**Richfield Springs Central School**

**Student Registration Packet**

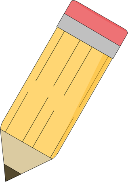
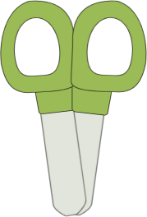
**93 Main Street**

**Richfield Springs, NY 13439**

**CALL FOR AN APPOINTMENT**

**(315) 858-0610 ext. 2351**









Welcome!

The Richfield Springs Central School District wants to make the school registration process as easy as possible for busy parents. Students can be registered by appointment or walk-in registration is available Monday through Friday from 9:00am to 11:00am and 1:00pm to 3:00pm. A parent/legal guardian must be present at the time of registration and have proper photo identification.

The registration packet is the First Step in completing the registration process. Please be sure to read the forms carefully and fill them out completely.

In order to register your child(ren), you must also provide the following documentation:

* Proof of residency is Richfield Springs Central School District. Examples are proof of ownership, original purchase order, original lease or rental agreement, tax return, payroll stub or unemployment documentation, insurance policy, utility bill, Social Services documentation, Post Office documentation of forwarding address, etc.
* Original birth certificate issued by the state or county
* Proof of immunizations and updated physical
* School records
* Custody papers, if applicable. If the student is not your biological child, documentation must be presented which proves a permanent and total transfer of custody and control has been achieved or, a notarized Affidavit of Legal Responsibility. Notarized letters or petitions for custody are unacceptable.

If you have any questions, you can contact the district registrar, Lynda Oakes, at 315-858-0610 ext. 2351

**RICHFIELD SPRINGS CENTRAL SCHOOL**

**P.O. Box 631, 93 Main Street, Richfield Springs, New York 13439**

**Phone 315-858-0610**

**Fax 315-858-2440**



**BOARD OF EDUCATION**

Scot Mondore, *President*

Bradley Smith, *Vice-President*

Tom Shypski

Tony Bailey

Julie Gavalo

**ADMINISTRATION**

*Superintendent*

Thomas Piatti

*PK-6 Principal*

René Wilson

*Secondary Principal*

Joseph D’Apice

***PERMISSION TO RELEASE INFORMATION***

|  |  |  |
| --- | --- | --- |
| **STUDENT NAME** | **DATE OF BIRTH** | **GRADE LEVEL** |
|  |  |  |

I hereby authorize

*(SCHOOL THE STUDENT IS CURRENTLY ATTENDING)*

*(SCHOOL STREET ADDRESS) (CITY) (ZIP)*

to furnish a copy of the following records for the above student:

1. Educational Records

(a) Current report cards / Exit Grades

(b) Permanent Record Card

(c) Current exiting grades

(d) Student schedule

(e) Standardized testing records

(f) Regents competency scores

2. Health Records

3. Psychological Reports

4. Current I.E.P. / 504 Plan

5. Birth Certificate

6. Discipline Record

7. Custody Agreement (if applicable)

8. Any other pertinent information

|  |  |  |
| --- | --- | --- |
| **MAIL RECORDS TO:** | ***or* FAX:** | ***or* EMAIL:** |
| Richfield Springs Central School  Guidance Office  P.O. Box 631  Richfield Springs, NY 13439 | 315-858-3027 | [loakes@richfieldcsd.org](mailto:loakes@richfieldcsd.org) |

PARENT/GUARDIAN SIGNATURE:

DATE:

**Richfield Springs Central School**

**REGISTRATION FORM**

*Please PRINT all information*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | |  |  | | |  | |  | | | |  | | | |  | | |  |  | | |  | |  | |
| Student ID # | |  | | | | |  | Grade |  | | |  | | | Homeroom | | | | |  | | |  | Bus # | |  | |  |
|  |  | | |  |  | | |  | |  | | | |  | | | |  | | |  |  | | |  | |  | |
| Registration Date | | |  | | | | | | | |  | | Start Date | | | | | |  | | | | | | | | |  |
|  |  | | |  |  | | |  | |  | | | |  | | | |  | | |  |  | | |  | |  | |
| Records: | Date Requested | | | | |  | | | | | | | | | |  | Date Received | | | |  | | | | | | |  |
|  |  | | | | |  | | | | | | | | | |  |  | | | |  | | | | | | |  |

