

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

Step 1: Register online at bkwschools.org

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)

Step 3: We will contact you to schedule an appointment to review your documents. If you need help or have questions, please contact Anne Farnam @ (518) 872-1293 or anne.farnam@bkwschools.org.

If you are registering for Pre-K or Kindergarten please note the following:

Pre-K Registration

Pre-K registration for the 2025-2026 school year will open on January 29, 2025. Applications will be accepted starting on this date. After completing the online registration, please submit all required documents listed in Step 2 to the elementary main office. Documents must be dropped off by Friday, March 14, 2025, during office hours between 7:30 a.m. and 3:30 p.m.

PLEASE NOTE: If the number of registered students exceeds 36, the District will conduct a lottery on April 1, 2025, to fill the available slots. If you have any questions or need further assistance, please contact the Main Office at (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 @ 518-872-2030 or diane.dibble@bkwschools.org with any questions regarding Pre-K or Kindergarten registration.



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

KIMBERLY LOVELL Vice President

NATHAN ELBLE LISA JOSLIN REBECCA MILLER

RELEASE OF STUDENT RECORDS

Date	
Name of School Student Last Attended	Telephone/Fax
Please send all health information, academ (Individual Education Plan), and psycholo have enrolled in Berne-Knox-Westerlo Ce	nic records, attendance records, discipline records, IEP ogical reports if applicable, for the following student(s) who entral School District.
Grades K – 6 email or fax records to Mrs. 1 Grades 7 – 12 email or fax records to Mrs.	Dibble <u>diane.dibble@bkwschools.org</u> or (518) 872-2031 Hilton <u>laurie.hilton@bkwschools.org</u> or (518) 872-2083
Student	<u>Grade</u>
I hereby give my permission to release my	child's records to Berne-Knox-Westerlo CSD.
Signature of Parent/Guardian	Date

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	e McKinney-Vento Act 42 U.S.C. 11435. The the services the student may be eligible to rec	onemara
1. Is your current address a temporary livi		
Is this temporary living arrangement du No	e to loss of housing or economic hardship? Yes_	<u>.</u>
If you answered YES to the above questions, answered NO, you may stop here.	please complete the remainder of this form.	If you
Where is the student presently living? (check or	ne)	
In a motel		
In a shelter		
With more than one family in a h	ouse or apartment	
Moving from place to place		
In a place not designed for ordina campsite	ry sleeping accommodations such as a car, park,	or
Name of Parent(s)/Legal Guardian(s):		
	Phone:	
**Is transportation (bus) required: YesN	lo	77
**If "Yes," What date would you like transport (We will make every effort to accommodate your re	ation to start?	
Presenting a false record or falsifying records is an offense und documents subjects the person to liability for tuition or other co	er Section 37.10, Penal code, and enrollment of the child under fosts. TEC Sec. 25.002(3)(d).	alse
Signature of Parent/Legal Guardian:	Date:	
Signature of School Official:	Date:	
	the Child Nutrition Program under the prov	
Date: McKinney-Vento Lia	ison Signature:	

HEALTH FORM Berne-Knox-Westerlo Central School District (to be completed by parent)

Today's Date:			
		Sex:	
		Grade:	
Father's Name:		Home Phone:	
Father's Place of Business:		Phone:	
Mother's Place of Business:		Phone:	
		Phone:	
Has your child ever had any	of the following? If so, indica	te 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 D Please list dates, type and me			
Asthma	Frequent colds & s	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	I
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)

