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)

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: _____ 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 <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
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

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 melissa.carl@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

Berne-Knox-Westerlo Central School District

Student Residency Questionnaire

Name of School: _____ Grade: _____

Name of Student: _____ Sex: _____Male

_____Female

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

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

1. Is your current address a temporary living arrangement? Yes_____ No_____

2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes_____ No_____

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

Where is the student presently living? (check one)

_____ In a motel

_____ In a shelter

_____ With more than one family in a house or apartment

_____ Moving from place to place

_____In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite

Name of Parent(s)/Legal Guardian(s): _____

Address: _____ Phone: _____

**Is transportation (bus) required: Yes_____ No_____

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

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

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of School Official: _____ Date: _____

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

Date: _____ McKinney-Vento Liaison Signature: _____

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

Today's Date: _____

Child's Name: _____ Sex: _____

Date and Place of Birth: _____ Grade: _____

Parent/Guardian (resides with): _____

Address: _____

Father's Name: _____ Home Phone: _____

Mother's Name: _____ Home Phone: _____

Father's Place of Business: _____ Phone: _____

Mother's Place of Business: _____ Phone: _____

Family Physician: _____ Phone: _____

Has your child ever had any of the following? If so, indicate the date.		
Chicken Pox	Pneumonia	Diabetes
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

Frequent colds & sore throat

Bee Sting Allergy

Ear Condition

Allergies

Frequent Headaches

Operations

Serious Injuries

Under treatment at this time for any other condition? _____

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.