral and evaluation of any student(s), necessary to access special education services and programs as a way to "provide all parents with additional tools to access all educational services potentially available for their children, including special education instruction and services."

Parents are directed to NYSED website relating to a parent's guide to special education in NY for children ages 3 through 21 (<http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>). Contact person for the Depew UFSD is Janet Gajewski, tel# (716) 686-5123 or email jgajewski@depew.wnyric.org

8. Documentation of Age. In accordance with Education Law §3218:
 - (a) where a certified transcript of a birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth is available, no other form of evidence may be used to determine a child's age
 - (b) when the documentation listed above is not available, a passport (including a foreign passport) may be used to determine a child's age.
 - (c) when the documentation listed in both cases above are not available, the school district may consider certain other documentary or recorded evidence in existence two years or more, except an affidavit of age, to determine a child's age. Such other evidence may include but not be limited to the following:
 - (1) official driver's license;
 - (2) state or other government issued identification;
 - (3) school photo identification with date of birth;
 - (4) consulate identification card;
 - (5) hospital or health records;
 - (6) military dependent identification card;
 - (7) documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement);
 - (8) court orders or other court-issued documents;
 - (9) Native American tribal document; or
 - (10) records from non-profit international aid agencies and voluntary agencies.

CAYUGA HEIGHTS 686- 5003
 DEPEW MIDDLE SCHOOL 686- 5055
 DEPEW HIGH SCHOOL 686- 5069

REGISTRATION HOURS
 MONDAY- FRIDAY
 8 AM TO 2 PM
 CALL FOR APPOINTMENT

**DEPEW UNION FREE SCHOOL
 DISTRICT**
 5201 S Transit Rd
 Depew, New York 14043

**REGISTRATION /APPLICATION
 FORM**

For Office use only	
<input type="checkbox"/>	UPK
<input type="checkbox"/>	Special Ed
<input type="checkbox"/>	Cayuga
<input type="checkbox"/>	DMS
<input type="checkbox"/>	DHS
<input type="checkbox"/>	OOD

2017-07-12

I: EMERGENCY INFORMATION:

A. Student Information:					
Last	First	Middle	Date of Birth:	Gender M F	Grade:
Number	Street	Apt:	County of Origin	Phone:	
City	State	Zip			
If applicable, DO NOT RELEASE MY CHILD TO:				Papers on File: YES NO	

B. Parent / Guardian Information:			
Last	First	Middle	Preferred Automated Call #:
Number	Street	Apt.	Home Phone:
City:	State	Zip:	Work Phone:
Relationship to Student:	Has Custody YES NO	Resides With: YES NO	Foster child YES NO
Email:		DSS Form YES NO	Cell Phone:

Parent / Guardian Information:			
Last	First	Middle	Home Phone:
Number	Street	Apt.	Work Phone:
City:	State	Zip:	Cell Phone:
Relationship to Student:	Has Custody YES NO	Resides With: YES NO	
Email:			

Parent / Guardian Information:			
Last	First	Middle	Home Phone:
Number	Street	Apt.	Work Phone:
City:	State	Zip:	Cell Phone:
Relationship to Student:	Has Custody YES NO	Resides With: YES NO	
Email:			

C. Emergency Contact Information: (Please list at least three persons we may call if the parent(s) or guardian(s) cannot be reached. These people have your permission to make decisions concerning your child in the event of an emergency and to pick your child up from school)			
Name:	Relationship:	Home Phone:	Other Phone:
Name:	Relationship:	Home Phone:	Other Phone:
Name:	Relationship:	Home Phone:	Other Phone:

D. BROTHERS / SISTERS (in household) Please list first and last names & date(s) of birth:			
1.		3.	
2.		4.	

I ACKNOWLEDGE THIS INFORMATION IS ACCURATE: _____ DATE _____

RECORD REQUEST AUTHORIZATION:

I, the legal parent or guardian of _____, give permission to the Depew Union Free School District to request / release his/her academic, health, psychological records, and other pertinent information as needed

Signature of Parent/Guardian

Date

CONSENT FORM AND RELEASE

Check one:

I **Consent** **Do not consent** to the school district's use of my child's,

_____ photograph, likeness or voice in school publications, the Internet or on an educational CD, or any other print, electronic or digital media. As the child's parent or legal guardian, I agree to release and hold harmless Depew Union Free School District, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's creative work(s), photograph, likeness or voice in school publications, the Internet or any print, electronic or digital media.