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| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Last Name | | | | | | | | | | | |  | | First Name | | | | | | | | | | | | | | | | | | | |  | Middle | | | | | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  |  | | | | | | | | | | | | | | | | | |
| Gender | | |  | Date of Birth | | | | | | | | | | | | | | | | | |  | | | Grade | | | | | |  | Home Phone Number | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | |  | | | | | |  | | | | | | | | |  | | | | |  | | |  | | | | | | |  | | | | | | |  | | |
| **Physical Address** | | | | | | | | | | | | | | | | | | | | | | |  | | | | **Mailing Address** *(if different from Physical Address)* | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Street | | | | | | | | | | | | | | | | | | | | | | |  | | | | Street/P.O. Box | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | |  | | | |  | | |  | | | | | | | |  | | | |  | | | | | | | | | |  | | |  | | |  | | |  | | | |
| City | | | | | |  | | State | | | |  | | | Zip | | | | | | | |  | | | | City | | | | | | | | | |  | | | State | | |  | | | Zip | | | |
| **PARENT / GUARDIAN INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent / Guardian #1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | | |  | | | | | | | | | | |
| Last Name | | | | | | |  | | First Name | | | | | | | | | | | | | | | | | | |  | Home Phone | | | | | | |  | | | Cell Phone | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | |
| Email Address | | | | | | | | | | | | | | | | | | |  | | Relationship to Student | | | | | | | | | | | | | | |  | | | Work Phone | | | | | | | | | | |
| **Parent / Guardian #2 *(in same household)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | | |  | | | | | | | | | | |
| Last Name | | | | | | |  | | First Name | | | | | | | | | | | | | | | | | | |  | Home Phone | | | | | | |  | | | Cell Phone | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | |
| Email Address | | | | | | | | | | | | | | | | | | |  | | Relationship to Student | | | | | | | | | | | | | | |  | | | Work Phone | | | | | | | | | | |
| **Parent / Guardian *(not residing with Student))*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | | |  | | | | | | | | | | |
| Last Name | | | | | | |  | | First Name | | | | | | | | | | | | | | | | | | |  | Home Phone | | | | | | |  | | | Cell Phone | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | |
| Email Address | | | | | | | | | | | | | | | | | | |  | | Relationship to Student | | | | | | | | | | | | | | |  | | | Work Phone | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | |  | | |  | | |  | |  | | | |
| Address (Street / P.O. Box) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | City | | | | | | | | | |  | | | State | | |  | | Zip | | | |
| Can this person receive mail for student? | | | | | | | | | | |  | | Yes | | | |  |  | | No | | | | | | Can this person pick student up from school? | | | | | | | | | | | | | | | |  | | | Yes | | |  | No |
|  |  | | | |  | | | | |  | | | | | |  | | | | | | | | |  | | | | |  | | |  | | | | | | |  | | | | | | |  | | |
| **IMPORTANT:** | | The District shall presume that either parent of the student has the authority to obtain the child’s release from school. However, a student shall not be released to a non-custodial parent if the district has been provided with a certified copy of a legally binding instrument, such as a court order, decree of divorce, separation or custody that indicates the non-custodial parent does not have the right to obtain such release. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please provide the name and contact information for a responsible party other than a parent or guardian, who you authorize the District to release your child to in an emergency (e.g. illness/injury, discipline reasons, etc.)

