How do I register my child for school?

Call Mrs. Farnam at (518) 872-1293 to make an appointment. You will need to bring the following to that appointment:

Proof of age

- Certified birth certificate; or
- Record of baptism (including a certified transcript of a foreign birth certificate or record of baptism)

If these documents are not available:

- Passport (including a foreign passport)

If a passport is not available, other evidence may include, but not be limited to, the following:

- Official driver's license
- State or other government-issued identification
- School photo identification with date of birth
- Consulate identification card
- Hospital or health records
- Military dependent identification card
- Documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement)
- Court orders or other court-issued documents
- Native American tribal document
- Records from nonprofit international aid agencies and voluntary agencies

Proof of residency

Owners may provide a mortgage or closing statement, or a deed or tax bill, to prove ownership, and any of the following:

- Pay stub
- Income tax form
- Utility or other bills
- Membership documents (e.g. library cards) based on residency
- Voter registration documents
- Official driver's license, learner's permit or non-driver identification
- State or other government-issued identification

- Documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement)
- Other original documents evidencing residency

Tenants may provide a Non-Owner's/Renter's Statement (including requested attachments) and/or a notarized rent receipt and/or notarized lease and/or Owner/Landlord Statement form, and any combination of the following:

- Pay stub
- Income tax form
- Utility or other bills
- Membership documents (e.g. library cards) based on residency
- Official driver's license, learner's permit or non-driver identification
- State or other government-issued identification

Parent/Guardian Status

In addition to the above, a person other than a natural parent, but in parental relation, must present one of the following:

- Court-issued legal guardianship papers
- Court order granting custody
- Court appointment as foster parent
- Custodian Affidavit provided by the person in parental relationship assuming legal responsibility for the student. (In addition, please also submit a Parent Affidavit signed by the child's parent or legal guardian.)
- Documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement)
- Other original documents evidencing parental relation

In addition to the above, students claiming emancipation shall be required to submit their own affidavit and an affidavit from their parent where deemed appropriate, unless they have been deemed as unaccompanied youth according to the stipulations under the McKinney-Vento Act.

Health Records (Proof of Immunization)

New York State Public Health Law Section 2164 requires certain immunizations (shots) to attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations.

Please bring proof of immunization with you at the time of registration. Proof of immunization must be either:

- a physician's record; or
- the included Immunization Form completed by your physician.

For varicella (chicken pox), a note from your health care provider which says your child had the disease is also acceptable.

If you do not have a record of immunization, you must provide proof within 14 days of registration, unless the student is transferring from out of state or from another country and can show a good-faith effort to obtain the necessary certification or other evidence of immunization. In such cases, the time to submit evidence of immunization may be extended to not more than 30 days from the date of registration. The failure to provide a record of immunization shall not delay initial registration and/or initial enrollment.

School Records

If a student has already attended school, you will need to bring the following:

- Official transcripts or other school records
- Most recent report card
- Most recent Individualized Education Plan (IEP) for students who have received Special Education Services.

BKW STUDENT ENROLLMENT FORM

STUDENT NAME:_____

STUDENT ID NUMBER (OFFICE USE ONLY):_____

GRADE LEVEL:_____ DATE OF BIRTH:_____

Residential Address:_____
House # Street Apt. #

_____
City State Zip

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

_____
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**

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: _____ Other Number: _____

Email Address: _____ Occupation: _____

Father/Male Guardian/Other Adult Male: _____
Last Name First Name Middle Name

Relationship to child: _____ Cell Phone Number: _____

Work Number: _____ Other Number: _____

Email Address: _____ Occupation: _____

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 <u>not a parent or legal guardian</u> 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

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: _____

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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. Hilton laurie.hilton@bkwschools.org or (518) 872-2083

Student	Grade
_____	____
_____	____
_____	____

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

_____ _____
Signature of Parent/Guardian Date

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
Diptheria	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

Bee Sting Allergy

Allergies

Operations

Frequent colds & sore throat

Ear Condition

Frequent Headaches

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						

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: / / Month Day Year

Sex: ☐ Male ☐ Female

Will this be your child's first oral health assessment? ☐ Yes ☐ No

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):_____

II. 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.

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 ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ Food ☐ Insects ☐ Latex ☐ Medication ☐ Environmental

