



Berne-Knox-Westerlo CSD  
1738 Helderberg Trail  
Berne, NY 12023  
(518) 872-1293  
(518) 872-0938

## **REGISTRATION REQUIREMENTS**

### **Residency**

To enroll your child, you must be a resident of the Berne-Knox-Westerlo Central School District. **Two** proofs of residency are required when you come to register.

### **Birth Certificate**

Birth certificates for all students born in the United States are required.

### **Are both natural parents living at the same address as the student?**

An affidavit indicating with whom the child lawfully resides or indicating that the adult is the person who has permanent and total custody and explains how that custody was obtained (such as guardianship or otherwise) must be submitted if there has been a change in parental relations.

### **Foster Parent(s)**

We need form DSS-2999 from Social Services for the Business Office.

### **Registration Directions**

#### **Pre-K Registration**

Please contact Diane Dibble @ [diane.dibble@bkwschools.org](mailto:diane.dibble@bkwschools.org) or 518-872-2030

#### **Kindergarten Registration**

Kindergarten Registration opens annually on March 15. Applications for the upcoming school year will be accepted on or after this date. Packets with information regarding your child's kindergarten screening will be mailed home towards the end of April. Please bring the additional documents listed in Step 2 below to this appointment. Registration will be complete when all of the required documents have been received.

Please contact Diane Dibble @ [diane.dibble@bkwschools.org](mailto:diane.dibble@bkwschools.org) or 518-872-2030 with any questions regarding kindergarten registration.

**Step 1:** Contact Anne Farnam to set up an appointment to register students grades 1 through 12 @ [anne.farnam@bkwschools.org](mailto:anne.farnam@bkwschools.org) or 518-872-1293

**Step 2:** Gather the following proofs and additional registration forms:

- Two Proofs of Residence (One from List A and One from List B)
  - LIST A- mortgage statement, closing statement, deed, tax bill, notarized rent receipt, notarized lease
  - LIST B- pay stub, income tax form, utility or other bills, voter registration documents, official driver's license, learner's permit, non-driver identification, state or other government issued identification
- Copy of child's birth certificate
- Updated immunization record
- Custody orders, if applicable (must be signed by a judge)
- Student Residency Questionnaire (located in this registration packet)
- Release of Records (located in this registration packet)
- Health Forms (located in this registration packet)

# BKW STUDENT ENROLLMENT FORM

**STUDENT NAME:** \_\_\_\_\_

STUDENT ID NUMBER (OFFICE USE ONLY): \_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Apt. #

Zip

Mailing Address (if different from above): \_\_\_\_\_

Apt. #

Zip

HOUSEHOLD PHONE NUMBER (For emergency school notifications) \_\_\_\_\_

Is English the only language spoken at home? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what other language does your \_\_\_\_\_

family speak? \_\_\_\_\_ Is your child bilingual? Yes No

## Student Racial and Ethnic Identification as specified by the NYS Dept. of Education

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

Select one or more races from the following five racial groups:

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

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

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

**Black:** 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.

Child's City of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Was your child born outside the United States: Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please answer questions below:

What country was your child born in? \_\_\_\_\_ Date of entry into the United States: \_\_\_\_\_

Date child first entered U.S. schools: \_\_\_\_\_ Date child first entered NY schools: \_\_\_\_\_

Did your child previously attend the BKW Central School? Yes\_\_\_\_\_ No\_\_\_\_\_