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| **Emergency Contact #1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | |  | | | | | | | | | | | | | | |  | | |  | | | | | | |
| Last Name | | | | | | | | | | |  | | First Name | | | | | | | | | | | | | | |  | | | Relationship to Student | | | | | | |
|  | | | | | | | | | |  | |  | | | | | | | | | | | | |  | | |  | | | | | | | | | |
| Home Phone | | | | | | | | | |  | | Cell Phone | | | | | | | | | | | | |  | | | Work Phone | | | | | | | | | |
| **Emergency Contact #2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | |  | | | | | | | | | | | | | | |  | | |  | | | | | | |
| Last Name | | | | | | | | | | |  | | First Name | | | | | | | | | | | | | | |  | | | Relationship to Student | | | | | | |
|  | | | | | | | | | |  | |  | | | | | | | | | | | | |  | | |  | | | | | | | | | |
| Home Phone | | | | | | | | | |  | | Cell Phone | | | | | | | | | | | | |  | | | Work Phone | | | | | | | | | |
| **EDUCATIONAL HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has your child previously attended RSCS? | | | | | | | | | | | | | |  | Yes | | | |  | | No | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does your child have an IEP (Individual Education Plan)? | | | | | | | | | | | | | |  | Yes | | | |  | | No | | | | | | | | | | | | | | | | |
| Has your child participated in any of the following programs? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Academic Intervention Services | | | | |  | Reading | | | | | | | | |  | | Math | | | |  | | | Other | | | | |  | | | | | |
| Please check any special programs that your child has been assigned in the past: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Consultant Services | | |  | Resource Room | | | | | | |  | Bilingual Education | | | | | | | |  | | | Special Classes/Other | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Occupational Therapy | | |  | Speech Therapy | | | | | | |  | Physical Therapy | | | | | | | |  | | | Counseling | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide the last date that your student attended school: | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |
| **Other School Districts Attended** *(List most recent first)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | |  | | | | | | | | | | | |  |  | | | | | | | | | | | |  | |  | | | | |  |  | | |
|  | | School Name | | | | | | | | | | | |  | Year | | | | | | | | | | | |  | | Grade | | | | |  |  | | |
|  | |  | | | | | | | | | | | |  |  | | | | | | | | | | | |  | |  | | | | |  |  | | |
|  | | Street Address | | | | | | | | | | | |  | City | | | | | | | | | | | |  | | State | | | | |  | Zip | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | |  | | | | | | | | | | | |  |  | | | | | | | | | | | |  | |  | | | | |  |  | | |
|  | | School Name | | | | | | | | | | | |  | Year | | | | | | | | | | | |  | | Grade | | | | |  |  | | |
|  | |  | | | | | | | | | | | |  |  | | | | | | | | | | | |  | |  | | | | |  |  | | |
|  | | Street Address | | | | | | | | | | | |  | City | | | | | | | | | | | |  | | State | | | | |  | Zip | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Brothers & Sisters** | | | | | | | | | | | | | | | | Please check the box to indicate if the sibling lives at home | | | | | | | | | | | | | | | | | | | | |
|  | | | |  |  | | | | | | | | | | | | | |  | | |  | | | | | |  | |  | | |  |  | |  |  |
| Name | | | |  | School of Attendance | | | | | | | | | | | | | |  | | | Birth Date | | | | | |  | | Gender | | |  | Grade | |  |  |
|  | | | |  |  | | | | | | | | | | | | | |  | | |  | | | | | |  | |  | | |  |  | |  |  |
| Name | | | |  | School of Attendance | | | | | | | | | | | | | |  | | | Birth Date | | | | | |  | | Gender | | |  | Grade | |  |  |
|  | | | |  |  | | | | | | | | | | | | | |  | | |  | | | | | |  | |  | | |  |  | |  |  |
| Name | | | |  | School of Attendance | | | | | | | | | | | | | |  | | | Birth Date | | | | | |  | | Gender | | |  | Grade | |  |  |
|  | | | |  |  | | | | | | | | | | | | | |  | | |  | | | | | |  | |  | | |  |  | |  |  |
|  | | | |  | School of Attendance | | | | | | | | | | | | | |  | | | Birth Date | | | | | |  | | Gender | | |  | Grade | |  |  |

**ADDITIONAL STUDENT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnicity** | | | | | | | | | | | | | | |
| 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: | | | |  | | | | | Grade: | |  | |  | |
|  | | | | | | | | | | | | | | |
| Please answer question 1 & 2. Please read them before you respond. For question 1, check **one** box that best describes your child. | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |
| 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 America, 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 groups that apply to your child, checking at least one. | | | | | | | | | | | | | |
|  |  | | | |  |  |  |  |  |  | |  | |  |
|  |  | **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. | | | | | | | | | | | | |

**PHOTO RELEASE**

|  |  |  |  |
| --- | --- | --- | --- |
| Permission is granted to the education staff of RSCS to use videos, photographs, etc., in which my child appears for purposes of education or public information, such as newspaper, school website, school activity, social media, etc. | | | |
|  | Yes |  | No |

**PARENT CERTIFICATION AND SIGNATURE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| By signing this form, I acknowledge the responsibility of providing the district with accurate information. I declare under penalty of perjury, NY State Penal Law 210.10, that the information provided here is true and correct and of my own personal knowledge. | | | | | | | | |
|  |  |  |  |  |  |  |  |  |
|  | Parent/Guardian Signature |  | Date |  | Parent/Guardian Signature |  | Date |  |
|  | | | | | | | | |

**Richfield Springs Central School**

**CUSTODY DISCLOSURE FORM**

The District Registrar is responsible for registration, **not** in determining which parent or guardian may check a child in/out of school, etc. If custodial or guardianship issues exist when you register your child, it is your responsibility to provide custodial documentation to the District Registrar and copies will be forwarded to the appropriate offices. **NOTE:** A current legal court document must be provided to ensure compliance with custody orders.