It is further understood that I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above-described use of my child's creative work(s), photograph, likeness or voice.

Child's Name: _____ Grade Level: _____

Address: _____

City, State and Zip: _____

Signature of Parent or Guardian

Relationship to Child

Medical Information Consent

I am aware that in order to provide a safe and healthy educational environment for my child, the Depew Union Free School District may disclose pertinent medical/health information to appropriate staff and emergency personnel as needed

PARENT/GUARDIAN SIGNATURE: _____

INSTRUCTIONS FOR COMPLETING THE ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

Purpose of the Enrollment Form - Residency Questionnaire

All LEAs are required to identify students experiencing homelessness. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. SED encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Model Enrollment Form - Residency Questionnaire attached here,
2. Update/modify the Model Enrollment Form - Residency Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

Who should fill out the Enrollment Form - Residency Questionnaire?

A Enrollment Form - Residency Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. Preschool includes any LEA program for 3-5 year olds, such as pre-k, Head Start, or Even Start. The Form - Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

Confidentiality

Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met. To this end, LEAs may share a student's completed **Enrollment Form - Residency Questionnaire** with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.

Other than the above uses, housing information **should be kept confidential** and generally **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Enrollment Form - Residency Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Enrollment Form - Residency Questionnaire with Students and Families

In reviewing the Enrollment Form - Residency Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/his child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status. Contacting a landlord or building superintendent may be a violation of FERPA, a federal law, and may put the family at risk of losing its housing. If the student is living in a doubled up situation, it may also lead to loss of housing for the primary tenants.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Enrollment Form - Residency Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Enrollment Form - Residency Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

Completing the Form

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

Definitions of Temporary Housing Arrangements

"With another family or other person" (also referred to as "doubled-up")

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

"Other temporary living situation"

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

"In permanent housing"

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

Next Steps for LEAs with Students Living in Temporary Housing Arrangements

If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form. If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: www.serve.org/nche/downloads/briefs/det_elig.pdf

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.