PLEASE LIST ALL CHILDREN LIVING IN PRIMARY HOUSEHOLD UNDER THE AGE OF 21

Last Name	First Name	Middle Name	Sex	Date of Birth	Grade
Smith	John	David	M	03/15/2008	5
Johnson	Emily	Grace	F	07/22/2009	4
Williams	Michael	James	M	11/05/2007	6
Brown	Sarah	Elizabeth	F	09/18/2010	3
Miller	Robert	Christopher	M	02/01/2006	7
Wilson	Alexis	Marie	F	06/10/2008	5
Moore	Daniel	Anthony	M	04/28/2009	4
White	Olivia	Sophia	F	12/03/2007	6
Clark	Benjamin	William	M	08/14/2010	3
Green	Mia	Isabella	F	05/07/2008	5
Adams	Ethan	Alexander	M	01/20/2009	4
Nelson	Avery	Madison	F	10/02/2007	6
Phillips	Lucas	Jonathan	M	07/19/2010	3
Carter	Chloe	Victoria	F	03/25/2008	5
Roberts	Noah	Samuel	M	09/08/2009	4
Turner	Zoe	Grace	F	06/01/2007	6
Young	Liam	Christopher	M	04/12/2010	3
King	Amelia	Elizabeth	F	11/27/2008	5
Wright	Isaac	David	M	08/04/2009	4
Scott	Madeline	Sarah	F	05/16/2007	6
Green	Henry	Robert	M	02/29/2010	3
Adams	Abigail	Madison	F	07/03/2008	5
Nelson	Julian	Michael	M	01/11/2009	4
Phillips	Skylar	Grace	F	10/24/2007	6
Carter	Malik	Christopher	M	09/06/2010	3
Roberts	Leah	Victoria	F	03/19/2008	5
Turner	Isaiah	Samuel	M	08/21/2009	4
Young	Brooklyn	Elizabeth	F	06/09/2007	6
King	Grayson	David	M	04/23/2010	3
Wright	Charlotte	Madison	F	12/08/2008	5
Scott	Christopher	Robert	M	07/15/2009	4
Green	Harper	Sarah	F	05/27/2007	6
Adams	Lincoln	Michael	M	02/14/2010	3
Nelson	Stella	Grace	F	07/28/2008	5
Phillips	Robert	Christopher	M	01/05/2009	4
Carter	Lucy	Victoria	F	10/17/2007	6
Roberts	Adrian	Samuel	M	09/09/2010	3
Turner	Josephine	Elizabeth	F	03/22/2008	5
Young	Matthew	David	M	08/24/2009	4
King	Madelyn	Madison	F	06/11/2007	6
Wright	Sebastian	Christopher	M	04/26/2010	3
Scott	Chloe	Sarah	F	11/13/2008	5
Green	Isaiah	Samuel	M	07/26/2009	4
Adams	Penelope	Elizabeth	F	05/08/2007	6
Nelson	Thomas	Michael	M	02/19/2010	3
Phillips	Valentina	Grace	F	07/31/2008	5
Carter	Christopher	Robert	M	01/07/2009	4
Roberts	Isabella	Victoria	F	10/20/2007	6
Turner	Adrian	Samuel	M	09/12/2010	3
Young	Josephine	Elizabeth	F	03/25/2008	5
King	Matthew	David	M	08/27/2009	4
Wright	Madelyn	Madison	F	06/13/2007	6
Scott	Sebastian	Christopher	M	04/28/2010	3
Green	Chloe	Sarah	F	11/15/2008	5
Adams	Isaiah	Samuel	M	07/28/2009	4
Nelson	Penelope	Elizabeth	F	05/10/2007	6
Phillips	Thomas	Michael	M	02/21/2010	3
Carter	Valentina	Grace	F	07/33/2008	5
Roberts	Christopher	Robert	M	01/09/2009	4
Turner	Isabella	Victoria	F	10/22/2007	6
Young	Adrian	Samuel	M	09/14/2010	3
King	Josephine	Elizabeth	F	03/27/2008	5
Wright	Matthew	David	M	08/29/2009	4
Scott	Madelyn	Madison	F	06/15/2007	6
Green	Sebastian	Christopher	M	04/30/2010	3
Adams	Chloe	Sarah	F	11/17/2008	5
Nelson	Isaiah	Samuel	M	07/30/2009	4
Phillips	Penelope	Elizabeth	F	05/12/2007	6
Carter	Thomas	Michael	M	02/23/2010	3

[illegible]

**PRIMARY HOUSEHOLD PARENT/GUARDIAN INFORMATION**  
(Only list those adults currently living in the household)

**Mother/Female Guardian/Other Adult Female:**

Relationship to child: \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Work Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Active Duty Military: Yes \_\_\_\_ No \_\_\_\_

**Father/Male Guardian/Other Adult Male:**

Relationship to child: \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Work Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Active Duty Military: Yes \_\_\_\_ No \_\_\_\_

**NON-HOUSEHOLD PARENT INFORMATION**  
(List parent not residing in the primary household)

Home Address: \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
House # \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Work Number: \_\_\_\_\_ Other Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

**ANY LEGAL CUSTODIAL RESTRICTIONS?** Yes \_\_\_\_ No \_\_\_\_ If yes, please attach documents.

**IMPORTANT NOTE REGARDING RELEASE OF STUDENTS FROM SCHOOL:** The school district shall presume that either parent of a student has 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 or decree of divorce, separation or custody, that indicates the non-custodial parent does not have the right to obtain such release.

Is BKW CSD currently transporting your child to private school? Yes \_\_\_\_ No \_\_\_\_  
If yes, please cancel my application for non-public transportation as of \_\_\_\_\_:  
Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIAL EDUCATION NEEDS**

Is your child currently receiving special education services? Yes \_\_\_\_ No \_\_\_\_

If yes, please place a checkmark next to each service he/she is receiving.