Please inform your child’s school of changes in custodial arrangements. \_\_\_\_\_\_\_\_\_\_\_ *(parent initials)*

**Information on Rights of Parents from the Family Education Rights and Privacy Act (FERPA)**

An educational agency or institution shall give full rights under the Act of either parent, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally Binding document relating to such matters as divorce, separation or custody that **specifically revokes these rights**.

(Authority: 20 U.S.C> 1232g)

***Please check the current custody / guardian arrangement:***

|  |  |  |
| --- | --- | --- |
|  |  | 1. Parents/Guardians are together residing at the same residence |
|  |  |  |
|  |  | 2. Single parent (father and mother **are** listed on the birth certificate) |
|  |  |  |
|  |  | 3. Single parent (father **is not** listed on the birth certificate) |
|  |  |  |
|  |  | 4. Parents/Guardians divorced/separated – joint custody |
|  |  |  |
|  |  | 5. Parents/Guardians divorced/separated – sole custody |
|  |  |  |
|  |  | 6. Parents have never been married and have no legal custody papers |
|  |  |  |
|  |  | 7. Custody/Guardianship is transferred by courts |
|  |  |  |
|  |  | 8. *Restricted* pickup ***(legal documentation must be provided)*** |
|  |  |  |
|  |  | 9. Student is *emancipated* ***(legal documentation must be provided)*** |

***Please check all that apply:***

|  |  |  |
| --- | --- | --- |
|  |  | I have disclosed my current custody/guardianship arrangement. |
|  |  |  |
|  |  | I have attached a copy of the legal documentation that describes custody arrangements. |
|  |  |  |
|  |  | I understand that it is my responsibility to update my child’s school principal of changes in custody. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name *(please print)*: | |  | | | | |  | |
|  |  | |  |  | |  | |  |
|  | | | | |  |  | | |
| Signature of Parent/Guardian | | | | |  | Date | | |

**Richfield Springs Central School**

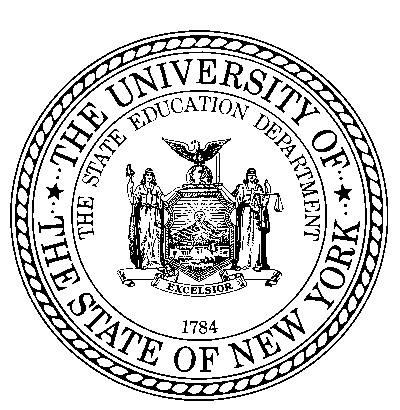
**HOUSING QUESTIONNAIRE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | | | |  | |  | | | | | | | | |  | |  | | | | | | |
| Last Name | | | | | | | | | | | | | | |  | | First Name | | | | | | | | |  | | Middle | | | | | | |
|  |  |  | |  |  |  | | | | |  | |  | | |  | | | |  | | | | | | |  | | | |  | | | |
|  | Male | | | | | |  | Female | | | | | | | |  | | | | Date of Birth | | | | | | |  | | | | Grade | | | |
|  | | |  | | | | | |  | | | | |  | | | | |  | | |  | |  |  | | | | |  | | | |  |
| **Address** | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | |
| Street | | | | | | | | | | | | | | | | | | | | |  | | Telephone Number | | | | | | | | | | | |
|  | | | | | | | | | |  | |  | | |  | | |  | | |  | |  | | | | | |  |  | |  |  | |
| City | | | | | | | | | |  | | State | | |  | | | Zip | | |  | |  | | | | | |  |  | |  |  | |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | In a shelter | | | | | |
|  | | | | | | | |
|  |  | With another family or other person because of loss of housing or as a result of | | | | | |
|  |  | Economic hardship (sometimes referred to as “doubled-up”) | | | | | |
|  | | | | | | | |
|  |  | In a abandoned apartment / building | | | | | |
|  | | | | | | | |
|  |  | In a hotel / motel | | | | | |
|  | | | | | | | |
|  |  | In a car, park, bus, train or campsite | | | | | |
|  | | | | | | | |
|  |  | Other temporary living situation (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | | | | |
|  |  | Temporarily housed in a shelter awaiting a OCFS permanent foster care placement | | | | | |
|  | | | | | | | |
|  |  | In permanent housing | | | | | |
|  | | | | | | | |
|  | | | |  |  | | |
| **PRINT** Name of Parent, Guardian, or Student (for unaccompanied homeless youth) | | | |  | **SIGNATURE** Name of Parent, Guardian, or Student (for unaccompanied homeless youth) | | |
|  |  |  |  | | |  |  |
|  | | | |  | | | |
| **Date** | | | |  | | | |

STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

****

Office of P-12

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

55 Hanson Place, Room 594 89 Washington Avenue, Room 528EB

Brooklyn, New York 11217 Albany, New York 12234

Tel: (718) 722-2445 / Fax: (718) 722-2459 (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 entitles Language Background and Educational History. Your assistance is greatly appreciated.*

*Thank you.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please write clearly when completing this section.** | | | | | | | | |
| Student Name: | | | | | | | | |
|  | |  | | |  | | | |
| *First* | | *Middle* | | | *Last* | | | |
| Date of Birth: | | | | | | | Gender: | |
|  |  | | |  | | |  | Male |
| *Month* | *Day* | | | *Year* | | |  | 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 the student’s home or residence?** | **** | English | |  | Other |  | | | | | |
|  |  |  |  | |  |  | *specify* | | | | | |
| **2.** | **What was the first language your child learned?** |  | English | |  | Other |  | | | | | |
|  |  |  |  | |  |  | *specify* | | | | | |
| **3.** | **What is the Home Language of each parent/guardian?** |  | Mother |  | | | |  | Father | |  | |
|  |  |  |  | *specify* | | | |  | | | *specify* | |
|  |  |  | Guardian(s) | |  | | | | | | | |
|  |  |  |  | | *specify* | | | | | | | |
| **4.** | **What language(s) does your child understand?** |  | English | |  | Other |  | | | | | |
|  |  |  |  | |  | | *specify* | | | | | |
| **5.** | **What language(s) does your child speak?** |  | English | |  | Other |  | | |  | | Does not speak |
|  |  |  |  | |  | | *specify* | | |  | |  |
| **6.** | **What language(s) does your child read?** |  | English | |  | Other |  | | |  | | Does not read |
|  |  |  |  | |  | | *specify* | | |  | |  |
| **7.** | **What language(s) does your child write?** |  | English | |  | Other |  | | |  | | Does not write |
|  |  |  |  | |  | | *specify* | | |  | | |

**Home Language Questionnaire (HLQ) – Page Two**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Educational History*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8.** | | **Indicate the total number of years that your child has been enrolled in school\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.** | | **Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Yes\**** | | | ***No*** | | | ***Not sure*** | |  | | | | | | | | | | | | | | | | | | | |
|  | | |  | | |  | | **\*If yes,** please explain: | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | |
| How severe do you think these difficulties are? | | | | | | | | | |  | | Minor | |  | Somewhat Severe | | | | | | | |  | | Very Severe | | |
| **10a.** | | **Has your child ever been *referred* for a special education evaluation in the past?** | | | | | | | | | | | | | |  | **No** | | |  | | | **Yes\*** | | | *\*Please complete 10b* | |
| **10b.** | | ***\*If referred for an evaluation*, has your child ever received any special education services in the past?** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | **No** |  | | **Yes – Type of services received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | |
| **Age at which services received** *(please check all that apply***):** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Birth to 3 years (Early Intervention)** | | | | | | |  | | **3 to 5 years (Special Education)** | | | | | | |  | | | **6 years or older (Special Education)** | | | | | | |
| **10c.** | | **Does your child have an Individualized Education Program (IEP)?** | | | | | | | | | | | | | | | | |  | | | **No** | |  | | | **Yes** |
| **11.** | | **Is there anything else you think is important for the school to know about your child?** *(e.g., special talents, health concerns, etc.)* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |  | Month: |  | Day: |  | Year: |  |
| ***Signature of Parent or of Person in Parental Relation*** | | | | | | |  | ***Date*** | | | | | |
| **Relationship to student:** | **** | **Mother** | **** | **Father** | **** | **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |

 **RICHFIELD SPRINGS CENTRAL SCHOOL**

***HEALTH APPRAISAL FORM***

*Page 1 of 2*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **STUDENT HEALTH EXAMINATION FORM** (To be completed by private health care provider or school medical director) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** | | | NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 2, 4, 7 & 10, interscholastic sports and working papers. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | |  | | | | | | | | | | | | | | | | | DOB: | | | |  | | | | | | | | | Gender: | | | |  | | M | | |  | | | F |
| School: | | |  | | | | | | | | | | | | | | | Grade: | | | | | |  | |  | | No Grade | | | | | | Exam Date: | | | | | |  | | | | | |
|  | | |  | | | | |  | | |  | |  | | | |  | | | | | | | | | | | |  | | | | |  | | | |  | | | | | |  | |
| **IMMUNIZATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Immunization record attached | | | | | | | | | | | |  | | | | Immunizations received today: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Immunizations reported to NYSIIS | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | No immunizations received today | | | | | | | | | | | |  | | | | Will return on: to receive: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HEALTH HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  **Asthma:** | | | |  Intermittent | | | | | |  Persistent | | | | | | | | | | | | | | | | | | | | |  Asthma Action Plan Attached | | | | | | | | | | | | | | |
|  **Diabetes:** | | | |  Type 1 | | | | |  Type 2 | | |  Hyperlipidemia | | | | | | | | | |  Hypertension | | | | | | | | |  Diabetes Medical Mgmt Plan Attached | | | | | | | | | | | | | | |
|  **Seizures** | | | | Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | Last Occurrence: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |  Emergency Care Plan Attached | | | | | | | | | | | | | | |
|  **Allergies:** | | | |  Non Life-Threatening | | | | | | | | | |  Life-Threatening | | | | | | | | | | | | | | | | |  Emergency Care Plan Attached | | | | | | | | | | | | | | |
| Type: | |  Food | | |  Insect | | | | |  Latex | | | |  Medication | | | | | | | | |  Seasonal/Environmental | | | | | | | | | | | | |  Other: | | | | | | | | | |
| Allergen(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  Hx of Anaphylaxis: | | | | | | | | Last occurrence:\_\_\_\_\_\_\_\_\_\_ Previous symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treatment prescribed: | | | | | | |  None | | | |  Antihistamine | | | | | | | | | |  Epinephrine Autoinjector | | | | | | | | | | | | | | | | | | | | | | | | |
| **Significant Medical/surgical Information:** | | | | | | | | | | | | | | | | **Diagnostic Tests** | | | | | | | | | | | **Positive** | | | | | **Negative** | | | | | **Not Done** | | | | | | **Date** | | |
|  | | | | | | | | | | | | | | | | Sickle Cell Screen | | | | | | | | | | |  | | | | |  | | | | |  | | | | | |  | | |
|  | | | | | | | | | | | | | | | | PPD | | | | | | | | | | |  | | | | |  | | | | |  | | | | | |  | | |
|  | | | | | | | | | | | | | | | | Elevated Lead: | | | | | | | | | | |  | | | | |  | | | | |  | | | | | |  | | |
|  Vision one eye only | | | | | | | |  One functioning kidney | | | | | | | | | | | |  One Testicle | | | | | | | | |  Concussion – Last occurrence: | | | | | | | | | | | | | | | | |
| **PHYSICAL EXAMINZATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Height:** | | | | | | **Weight:** | | | | | | | | | **BP:** | | | | | | | | | **Pulse:** | | | | | | | | | | | **Respirations:** | | | | | | | | | | |
| Scoliosis: | | |  Negative | | | | | |  Positive | | | | | | | | | | **Vision** | | | | | | | | | | | | | | | **Right** | | | **Left** | | | | ***Referral*** | | | | |
| Degree of deviation: | | | | | | | | | | | | | | | | | | | Distance acuity | | | | | | | | | | | | | | |  | | |  | | | | Yes No | | | | |
| Angle of trunk rotation via scoliometer: | | | | | | | | | | | | | | | | | | | Distance acuity with lenses | | | | | | | | | | | | | | |  | | |  | | | | Yes No | | | | |
| **Weight Status Category (BMI Percentile):** | | | | | | | | | | | | | | | | | | | Vision – near vision | | | | | | | | | | | | | | |  | | |  | | | | Yes No | | | | |
|  |  <5th | | | | | | |  85th – 94th | | | | | | | | | | | Vision – color perception | | | | | | | | | | | | | | |  Pass | | |  Fail | | | | Yes No | | | | |
|  |  5th – 49th | | | | | | |  95th – 98th | | | | | | | | | | | **Hearing** | | | | | | | | | | | | | | | **Right** | | | **Left** | | | | ***Referral*** | | | | |
|  |  50th – 84th | | | | | | |  99th - & higher | | | | | | | | | | |  20 db sweep screen both ears or | | | | | | | | | | | | | | |  | | |  | | | | Yes No | | | | |
| **Check developmental stage** (ONLY for Athletic Placement process for 7th & 8th graders): **Tanner:** I  II  III  IV  V | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  SYSTEM REVIEW AND EXAM ENTIRELY NORMAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  Additional information attached | | | | | | | | | | | | | | | |