Asthma ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ Intermittent ☐ Persistent ☐ Other : _____

Seizures ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ Type: _____ Date of last seizure: _____

Diabetes ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached
☐ Type 1 ☐ Type 2 ☐ 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
PPD/ PRN	☐	☐	
Sickle Cell Screen/PRN	☐	☐	
Lead Level Required Grades Pre- K & K			**Date**
☐ Test Done ☐ Lead Elevated ≥ 10 µg/dL			

Other Pertinent Medical Concerns
One Functioning: ☐ Eye ☐ Kidney ☐ Testicle
☐ Concussion – Last Occurrence: _____
☐ Mental Health: _____
☐ Other:

☐ **System Review and Exam Entirely Normal**

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

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:

☐ Additional Information Attached

Diagnoses/Problems (list)	ICD-10 Code

Name:			DOB:	
SCREENINGS				
Vision	**Right**	**Left**	**Referral**	**Notes**
Distance Acuity	20/	20/	☐ Yes ☐ No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color ☐ Pass ☐ Fail				
Hearing	**Right** dB	**Left** dB	**Referral**	
Pure Tone Screening			☐ Yes ☐ No	
Scoliosis Required for boys grade 9	**Negative**	**Positive**	**Referral**	
And girls grades 5 & 7	☐	☐	☐ Yes ☐ No	
Deviation Degree:		Trunk Rotation Angle:		

Recommendations:

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Full Activity** without restrictions including Physical Education and Athletics.

☐ **Restrictions/Adaptations** Use the Interscholastic Sports Categories (below) for Restrictions or modifications

- ☐ **No Contact Sports** **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
- ☐ **No Non-Contact Sports** **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field
- ☐ **Other Restrictions:**

☐ **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:** ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ **Accommodations:** Use additional space below to explain

☐ Brace*/Orthotic	☐ Colostomy Appliance*	☐ Hearing Aids
☐ Insulin Pump/Insulin Sensor*	☐ Medical/Prosthetic Device*	☐ Pacemaker/Defibrillator*
☐ Protective Equipment	☐ Sport Safety Goggles	☐ Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: _____

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School attached**

List medications taken at home:		

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS Received Today: ☐ Yes ☐ No

HEALTH CARE PROVIDER

Medical Provider Signature:	**Date:**
Provider Name: *(please print)*	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child's School When Entirely Completed.

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OWNER/LANDLORD STATEMENT FORM
STUDENT'S NAME (PLEASE PRINT)

_____
Last First

1. I am the legal owner of the real property located at _____
_____("Property").
2. I have rented the Property to and/or am permitting _____
("Parent/Guardian") to live at the property.
3. The terms of the living arrangement are as follows (indicate any rent, payment of utilities etc.):
_____
_____
_____
4. To the best of my knowledge, the Property is the current residence of the Parent and/or Guardian and the Student named above.
5. I understand that this document will be submitted to and filed with the Berne-Knox-Westerlo Central School District and that the District will rely upon the contents of this document as factual and true.

_____
SIGNATURE OF OWNER/LANDLORD

_____
DATE

Sworn to before me this
____ day of _____

_____
Notary Pubic

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NON-OWNERS/RENTER'S STATEMENT

STUDENT'S NAME (PLEASE PRINT)

_____
Last First

1. I am the Parent and/or Legal Guardian of _____ (name of child).

2. I reside at (provide address and specify the exact nature of the space: basement apartment, second floor apartment, number of rooms, etc.)

   _____
   _____
   _____

3. This is my actual and only permanent residence. My child lives with me at said address and said address is his/her actual and only permanent residence.

   My last address was _____.
   My last telephone number was _____.

4. I began residency at my current address which is _____ on _____ (date).

5. My living arrangement is governed by (check one):
   _____ A formal lease (attach copy of lease and Owner's Affidavit, Form B)
   _____ Oral Agreement
   _____ Other (attach rental agreement)

6. The terms and conditions of my living arrangement are as follows (specify rent, etc.)

   _____
   _____

_____
SIGNATURE OF RENTER/NON-OWNER

Sworn to before me this
_____ day of _____

_____
Notary Public