_____ Speech/Language Therapy	_____ Occupational Therapy	_____ Physical Therapy
_____ Consultant Teacher	_____ Self-Contained Classroom	_____ Resource Room
_____ BOCES	_____ 504 Plan	_____ Declassified
_____ 1:1 Aide	_____ Classroom Aide	_____ Extended Time for Tests

Please list other special education needs:

Has your child ever received special education services IN THE PAST? Yes \_\_\_\_ No \_\_\_\_

If yes, dates services received: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

List two people with whom you have made arrangements to take responsibility for your child in the event you cannot be reached.

**Emergency Contact #1:** \_\_\_\_\_

Gender: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House # Street Apt. # City State

**Emergency Contact #2:** \_\_\_\_\_

Gender: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
House # Street Apt. # City State

Parent Statement:

I certify that the above information is true and correct. Any misinformation regarding residency may result in being billed to cover the cost of instruction and/or exclusion from attending the Berne-Knox-Westerlo Central School District.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

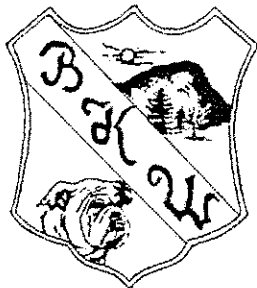
The student information we enter and maintain in BKW's electronic Student Information System is used for many purposes. Please be aware that when an adult who is not a parent or legal guardian resides with a student's family, and is included in the student's permanent record, it is assumed we have the parent's permission to discuss academic, disciplinary and other student matters with that adult. In addition, "other adult in household" may be contacted in emergencies. Therefore non-parent/legal guardian adults should not be included on the registration form unless you agree with the above and sign the statement below. Our schools maintain separate Emergency Contact information and you may indicate any adult of your choosing to be contacted should an emergency occur and you cannot be reached. When/if any of the information you are providing changes, please inform your child's school in order to ensure we have the most up-to-date information on file.

By signing below, you are agreeing that the non-parent/legal guardian may be contacted regarding your child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name Here: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_



**Berne-Knox-Westerlo Central School District**  
1738 HELDERBERG TRAIL · BERNE, NEW YORK 12023

Bonnie Kane, Superintendent (518) 872-1293  
<http://www.bkwschools.org>

District Office · (518) 872-0909 · Fax: (518) 872-0341  
Secondary School Office · (518) 872-1482 · Fax: (518) 872-2083  
Elementary Office · (518) 872-2030 · Fax: (518) 872-2031  
Special Education Office · (518) 872-0945 · Fax: (518) 872-5277

**BOARD OF EDUCATION**

MATTHEW TEDESCHI  
President

LISA JOSLIN  
Vice President

REBECCA MILLER  
KIMBERLY LOVELL  
NATHAN ELBLE

**RELEASE OF STUDENT RECORDS**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of School Student Last Attended

\_\_\_\_\_  
Telephone/Fax

Please send all health information, academic records, attendance records, discipline records, IEP (Individual Education Plan), and psychological reports if applicable, for the following student(s) who have enrolled in Berne-Knox-Westerlo Central School District.

Grades K – 6 email or fax records to Mrs. Dibble [diane.dibble@bkwschools.org](mailto:diane.dibble@bkwschools.org) or (518) 872-2031

Grades 7 – 12 email or fax records to Mrs. Carl [melissa.carl@bkwschools.org](mailto:melissa.carl@bkwschools.org) or (518) 872-5277

Student

Grade

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**District Mission Statement:**

The B-K-W CSD will provide an environment that fosters the creative, emotional, intellectual, and physical well-being of each student in order to enable a mastery of the curriculum and a life-long learning capability to meet the challenges of the future.

Berne-Knox-Westerlo Central School District

***Student Residency Questionnaire***

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Sex: \_\_\_\_\_ Male  
\_\_\_\_\_ Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Student ID #(office use only): \_\_\_\_\_

**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.**

1. Is your current address a temporary living arrangement? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes \_\_\_\_\_  
No \_\_\_\_\_

**If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.**

Where is the student presently living? (check one)

- \_\_\_\_\_ In a motel
- \_\_\_\_\_ In a shelter
- \_\_\_\_\_ With more than one family in a house or apartment
- \_\_\_\_\_ Moving from place to place
- \_\_\_\_\_ In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*Is transportation (bus) required: Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*If "Yes," What date would you like transportation to start? \_\_\_\_\_  
(We will make every effort to accommodate your request.)