| Specify any abnormalities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | *Page 2 of 2* | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK** | | | | | | | | | | | | | | | |
|  **Full Activity** without restrictions including Physical Education and Athletics. | | | | | | | | | | | | | | | |
|  **Restrictions/Adaptations.** Please base restrictions/modifications on the following interscholastic Sports Categories. | | | | | | | | | | | | | | | |
|  | **No Contact Sports** includes: basketball, baseball, field hockey, ice hockey, lacrosse, soccer, football, softball, volleyball, competitive cheerleading and wrestling | | | | | | | | | | | | | | |
|  | **No Non-Contact Sports** includes: archery, bowling, cross-country, golf, gymnastics, rifle, swimming and diving, skiing, tennis, track & field, fencing, badminton | | | | | | | | | | | | | | |
|  | **Other Specific Restrictions:** | | | | | | | | | | | | | | |
| **Accommodations/** | | |  Athletic Cup | | | | |  Insulin Pump/Insulin Sensor | | | |  Pacemaker | | | |
| **Protective** | | |  Brace/Orthotic | | | | |  Medical/Prosthetic Device | | | |  Sports Safety Goggles | | | |
| **Equipment** | | |  Hearing Aides | | | | |  Other: | | | | | | | |
| **MEDICATION HISTORY (optional)** | | | | | | | | | | | | | | | |
| **Please list names of prescribed or OTC medications used on a routine basis at home** | | | | | | | | | | | | | | | |
|  | | | | | | | |  |  | | | | | | |
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|  | | | | | | | | | | | | | | | |
| **PROVIDER REQUEST FOR MEDICATION REQUIRED DURING SCHOOL/SCHOOL SPONSORED EVENTS – VALID 1 YEAR** | | | | | | | | | | | | | | | |
| Independent Carry and Use Option: NYS law requires both provider attestation that the student has demonstrated they can effectively self-administer inhaled respiratory rescue medication, epinephrine autoinjector, insulin, glucagon and diabetes supplies, or other medications requiring rapid administration along with parent/guardian permission to allow this option in schools.  ** Required Independent Carry and Use Attestation documentation is attached.** | | | | | | | | | | | | | | | |
| Diagnosis | | | | ICD Code | | | Medication Name | | | Dose | | | | Route | Time |
|  | | | |  | | |  | | |  | | | |  |  |
|  | | | |  | | |  | | |  | | | |  |  |
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|  | | | |  | | |  | | |  | | | |  |  |
| **REQUIRED PARENT/GUARDIAN PERMISSION FOR MEDICATION USE AT SCHOOL** | | | | | | | | | | | | | | | |
| **Parent/Guardian Permission:** I request the school nurse give the medications listed on this plan; or after the nurse determines my child can take their own medications, trained staff may assist my child to take their own medications. I will provide the medication in the original pharmacy or over the counter container. This plan will be shared with staff caring form my child. | | | | | | | | | | | | | | | |
| Parent/Guardian Signature: | | | | | | | | | | | | | | | |
| **HEALTH CARE PROVIDER** | | | | | | | | | | | | | | | |
| **All information contained herein is valid through the last day of the month for 12 months from the date below.** | | | | | | | | | | | | | | | |
| Medical Provider Signature: | | | | |  | | | | | | Date: | |  | | |
| Provider Name: (please print) | | | | |  | | | | | | Phone #: | | ( ) | | |
| Provider Address: | | | | |  | | | | | | Fax #: | | ( ) | | |
| **Return to:** | | | | | | | | | | | | | | | |
| School Nurse: | |  | | | | | | | | | School: | |  | | |
| Phone #: ( ) | | | | | | Fax #: ( ) | | | | | Date: | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dental Health Certificate - Optional** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 Signature | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Optional Sections – If you agree to release this information to your child’s school, please initial here.* | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| II. | Oral Health Status (check all that apply). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes No | | | | | | Caries Experience/Restoration History – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity]. | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes No | | | | | | Untreated Caries – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present]. | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes No | | | | | | Dental Sealants Present | | | | | | | | | | | | | | | | | | | | | | | | |
| Other problems (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | |  | | | | |  | | |  | | |  |  | | | | |  | |  |
| III. | Treatment Needs (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | No obvious problem. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Date Withdrew\_\_\_\_\_\_\_\_\_\_ F \_\_\_\_R \_\_\_\_\_D\_\_\_\_\_