		Com		Pre-School Special		PSE).	
			<u>S</u>	FUDENT INFORMAT	ION	1	
Name:						Sex: M F	DOB:
School:						Grade:	Exam Date:
				HEALTH HISTORY			
Allergies 🗀 No	' ☐ Medi	cation/Treat	ment Ord	ler Attached	☐ Anaph	ylaxis Care Plan	Attached
Yes, indicate ty	pe 🗆 Food	☐ Insect:	s 🗆 L	atex 🗆 Medica	tion 🗆	Environmental	
Asthma No	☐ Medi	cation/Treat	ment Ord	er Attached	☐ Asthm:	a Care Plan Atta	ached
Yes, indicate ty	:			ent 🗆 Other :			
Seizures No	☐ Medi	cation/Treatr	ment Orde	er Attached	☐ Seizure	Care Plan Attac	hed
Yes, indicate typ	De ☐ Type:					st seizure:	
Diabetes No				er Attached	□Diabete	es Medical Mgr	nt. Plan Attached
┌─ Yes, indicate typ	ре 🕝 Туре	1 Type	2 □ HI	A1c results:			
Risk Factors for Dia	abetes or Pi g for T2DM (e-Diabetes: f BMI% > 85%	6 and has 2	or more risk factors:			
				egory): □<5 th □ 5	5 th -49 th □ 50 th	-84 th 🗓 85 th -94 th	^h □ 95 th -98 th □ 99 th and>
Hyperlipidemia:	No Ye	25	Hypertens	sion: No Yes			
				. EXAMINATION/AS			
Height:	Weig	ght:	BP:		Pulse:		Respirations:
TESTS	Positive	Negative	Date		Other Pertir	ent Medical Co	ncerns
PPD/ PRN	Г			One Functioning:	☐ Eye ☐	Kidney 🗆 Te	sticle
Sickle Cell Screen/PR			····	☐ Concussion — Las	t Occurrence:		
Lead Level Require			Date	☐ Mental Health:_		*****	
☐ Test Done ☐ L				Other:			
System Review		<u>-</u>					
1			nal Limits	And Note Below U	nder Abnorm	alities	
☐ HEENT	☐ Lymph n	odes	☐ Abdo	men	☐ Extremit	ies [] Speech
☐ Dental	☐ Cardiova	scular	☐ Back/	Spine Spine	☐ Skin		Social Emotional
	Lungs				☐ Neurolog	gical] Musculoskeletal
☐ Assessment/Abnormalities Noted/Recommendations:			Diagnoses	s/Problems (list)	ICD-10 Code		
					1		***************************************
					İ		
☐ Additional Inform	mation ∆tt=	ched				·····	**************************************

r			· · · · · · · · · · · · · · · · · · ·	
Name:				DOB:
		SCREENING	gs .	
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	June 1997 1997 1997 1997 1997 1997 1997 199	, and the same of		THE RESIDENCE OF THE PARTY OF T
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 Rotatio		
Recommendations:	<u> </u>	1		
RECOMMENDATIONS FC	OR PARTICIPATION	ON IN PHYSICAL	EDUCATION/SPO	PRTS/PLAYGROUND/WORK
Full Activity without restriction				illegt mir wire wire; v
Restrictions/Adaptations				ow) for Restrictions or modifications
No Contact Sports				leading, field hockey, football, ice
·	hockey, lacr	rosse, soccer, softi	tball, volleyball, and v	wrestling
No Non-Contact Sports				untry, fencing, golf, gymnastics, rifle,
Other Restrictions:	Skiing, swin	nming and diving	g, tennis, and track	& field
Developmental Stage for Ath	-latic Discomont P			
Grades 7 & 8 to play at high			-l middle cchool	المسمسة المرادة
Student is at Tanner Stage:			Jidy Imuuic school	ievei sports
☐ Accommodations: Use addit				
☐ Brace*/Orthotic	•	Colostomy Applia	ınce*	☐ Hearing Aids
☐ Insulin Pump/Insulin Sen		Viedical/Prostheti		☐ Pacemaker/Defibrillator*
☐ Protective Equipment ☐ Sport Safety Goggles ☐ Other:				
*Check with athletic governing body			"	
	TO THE PARTY OF TH			
Explain:				
		MEDICATION	VS	
☐ Order Form for Medication(s) I		ol attached		
List medications taken at home	::			
		IMMUNIZATIO	ONS	
☐ Record Attached	☐ Rep	ported in NYSIIS	Rec	eived Today: Yes No
	Н	IEALTH CARE PRO	OVIDER	
Medical Provider Signature:				Date:
Provider Name: (please print)				Stamp:
Provider Address:				
Phone:				
Fax:				
Place Rotu	This Earm To	Yana Child'e Seh	! When Entirely	
riedse netui	/IL THIS FORTE LO	Your Chia 5 Sair	ool When Entirely	Completed.

Please complete the following three pages if you have NOT registered online BKW STUDENT ENROLLMENT FORM