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_

**I certify the above name student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.**

Date: \_\_\_\_\_ McKinney-Vento Liaison Signature: \_\_\_\_\_

## HEALTH FORM

**Berne-Knox-Westerlo Central School District**

(to be completed by parent)

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/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	Ruberculosis
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? \_\_\_\_\_



## IMMUNIZATIONS

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

IPV						
DTaP						Tdap
HIB						
Hep B						
Pevnar						
MMR						
Varivax						
Hep A						
Menactra						
Gardasil						

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM**  
**TO BE COMPLETED IN ENTIRETY 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, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

**STUDENT INFORMATION**

Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

**HEALTH HISTORY**

<b>Allergies</b> <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Latex <input type="checkbox"/> Medication <input type="checkbox"/> Environmental

<b>Asthma</b> <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : _____

<b>Seizures</b> <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Type: _____ Date of last seizure: _____

<b>Diabetes</b> <input type="checkbox"/> No <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached
<input type="checkbox"/> Yes, indicate type <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> HbA1c results: _____ Date Drawn: _____

**Risk Factors for Diabetes or Pre-Diabetes:**

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

**BMI** \_\_\_\_\_ kg/m2 **Percentile (Weight Status Category):** ☐ <5<sup>th</sup> ☐ 5<sup>th</sup>-49<sup>th</sup> ☐ 50<sup>th</sup>-84<sup>th</sup> ☐ 85<sup>th</sup>-94<sup>th</sup> ☐ 95<sup>th</sup>-98<sup>th</sup> ☐ 99<sup>th</sup> and >

**Hyperlipidemia:** ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

**PHYSICAL EXAMINATION/ASSESSMENT**

<b>Height:</b>	<b>Weight:</b>	<b>BP:</b>	<b>Pulse:</b>	<b>Respirations:</b>
<b>TESTS</b>	<b>Positive</b>	<b>Negative</b>	<b>Date</b>	<b>Other Pertinent Medical Concerns</b>
PPD/ PRN	<input type="checkbox"/>	<input type="checkbox"/>		One Functioning: <input type="checkbox"/> Eye <input type="checkbox"/> Kidney <input type="checkbox"/> Testicle
Sickle Cell Screen/PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Concussion – Last Occurrence: _____
<b>Lead Level Required Grades Pre- K &amp; K</b>			<b>Date</b>	<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 10$ $\mu$ g/dL				<input type="checkbox"/> Other: _____

☐ **System Review and Exam Entirely Normal**

**Check Any Assessment Boxes Outside Normal Limits And Note Below Under Abnormalities**

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> <b>Assessment/Abnormalities Noted/Recommendations:</b>	<b>Diagnoses/Problems (list)</b>	<b>ICD-10 Code</b>
	_____	_____
	_____	_____
	_____	_____
	_____	_____

☐ **Additional Information Attached**

Name:			DOB:	
<b>SCREENINGS</b>				
<b>Vision</b>	<b>Right</b>	<b>Left</b>	<b>Referral</b>	<b>Notes</b>
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
<b>Hearing</b>	<b>Right dB</b>	<b>Left dB</b>	<b>Referral</b>	
Pure Tone Screening			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Scoliosis</b> Required for boys grade 9 And girls grades 5 & 7	<b>Negative</b>	<b>Positive</b>	<b>Referral</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Deviation Degree:	Trunk Rotation Angle:			
<b>Recommendations:</b>				
<b>RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK</b>				
<input type="checkbox"/> <b>Full Activity</b> without restrictions including Physical Education and Athletics.				
<input type="checkbox"/> <b>Restrictions/Adaptations</b> Use the Interscholastic Sports Categories (below) for Restrictions or modifications				
<input type="checkbox"/> <b>No Contact Sports</b> Includes: baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling				
<input type="checkbox"/> <b>No Non-Contact Sports</b> Includes: archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field				
<input type="checkbox"/> <b>Other Restrictions:</b>				
<input type="checkbox"/> <b>Developmental Stage for Athletic Placement Process ONLY</b> Grades 7 & 8 to play at high school level OR Grades 9-12 to play middle school level sports Student is at Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V				
<input type="checkbox"/> <b>Accommodations:</b> Use additional space below to explain				
<input type="checkbox"/> Brace*/Orthotic		<input type="checkbox"/> Colostomy Appliance*		<input type="checkbox"/> Hearing Aids
<input type="checkbox"/> Insulin Pump/Insulin Sensor*		<input type="checkbox"/> Medical/Prosthetic Device*		<input type="checkbox"/> Pacemaker/Defibrillator*
<input type="checkbox"/> Protective Equipment		<input type="checkbox"/> Sport Safety Goggles		<input type="checkbox"/> Other:
*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.				
Explain: _____				
<b>MEDICATIONS</b>				
<input type="checkbox"/> <b>Order Form for Medication(s) Needed at School attached</b>				
List medications taken at home:				
<b>IMMUNIZATIONS</b>				
<input type="checkbox"/> Record Attached		<input type="checkbox"/> Reported in NYSIS		Received Today: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HEALTH CARE PROVIDER</b>				
Medical Provider Signature:				Date:
Provider Name: (please print)				Stamp:
Provider Address:				
Phone:				
Fax:				
<b>Please Return This Form To Your Child's School When Entirely Completed.</b>				