**2019-2020 Application for Free and Reduced Price School Meals/Milk**

To apply for free and reduced price meals for your children, read the instructions on the back, complete **ONLY ONE** form for your household, sign your name and **RETURN TO** your child’s school **CAFETERIA**. Additional names may be listed on a separate paper. Call 315-738-0848 if you need help.

1. List all children in your household who attend school:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student Name | School where your child eats their meals | Grade/Teacher | Foster Child | Homeless Migrant, Runaway |
|  |  |  | 🞏 | 🞏 |
|  |  |  | 🞏 | 🞏 |
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2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4, and sign the application.**

IF ELIGIBLE, **MUST** PROVIDE CASE OR FOOD STAMP NUMBER.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CASE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Report all income for ALL Household Members (Skip this step if you answered ‘yes’ to step 2)

**All Household Members (including yourself and all children that have income).**

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write ‘0’. If you enter ‘0’ or leave any fields blank, you are certifying (promising) that there is no income to report.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| LIST **EVERYONE**  IN HOUSEHOLD | Earnings from work  before deductions  ***Amount / How Often*** | Child Support, Alimony  ***Amount / How Often*** | Pensions, Retirement  Payments  ***Amount / How Often*** | Other Income, Social Security  ***Amount / How Often*** | No Income |
|  | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | 🞏 |
|  | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | 🞏 |
|  | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | 🞏 |
|  | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | 🞏 |
|  | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ | 🞏 |

I do not have a SS# 🞏

Total Household Members (Children and Adults)

|  |  |
| --- | --- |
|  |  |

\***Last Four Digits of Social Security Number:**  XXX-XX- \_\_ \_\_ \_\_ \_\_

\*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the “I do not have a SS# box” before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Ethnicity and Race are optional; responding to this section does not affect your children’s eligibility for free or reduced price meals.

Ethnicity: 🞏Hispanic or Latino 🞏Not Hispanic or Latino

Race: 🞏American Indian or Alaskan Native 🞏Asian 🞏Black or African American 🞏Native Hawaiian or Other Paciﬁc Island 🞏White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

**Annual Income Conversion (Only convert when multiple income frequencies are reported on application)**

**Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12**

🞏 SNAP/TANF/Foster

* Income Household: Total Household Income/How Often: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Household Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Free Meals 🞏 Reduced Price Meals 🞏 Denied/Paid

**Signature of Reviewing Official\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date Notice Sent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICATION INSTRUCTIONS**

To apply for free and reduced price meals complete only one application for your household using the instructions below. Sign the application and return the application to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school if you need help: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

**PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.**

1. Print the names of the children, including foster children, for whom you are applying on one application.
2. List their grade and school.
3. Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless,

migrant, runaway (a school staff will confirm this eligibility).

**PART 2** **HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.**

1. List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household.

The case number is provided on your benefit letter.

1. An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a

SNAP case number, TANF or FDPIR number.

**PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.**

1. Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
2. Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person’s usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
3. Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
4. The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
5. An adult household member must sign the application in PART 4.

**OTHER BENEFITS:** Your child may be eligible for benefits such as Medicaid or Children’s Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

**USE OF INFORMATION STATEMENT**

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**DISCRIMINATION COMPLAINTS**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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