Collection and Reporting of Race/Ethnicity Data Questions and Answers

1. **Q.** If a student is of Hispanic, Latino, or Spanish origin (question 1 is answered YES, Hispanic), must question 2 that asks for the student's racial group also be answered?
 - A. Yes. For reporting purposes, Hispanic, Latino, or Spanish origin is considered an ethnicity, not a race. As such, all students—including those of Hispanic, Latino, and Spanish origin—must also identify their race(s) by selecting at least one from question 2.
2. **Q.** What guidance should be provided to students who consider themselves of Hispanic, Latino, or Spanish origin (question 1 is answered YES, Hispanic) but do not identify with any of the races in question 2? For example, if a student is from Peru and his/her family has been there for generations, what selection should be made in Q 2?
 - A. Observers should not tell a parent how to classify the student or tell the student how to classify himself or herself. When asked, simply restate the question, explaining the definition of each racial group. For reporting purposes, Hispanic, Latino, or Spanish origin is considered an ethnicity, not a race. If a parent just states that a student is Hispanic, observers should encourage the parent to also select one or more racial group because people of Hispanic origin may be of any race.
3. **Q.** If a student's mother is Hispanic and father is White, how should the student's ethnicity and race be indicated?
 - A. Respondents must be allowed to indicate all races and ethnicity that apply. For this student, the respondent may indicate YES, Hispanic as the answer to Q1 and White to Q 2. If the student belongs to other racial groups besides White, those groups may also be indicated. Ultimately, it is for the respondent to choose race and ethnicity.
4. **Q.** If a student is from South America or Central America (for example, Guatemala), which racial group in question 2 should be selected?
 - A. The definition of American Indian or Alaska Native includes South America and Central America. However, to be identified in this category, the student must also maintain cultural identification through tribal affiliations or community recognition, as the definition indicates. If the student does not maintain cultural identification, another racial group should be selected.
5. **Q.** May we incorporate questions 1 and 2 into our regular enrollment form?
 - A. Yes. As long as the two-question format is preserved, the questions may be incorporated into an existing form.
6. **Q.** What value will districts need to report in Field 12 of the Student Information Repository System (SIRS) Student Lite template for students who are members of more than one racial group? The sample form for districts to use did not suggest that districts ask parents to identify a PRIMARY race. "M" no longer seems to be a valid code for Field 12 to indicate that students belong to more than one racial group.
 - A. Beginning in 2010-11, all of the race fields in the student template (fields 12, 43, 44, 45, and 46) will be of equal value. No one race field will be considered primary. In developing the extract, field 12 will always be populated. Fields 43-46 will be populated (from lowest to highest field number) only if there is more than one race selected. For example, field 43 will be populated if there are 2 races chosen; while fields 44-46 will be null. Fields 43 and 44 will be populated only if there are 3 races chosen; while fields 45 and 46 will be null. When populating the race fields, the options to choose from will be:

A = Asian	B = Black or African American
I = American Indian or Alaska Native	P = Native Hawaiian/Other Pacific Islander
W = White	M = Multiracial will not be an option

The category "two or more races" will be derived from the data in the race fields (fields 12, 43, 44, 45, and 46), taking into consideration the Hispanic indicator (field 42).
7. **Q.** If a respondent selects Black *and* American Indian or Alaska Native for question 2, the student will be reported in the category of "two or more races." However, there are funds allocated based on counts of American Indian or Alaska Native students. Will this new data collection and reporting process impact the receipt of grant and federal monies for American Indian or Alaska Natives? Will the collected data be able to be disaggregated by each separate race even if the student has more than one racial group reported?
 - A. The data used to award funding for American Indian or Alaska Native-related grants and programs is gathered through a separate application process that includes its own data collection and reporting rules. These rules contain a requirement that the list of individuals on which the funding is based must receive tribal approval. As such, data collection in SIRS will not impact the receipt of grant and federal monies for this group. The new federal requirement for data collection related to the reporting of race and ethnicity will allow for students who are considered American Indian or Alaska Native to be identified as such on an individual basis. That will give us the capability to determine the number of students who are reported with American Indian or Alaska Native in one of the race fields.
8. **Q.** How will this change in aggregate reporting impact the counts of accountability subgroups?
 - A. It is possible that the new requirements will result in a change in the aggregate counts of students in ethnic/racial accountability subgroups. In addition, this change in collection and reporting practices will have an impact on the comparison of subgroup counts between the 09-10 school year (or earlier) and the 2010-11 school year (or later).
9. **Q.** When do student-level data reported to the Student Information Repository System (SIRS) need to reflect these new rules?
 - A. Any student-level records that are sent to the SIRS for 2010-11 will need to be in the new format. Schools will not be able to load any 2010-11 data into the SIRS until the necessary modifications have been made. Student records sent to the SIRS for 2009-10 must remain in the current format.

Date of Entry: _____ Grade Level: _____ Student ID _____

Student's Name: _____
Last First M.I.

Date of Entry into Grade 9 (if applicable): _____ School Attending: _____

Race and Ethnicity:

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) check the box that best describes your child.] Check only ONE box.

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

YES, Hispanic NO, not Hispanic

2. Select one or more races from the following five racial groups [For question (2) Check all groups that apply to your child; check **at least ONE** box.]

- AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the 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.
- BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
- WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian/Other

Date

Relationship to Student (please check one box below):

Mother Father Guardian Other (Specify): _____

Home Language:

Does student speak / understand English? Yes No

What language(s) is / are spoken at home? _____

Years in a United States school: _____

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

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.

SCHOOL LAST ATTENDED: _____ GRADE: _____

ADDRESS OF SCHOOL: _____

Has student ever repeated a grade: Yes No

If yes, which grade(s) _____

SUPPORT SERVICES: Yes (Check all that apply) No

- Individualized Education Plan (IEP) Remedial Math / Remedial Reading
 Psychological Testing Therapy(ies) – Speech, OT, PT, Counseling, Vision, etc.
 504 Accommodation Plan ESL

HOMELESSNESS: Do you live:

- Shelter Motel/Hotel
 Doubled up with friend / family Car, Bus, Train, Park, Campsite
 Other Temporary Living situations _____
 Permanent Housing

THE TECHNOLOGY ACCEPTABLE USE REGULATION FOR STUDENTS OF THE DEPEW SCHOOL DISTRICT

The Depew Union Free School District will make available a variety of technological resources to support learning and enhance instruction. Our goal is to provide access to diverse, state of the art technology tools to facilitate resource sharing, innovation and communication.

ETHICAL GUIDELINES FOR ACCEPTABLE USE OF COMPUTERS AND COMPUTER NETWORKS IN SCHOOLS:

We encourage students to use the computers and technology available at Depew Union Free School District; however, with this use comes **responsibility**. Violations of the following guidelines may result in a loss of access as well as other disciplinary or legal action in accordance with applicable laws and/or due process procedures. Users are expected to:

Respect the privacy of others.

- Users will keep their passwords confidential and not try to learn others' passwords.
- Users will not attempt to gain unauthorized access to networked or stand alone systems.
- Users will not modify or read files of other individuals, however, it should be noted that system administrators have access to all files. **Privacy shall not be assumed in this case.**

Respect the legal protection provided by copyright and license to programs and data.

- Users will not make copies of licensed programs, in violation of Copyright Laws.
- Users will not install their own software on district computers without authorization.

Respect the integrity of every computer and of the Depew School Network, Internet and other networks to which we are connected.

- Users will not intentionally develop or use programs to harass others or infiltrate a computing system or damage or alter the software components or network.
- Users will not intentionally send inappropriate, obscene or hateful messages/mail to others.
- Users will not copy or modify server or network system files.
- Users will not abuse computer or network hardware. (i.e. mice, keyboards, etc.)
- Users will not use encryption programs on district computers without authorization.
- Users will not violate copyright laws.
- Users will not use telecommunications for anything other than educational purposes.
- Users will not employ the network for commercial purposes.

Respect the materials and resources of the Depew School District.

- Users are limited to using approved educational games only.

CONSEQUENCES OF VIOLATIONS.

All violations or suspected violations of acceptable use will be communicated to the building administrator. Users found to be in violation of acceptable use will be denied technology access on appropriate district equipment. **Improper use or tampering will not be tolerated.**

Possible actions include the following :

- User may be banned from access to specific technological equipment, local or internet accounts or facilities for a period of time.
- User may be required to make full financial restitution.
- Suspension or detention is a possible outcome of a severe violation.
- Users could face prosecution if criminal activity is involved.

AGREEMENT STATEMENT: Use of the Depew Public Schools computer equipment, Internet accounts, local networks and the information contained on them is conditioned upon proper student conduct in accordance with this regulation. While every reasonable effort will be made by school district personnel to monitor proper technology usage or to provide Internet filters of questionable materials, the student and the parent/guardian also must **accept the responsibility** for ethical usage of the districts facilities, equipment and software, and of the programs and networks accessed.

