

New Student Enrollment Checklist

Student: _____ Enrollment date: _____

Information from parents that must be received to enroll student:

- Proof of residency: (one of the following originals must show name and current address)
Property Tax Bill, House Deed, Sale Contract, Utility Bill, Notarized Landlord Statement, Real Estate Statement, Lease Agreement, Home Owners Agreement, or Mortgage Statement
- Birth Certificate (original only)
- Recent Immunization Record
- Recent Physical Form
- Custody Affidavit/Copy of Court Papers
*If parents are separated/divorced and have joint legal custody a Residency Determination Form must be completed and notarized.
- If foster child*; (*Form DSS-2999 or BSW-241 must be produced by the foster parents from the sponsoring agencies, send copy to BKW Treasurer)

Office Forms to be filled out by parent and must be received to enroll student:

- Notification of Student Entry (purple)
- Release of Records
- Parent Affidavit
- Residency Questionnaire
- Home Language Questionnaire
- Health Form (pink)
- Dental Health Certificate (Optional)
- Physical Form (ivory)

NOTIFICATION OF STUDENT ENTRY

EFFECTIVE DATE: _____ TRANSFERRED FROM: _____
NAME: _____ GRADE: _____
Date of Birth: _____ Male/Female
Place of Birth: (city, state) _____

NATIVE LANGUAGE: _____ ETHNICITY: _____
Language spoken in the home other than English: _____

RESIDENCE ADDRESS/911 ADDRESS: _____

MAILING ADDRESS (if different): _____

PARENT /GUARDIAN (living in household)

Mr./Mrs.: _____ RELATIONSHIP: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Mr./Mrs.: _____ RELATIONSHIP: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Mr./Mrs.: _____ RELATIONSHIP: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

PARENT/GUARDIAN (not living in household)

Mr./Mrs.: _____ RELATIONSHIP: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Should information regarding the student be mailed to this individual? yes no
Mailing Address: _____

Mr./Mrs.: _____ RELATIONSHIP: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Should information regarding the student be mailed to this individual? yes no
Mailing Address: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____
Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

IMMUNIZATION

Recent immunization records are required to enroll. You will need to provide either;
Immunization records from a medical provider or a copy of records from the previous school.
Immunization Forms Attached yes no

PROOF OF RESIDENCY:

Do you? Own/Rent/Lease

Proof of residency is required to enroll. Please provide one of the following original forms.

- Property Tax Bill** **House Deed** **Sale Contract**
- Utility Bill** **Notarized Landlord Statement** **Real Estate Statement**
- Lease Agreement** **Home Owners Agreement** **Mortgage Statement**

List all known siblings living in household. Include name and date of birth.

Siblings	Date of Birth
_____	_____
_____	_____
_____	_____

You are required to be specific about the living arrangements of your child. Is your child living in a shelter; with relatives or others due to a lack of housing; in an abandoned apartment/building, in a motel/hotel, camping ground, car or other similar situation due to the lack of alternative, adequate housing; or temporarily housed in a shelter awaiting an Office of Child Family Services permanent foster care placement? ___no ___yes

If yes, attach a completed STAC form.

Is this student in foster care placement in Albany County? ___no ___yes

If yes, attach the required DSS form.

FOR OFFICE USE ONLY

Student Number	_____
Anticipated Date of Enrollment	_____
Bus Route	_____
Homeroom Teacher	_____

*Berne-Knox-Westerlo Central School District
1738 Helderberg Trail
Berne, NY 12023
Guidance Office (518) 872-1483
Fax (513) 872-5277*

RELEASE OF STUDENT RECORDS

School Last Attended: _____

Address: _____

Telephone Number: _____

Fax Number: _____

<u>Student Name</u>	<u>Grade</u>	<u>DOB</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please forward the following information listed below:

- _____ Academic records, test results, discipline and attendance
- _____ Special education records including IEP, psychological or 504 Plan
- _____ Health records (including immunization records)
- _____ Any Regents Science Lab folders

I hereby give my permission to release my child's records to Berne-Knox-Westerlo CSD.

