



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

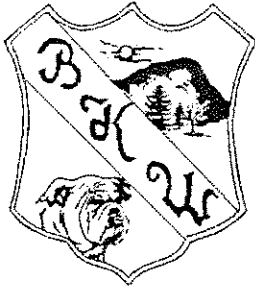
Pre-K registration for the 2025-2026 school year will open on January 29, 2025. Applications will be accepted starting on this date. After completing the online registration, please submit all required documents listed in Step 2 to the elementary main office. Documents must be dropped off by Friday, 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, 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

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.

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: _____

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 $\geq 10 \mu\text{g/dL}$				<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 And girls grades 5 & 7	Negative	Positive	Referral	
	<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				
<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: _____				
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.				

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: _____