Depew Public Schools will mail to every parent or guardian a copy of this regulation for their review. In addition, a copy will be placed in the student's handbook and discussed with the student by the homeroom teacher. A copy will be mailed to the parent or guardian as part of the district calendar, and a copy will be submitted to the official newspaper for publication. **If at any time, the parent or guardian wishes to withdraw student permission to have Internet access, please notify the building principal in writing.**

Depew Union Free School District

Agreement for Student Use of District Computerized Information Resources

In consideration for the use of the Depew Union Free School District's Computer System, I agree that I have been provided with a copy of the District's policy on student use of computerized information resources and the regulations established in connection with that policy. I agree to adhere to the policy and the regulations and to any changes or additions later adopted by the District. I also agree to adhere to related policies published in the Student Handbook.

I understand that failure to comply with these policies and regulations may result in the loss of my access to the District's computer system. Prior to suspension or revocation of access to the District's computer system, students will be afforded applicable due process rights. Such violation of District policy and regulations may also result in the imposition of discipline under the District's school conduct and discipline policy and the Code of Conduct. I further understand that the District reserves the right to pursue legal action against me if I willfully, maliciously or unlawfully damage or destroy property of the District. Further, the District may bring suit in civil court pursuant to General Obligations Law Section 3-112 against my parents or guardians if I willfully, maliciously or unlawfully damage or destroy District property.

Student Signature

Date

School Building

Grade Level

Parental/Guardian Consent for Student Use of District Computerized Information Resources

I am the parent/guardian of _____, the minor student who has signed the District's agreement for student use of computerized information resources. I have been provided with a copy and I have read the District's policy and regulations concerning use of the District's computer system.

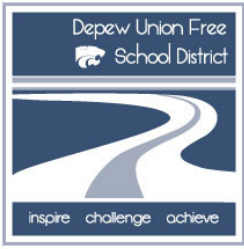
I also acknowledge receiving notice that, unlike most traditional instructional or library media materials, the District's computer system will potentially allow my son/daughter student access to external computer networks not controlled by the Depew Union Free School District. I understand that some of the materials available through these external computer networks may be inappropriate and objectionable; however, I acknowledge that it is impossible for the District to screen or review all of the available materials. I accept responsibility to set and convey standards for appropriate and acceptable use to my son/daughter when using the District's computer system or any other electronic media or communications.

I agree to release the Depew Union Free 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 in any manner whatsoever.

I agree that my son/daughter may have access to the District's computer system and I agree that this may include remote access from our home.

Parent/Guardian Signature

Date



Depew Union Free School District
5201 S Transit Rd
Depew, NY 14043

Dear Parents:

Each year, the Department of Education provides over \$36 million in Impact Aid to school districts which serve the children of military and civilian employees. In order to receive this aid, school districts must gather registration data regarding the students enrolled in their district.

This funding enables us to provide programs and services that may not otherwise be available to students. The information gathered to determine eligibility for Impact Aid pertains to any student whose mother, father or legal guardian is active duty military, **OR** a civilian working on a military post.

Completion of the survey need only be done by those individuals who meet the criteria noted above. Survey information can be returned in one of the following ways:

- 1) In Person: Complete the information below and send it back to school. Please put it in an envelope marked "Attention Lee Hoffman" and have them drop it off in the office.
- 2) By Mail: Complete the information below and mail it back to school:
Depew Union Free School District
Attn Lee Hoffman
5201 S Transit Rd
Depew, NY 14043.
- 3) Submit with Completed Registration packet

Parents Name: _____ Active Duty Civilian
(Please check one)

Custodial Students:

Name: _____ Grade: ____

Name: _____ Grade: ____

Name: _____ Grade: ____

Name: _____ Grade: ____

Name: _____ Grade: ____

Thank you for your cooperation

Student Medical Registration Form

Name _____ Birthdate _____ Grade _____

This section : Medicine, if so, which medication and what reaction Yes No

Has your child ever had any of the following conditions? Please explain any YES answers on the right side of this form under explanations.

