



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 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 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 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)

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

HOUSING QUESTIONNAIRE

Name of LEA: _____

Name of School: _____

Name of Student: _____

Last

First

Middle

Gender: ☐ Male
☐ Female
☐ Non-binary

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 ANY box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

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

INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and BOCES. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The New York State Education Department (NYSED) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing 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 Housing Questionnaire?

A Housing 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 administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing 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 Housing 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 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 Housing Questionnaires and housing information from becoming a part of a student's permanent record.

Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing 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 who are 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 without prior parental consent. Contacting a landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire

If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing 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: http://nche.ed.gov/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.

BKW STUDENT ENROLLMENT FORM

STUDENT NAME: _____

STUDENT ID NUMBER (OFFICE USE ONLY): _____

GRADE LEVEL: _____ DATE OF BIRTH: _____

Residential Address: _____

House #	Street	Apt. #
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City	State	Zip
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Mailing Address (if different from above): _____

House #	Street	Apt. #
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City _____ State _____ 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	02/28/2006	7
Wilson	Alexis	Marie	F	06/10/2008	5
Moore	Daniel	Anthony	M	04/01/2009	4
Taylor	Olivia	Sophia	F	12/14/2007	6
Anderson	Christopher	Matthew	M	08/25/2011	2
Thomas	Isabella	Charlotte	F	05/03/2008	5
Clark	Benjamin	Isaac	M	10/12/2009	4
White	Mia	Chloe	F	01/20/2010	3
Green	Ethan	Samuel	M	07/08/2007	6
Black	Avery	Madison	F	03/27/2009	4
Gray	Lucas	Joseph	M	09/05/2006	7
King	Abigail	Victoria	F	06/19/2008	5
Wright	Henry	Alexander	M	11/23/2010	3
Scott	Evelyn	Grace	F	04/17/2007	6
Adams	William	Thomas	M	08/02/2009	4
Nelson	Charlotte	Amelia	F	02/11/2011	2
Harris	James	Robert	M	07/29/2008	5
Roberts	Madison	Elizabeth	F	10/07/2009	4
Walker	David	Michael	M	05/16/2007	6
Young	Sophia	Olivia	F	09/24/2010	3
Allen	Christopher	Benjamin	M	03/09/2008	5
Kim	Isabella	Charlotte	F	11/18/2009	4
Clark	Lucas	Henry	M	06/04/2007	6
Green	Avery	Madison	F	08/21/2010	3
Black	Lucas	Joseph	M	04/06/2008	5
Gray	Abigail	Victoria	F	12/01/2009	4
King	Henry	Alexander	M	07/13/2007	6
Wright	Evelyn	Grace	F	09/26/2010	3
Adams	William	Thomas	M	05/09/2008	5
Nelson	Charlotte	Amelia	F	10/22/2009	4
Harris	James	Robert	M	03/14/2007	6
Roberts	Madison	Elizabeth	F	08/27/2010	3
Walker	David	Michael	M	06/10/2008	5
Young	Sophia	Olivia	F	11/23/2009	4
Allen	Christopher	Benjamin	M	04/05/2007	6
Kim	Isabella	Charlotte	F	09/18/2010	3
Clark	Lucas	Henry	M	07/01/2008	5
Green	Avery	Madison	F	12/14/2009	4
Black	Lucas	Joseph	M	05/27/2007	6
Gray	Abigail	Victoria	F	10/10/2010	3
King	Henry	Alexander	M	08/23/2008	5
Wright	Evelyn	Grace	F	03/06/2011	2
Adams	William	Thomas	M	07/19/2009	4
Nelson	Charlotte	Amelia	F	06/02/2007	6
Harris	James	Robert	M	11/15/2010	3
Roberts	Madison	Elizabeth	F	04/28/2008	5
Walker	David	Michael	M	09/11/2009	4
Young	Sophia	Olivia	F	02/24/2007	6
Allen	Christopher	Benjamin	M	08/07/2010	3
Kim	Isabella	Charlotte	F	06/20/2008	5
Clark	Lucas	Henry	M	12/03/2009	4
Green	Avery	Madison	F	07/16/2007	6
Black	Lucas	Joseph	M	10/29/2010	3
Gray	Abigail	Victoria	F	09/12/2008	5
King	Henry	Alexander	M	03/25/2011	2
Wright	Evelyn	Grace	F	08/08/2009	4
Adams	William	Thomas	M	05/21/2007	6
Nelson	Charlotte	Amelia	F	11/04/2010	3
Harris	James	Robert	M	07/17/2008	5
Roberts	Madison	Elizabeth	F	12/30/2009	4
Walker	David	Michael	M	06/13/2007	6
Young	Sophia	Olivia	F	10/26/2010	3
Allen	Christopher	Benjamin	M	09/09/2008	5
Kim	Isabella	Charlotte	F	03/22/2011	2
Clark	Lucas	Henry	M	08/05/2009	4
Green	Avery	Madison	F		

[illegible]

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

Mother/Female Guardian/Other Adult Female: _____

Last Name First Name Middle Name

Relationship to child: _____ Cell Phone Number: _____

Work Number: _____ Email Address: _____

Occupation: _____ Active Duty Military: Yes ____ No ____

Father/Male Guardian/Other Adult Male: _____

Last Name First Name Middle Name

Relationship to child: _____ 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)

_____ Last Name

_____ First Name

_____ Middle Name

Home Address: _____

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: _____

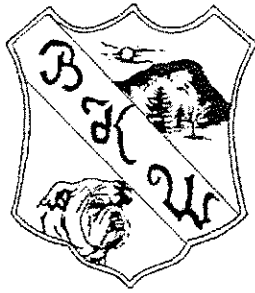
The student information we enter and maintain in BKW's electronic Student Information System is used for many purposes. Please be aware that when an adult who is not a parent or legal guardian resides with a student's family, and is included in the student's permanent record, it is assumed we have the 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 or (518) 872-2031
Grades 7 – 12 email or fax records to Mrs. Carl 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.

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

HEALTH HISTORY

Allergies <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

Asthma <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 : _____

Seizures <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: _____

Diabetes <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):** ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and >

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

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
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: _____
Lead Level Required Grades Pre- K & K			Date	<input type="checkbox"/> Mental Health: _____
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 10 μ 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"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	_____	_____
	_____	_____
	_____	_____
	_____	_____

☐ Additional Information Attached

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

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. 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 registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist 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 oral health assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Month	Day	Year		
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/ Dental Hygienist

I. The dental health condition of _____ on _____ (date of assessment) The date of the assessment 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/ Dental Hygienist's name and address

(please print or stamp)

Dentist's/Dental Hygienist'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.