Parent/Guardian Signature

Date _____

*Berne-Knox-Westerlo Central School District
Elementary School Office
1738 Helderberg Trail
Berne, NY 12023
(518) 872-2030
Fax (518)872-2031*

RELEASE OF STUDENT RECORDS

School Last Attended: _____

Address: _____

Telephone Number: _____

Fax Number: _____

<u>Student Name</u>	<u>Grade</u>	<u>DOB</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please forward the following information listed below:

- _____ Academic records, test results, discipline and attendance
- _____ Special education records including IEP, psychological or 504 Plan
- _____ Health records (including immunization records)

I hereby give my permission to release my child's records to Berne-Knox-Westerlo CSD.

Parent/Guardian Signature

Date

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

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

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

Address: _____ Phone: _____

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

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

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

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

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

Date

If the student is **NOT** living in permanent housing, **proof of residency** and other documents normally needed for enrollment are **not required** and the student is to be **immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

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

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.



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 English. Your assistance in answering these questions is greatly appreciated.

Thank You

TO BE COMPLETED BY SCHOOL PERSONNEL

DISTRICT _____ *Please print or type clearly*

SCHOOL _____ GRADE _____

STUDENT NAME _____

DATE OF BIRTH _____
Month: _____ Day: _____ Year: _____

STUDENT IDENTIFICATION NUMBER _____

COUNTRY OF BIRTH / ANCESTRY _____

NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. _____

NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION _____

DETERMINATION: Possible LEP
 English Proficient

(✓ boxes that apply)

- What language(s) is spoken in the student's home or residence? English Other _____ *specify*
- What language(s) are spoken most of the time to the student, in the home or residence? English Other _____ *specify*
- What language(s) does the student understand? English Other _____ *specify*
- What language(s) does the student speak? English Other _____ *specify*
- What language(s) does the student read? English Other _____ Does Not Read *specify*
- What language(s) does the student write? English Other _____ Does Not Write *specify*

7. In your opinion, how well does the student understand, speak, read and write English?

	Very well	Only a little	Not at all
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian/Other

Date

Month: _____ Day: _____ Year: _____

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: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No
Month Day Year		
School: <small>Name</small>		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 _____

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

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

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

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

Yes No **Dental Sealants Present**

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working permits and triennially for the Committee on Special Education (CSE).

HEALTH 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 _____

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

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

PHYSICAL EXAM

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

Body Mass Index:	<i>Referral</i>		
Weight Status Category (BMI Percentile)	R	L	
<input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th	Vision - without glasses/contact lenses	R	L
<input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	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

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: _____

Provider's Signature: _____ Phone: _____ (Stamp below)
 Provider's Name/Address: _____ Fax: _____
 Parent Signature: _____ Date: _____

This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director.

IMMUNIZATIONS

(Please attach physician's record or physician may complete this form)

IPV _____

DTaP _____ Tdap _____

HIB _____

Hep B _____

Pevnar _____

MMR _____

Varivax _____

Hep A _____

Menactra _____

Gardasil _____

HEALTH FORM
BERNE-KNOX-WESTERLO CENTRAL SCHOOL
(to be completed by parent)

Date _____

Name _____ Sex _____

Date and Place of Birth _____ Grade _____

Parent/s or Guardian (resides with) _____

Address _____

Father's Name _____ Home Phone _____

Mother's Name _____ Home Phone _____

Father's Place of Business _____ Phone _____

Mother's Place of Business _____ Phone _____

Family Physician _____ Phone _____

Has your child ever had any of the following? If so, indicate the date.

Chicken Pox _____ Pneumonia _____ Diabetes _____

Diphtheria _____ Poliomyelitis _____ Seizures _____

German Measles _____ Rheumatic Fever _____ Heart Disease _____

Mumps _____ Scarlet Fever _____ Tuberculosis _____

Measles _____ Whooping Cough _____ Contact with TB _____

CHECK IF HISTORY AND DESCRIBE Please list dates, type and medications.

Asthma _____ Frequent colds & sore throat _____

Bee Sting Allergy _____ Ear condition _____

Allergies _____ Frequent Headaches _____

Operations _____ Serious injuries _____

Under treatment at this time for any other condition? _____