Heart Murmur	Yes	No
High Blood Pressure	Yes	No
Other Heart Problems	Yes	No
Fainting or Passing out	Yes	No
Ever been knocked out	Yes	No
Concussion...If so, please give dates, outcome	Yes	No
Hospitalized for a concussion/head injury	Yes	No
Seizure or Epilepsy, if so date of last seizure _____	Yes	No
Asthma, wheezing, or difficulty breathing	Yes	No
Other respiratory problem, i.e. pneumonia	Yes	No
Ever stopped running because of: Chest Pain	Yes	No
Palpitations	Yes	No
Dizziness	Yes	No
Shortness of breath	Yes	No
Anemia, Sickle Cell Trait, or blood disorder	Yes	No
Mononucleosis, if so when _____	Yes	No
Diabetes or High blood sugar	Yes	No
Low Blood Sugar	Yes	No
Arthritis or joint pain	Yes	No
Broken bones, if so when _____	Yes	No
Any glasses, contacts or vision problems	Yes	No
Frequent ear infection and/or hearing loss	Yes	No
Birthmarks, scars or chipped teeth	Yes	No
Any dental appliances worn during sports	Yes	No
Any skin disorders	Yes	No
Do you have only one of a normally paired organ? i.e. Kidney, testicle, ovary, eye	Yes	No
Do you require any special sports equipment? i.e. Knee braces, neck rolls, foot orthotics, etc.	Yes	No
Has this student ever been hospitalized	Yes	No
If so, when and why? _____		
Has this student ever had any surgery ?	Yes	No
Has this student ever had an illness lasting a week or more	Yes	No
Has this student ever had allergies to: Bee Stings, if so did you require an Epi Pen? Foods	Yes Yes Yes	No No No

Other allergies Yes No

Does this student take any **medication** regularly or periodically? Yes No

Does this student have any other health problems? Yes No
Has any family members had a heart attack, heart problems, or sudden death before the age of 50?
Yes No

I agree and understand pertinent medical information regarding my child, _____ will be shared with appropriate school staff to insure my child's safety in this educational setting.

Signature _____ Date _____

Print Full Name _____ Relationship _____

Explanations: _____

Does your child have any medical condition that would require supervision and/or will restrict activity?
 Yes No

If Yes to either of the above, please see building nurse for additional medical form.

Physician's Name: _____ Phone Number: _____

HEALTH CERTIFICATE / APPRAISAL FORM

Name: _____ Date of Birth: _____

School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal: _____

Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

Body Mass Index: _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	<i>Referral</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Vision - without glasses/contact lenses</td> <td style="width: 10%;">R</td> <td style="width: 10%;">L</td> <td style="width: 20%;"></td> </tr> <tr> <td>Vision - with glasses/contact lenses</td> <td>R</td> <td>L</td> <td></td> </tr> <tr> <td>Vision - Near Point</td> <td>R</td> <td>L</td> <td></td> </tr> <tr> <td>Hearing <input type="checkbox"/> Pass 20 db sc both ears or:</td> <td>R</td> <td>L</td> <td></td> </tr> </table>	Vision - without glasses/contact lenses	R	L		Vision - with glasses/contact lenses	R	L		Vision - Near Point	R	L		Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	
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Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L															

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed Yes No Student may self carry and self administer medication Yes No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.

___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

Restrictions: _____ Please monitor

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____

OPTIONAL INFORMATION, if known

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Other: _____

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

Dental Health Certificate

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

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

Child's Name: _____
Last
First
Middle

Birth Date: / / Sex: Male Will this be your child's first visit to a dentist? Yes No
Month Day Year Female

School: Name _____ Grade _____

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

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

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

Parent's Signature _____ Date _____

Section 2. To be completed by the Dentist

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

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

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

Dentist's name and address (please print or stamp) _____ Dentist's Signature _____

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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 1/2 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.