STUDENT NAME:						
STUDENT ID NUMBE						
GRADE LEVEL:						
Residential Address:						
Но	ouse # Street			Apt. #		
City		State	Zip			
Mailing Address (if diffe	erent from above):	se # Street		Apt. #		
City		State	Zip			
HOUSEHOLD PHONE	NUMBER (For emerg	ency school notification	ns)			
Is English the only langu	age spoken at home?	Yes No If 1	no, what other	language does your		
family speak?		Is you	ır child bilingu	ual? Yes No		
	ial and Ethnic Identific					
Is the student Hispanic, I	Latino, or of Spanish or	igin? (Hispanic, Latino, or of s	Spanish origin means	s a person of Cuban, Mexican, Puerto		
Rican, Central or South American, or						
Asian: A person having Cambodia, China, India, Japan, Kore Native Hawaiian of other Pacific Islands. Black: A person having White: A person having	origins in any of the original peop a, Malaysia, Pakistan, the Philippin or Other Pacific Islande g origins in any of the black racial g origins in any of the original peo	on. (e.g. Cherokee, Mohawk, Inuit) les of the Far East, Southeast Asia, ne Islands, Thailand, and Vietnam. T: A person having origins in any groups of Africa. ples of Europe, North Africa, or th	or the Indian subcor or the original peop of the original peop te Middle East.	ntinent including for example,		
Child's City of Birth:			Stat	te:		
Was your child born outs	side the United States:	Yes No If	yes, please an	swer questions below:		
What country was your chi	ld born in?	Date of entr	ry into the Unite	ed States:		
			Date child first entered NY schools:			
Did your child previously a						
PLEASE LIST ALL CH	ILDREN LIVING IN F	PRIMARY HOUSEHO	LD UNDER	ΓHE AGE OF 21		
Last Name	First Name	Middle Name	Sex Da	ate of Birth Grade		
						
						

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

Mother/Female Guardian/Other Adult Femal		21		
Relationship to child:	Last Name Cell Phone Numb	First Na		Middle Name
Work Number:				
Email Address:				
Father/Male Guardian/Other Adult Male:		recupation.		
Father/Male Guardian/Other Adult Male:	Last Name	First Na	ame	Middle Name
Relationship to child:	Cell Phone Numb	er:		
Work Number:	Other Number:	·		
Email Address:				
NON-HOUSEHOI (List parent not res	LD PARENT INFO			
Last Name	First Name		Middle Name	
Home Address:				
Home Address: House # Street	A	pt. #	City	State
Relationship to child:	_ Cell Phone Numb	er:		
Work Number:	_ Other Number: _			
Email Address:	0	ecupation:		
ANY LEGAL CUSTODIAL RESTRICTION IMPORTANT NOTE REGARDING RELEASE OF STUDE a student has authority to obtain the child's release from school. has been provided with a certified copy of a legally binding instrindicates the non-custodial parent does not have the right to obtain	NTS FROM SCHOOL: 7 However, a student shall nument, such as a court orde	The school distr ot be released t	rict shall presume th o a non-custodial pa	at either parent of rent if the district
Is BKW CSD currently transporting your child to If yes, please cancel my application for non-publ	o private school? Ye	es No of	***************************************	:
Parent Signature:		Date:	Date	
	EDUCATION NEE	EDS		
Consultant Teacher Self-BOCES 504	vice he/she is receive upational Therapy -Contained Classroom	ing.	Physical Then Resource Roo Declassified Extended Tin	om
Please list other special education needs:				
Has your child ever received special education se	ervices IN THE PAS	T? Yes	No	

List two people with whom you have	made arrangements to take responsible you cannot be reached.	lity for your o	shild in the event
Emergency Contact #1:			
Gender: Relationship to Student		ıber:	
Work Phone Number:			
Home Address: House # Street	Apt. #	City	State
Emergency Contact #2:			
Gender: Relationship to Student			
Work Phone Number:			
Home Address: House # Street	Apt.#	City	State
Parent Statement: I certify that the above information is truin being billed to cover the cost of instruCentral School District. Parent Signature:	ection and/or exclusion from attending	g the Berne-K	nox-Westerlo
The student information we enter and m many purposes. Please be aware that what student's family, and is included in the spermission to discuss academic, disciplicable adult in household" may be contacted in be included on the registration form unless chools maintain separate Emergency C to be contacted should an emergency oc are providing changes, please inform yo information on file. By signing below, you are agreeing that child.	aintain in BKW's electronic Student len an adult who is not a parent or legitudent's permanent record, it is assumany and other student matters with the emergencies. Therefore non-parent/ess you agree with the above and sign ontact information and you may indicture and you cannot be reached. When our child's school in order to ensure we the non-parent/legal guardian may be	Information Stal guardian read we have the at adult. In a legal guardian the statement atte any adult of any of the have the moetic contacted region.	ystem is used for esides with a he parent's ddition, "other adults should not below. Our of your choosing information you st up-to-date garding your
Parent Signature:			
Print Name Here:			
Relationship to Student:			

If yes, dates services received:

EMERGENCY CONTACT INFORMATION