

First Day Registration  
Watervliet City School District

**Student Information**

**Student ID #**

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ NY, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Grade \_\_\_\_ DOB \_\_\_\_\_

Students Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Male  Female  Social Security Number (optional) \_\_\_\_\_

If Country of Origin is not the U.S.A.: Date of initial Entry into U.S. \_\_\_\_\_ Years in U.S. Schools \_\_\_\_\_

Ethnic Category: White (not Hispanic)  Black (not Hispanic)  Hispanic

American Indian/Alaskan  Asian  Pacific Islander

Students Home Language: English \_\_\_\_\_ Other \_\_\_\_\_

Residence Type: Own  Rent  Lease  Unknown

**Family History**

Father's Name \_\_\_\_\_ DOB \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Place of Employment \_\_\_\_\_

Mother's Name \_\_\_\_\_ DOB \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Place of Employment \_\_\_\_\_

Family E- Mail Addresses \_\_\_\_\_

Babysitter: \_\_\_\_\_ Telephone (home): \_\_\_\_\_ Cell: \_\_\_\_\_ Relation: \_\_\_\_\_

Parents: Married  Divorced  Separated  Widowed  Single

If parents are separated, what legal arrangements are in place?

Joint Custody  Sole Custody  Visitation Rights  Foster Students

**NOTE:** Custody documents are required to be on file in the guidance office.

If child is **NOT** living with a parent, please indicate guardian's name \_\_\_\_\_

Guardian's relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Guardian's mailing address \_\_\_\_\_

School child attended last year (if not in this school system) \_\_\_\_\_

Address \_\_\_\_\_

Mail from school should be addressed to (check one): Both Parents  Mother  Father  Guardian

**Brothers or Sisters in School**

1 \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
 2 \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
 3 \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
 4 \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Brothers or Sisters - preschool age**

1 \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 2 \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 3 \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

**EMERGENCY DATA**

In case of an emergency, illness, accident or removal from school due to discipline issues we will contact the parent/guardian first. If we are unsuccessful the following adults listed will be contacted. Please inform these people that are listed as emergency contacts for your child. If your child needs to leave school, only the following adults, including the parents, will be allowed to sign him/her out.

**In case of early dismissal or a "go home" drill, where should your child go?** If not dismissed to home, then please list the location and responsible adult's name. \_\_\_\_\_

**PLEASE NOTE:** Please indicate with your emergency contacts if the phone is home, work or cell.

1. Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_ (h)(w)(c)  
 2. Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_ (h)(w)(c)  
 3. Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_ (h)(w)(c)

Physician to Be Called in an Emergency \_\_\_\_\_ Phone # \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

In Case Of an Emergency, Hospital Preferred \_\_\_\_\_

Please list any serious illness such as Heart Disease, Diabetes, Epilepsy, severe allergies, eye or ear problems or any chronic condition, etc. Please include any operation or serious injury, eg. fractures, severe laceration requiring sutures, etc. \_\_\_\_\_

I understand that if I provide false information on the registration forms and/or on the supporting materials that I may be committing the crime of perjury in the third degree (a class A misdemeanor); if I provided false information on these forms to the Watervliet City School District with the intent to defraud the District, I may be committing the crime of perjury in the second degree (a class E Felony); and I may be prosecuted on criminal charges for such false information.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Class assigned \_\_\_\_\_ Bus# \_\_\_\_\_ Stop# \_\_\_\_\_ Date of Entry \_\_\_\_\_

\*Please Note: All students who arrive late or leave early must have a written note signed by the parent/guardian.

**OFFICE USE ONLY:**

HL _____ HS _____ D _____ M _____ English Language Learners: Number of Years in ELL program _____ Date of Entry in grade 9 _____ Immunization Date: (1 <sup>st</sup> Polio) _____ Does child have an IEP? _____ 504 _____ Type of disability: _____	<b>PROOF OF RESIDENCY:</b> ___ Property Tax Bill ___ Mortgage Statement ___ Lease Agreement ___ Certificate of Occupancy
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## WATERVLIET CITY SCHOOL DISTRICT KINDERGARTEN QUESTIONNAIRE

**Complete for Kindergarten Students Only (In addition to Student registration Form)**

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Has your child attended:  Head Start  Day Care Center  Nursery School

Pre-kindergarten:  Yes  No Watervliet City School Pre-kindergarten?  Yes  No

Name of School: \_\_\_\_\_

How many days of week did your child attend?  5 days  3 days Other: \_\_\_\_\_

Full Day Session  Half-Day Session Number of Months in Program \_\_\_\_\_

May we contact the school for information?  Yes  No

At what age did your child begin to walk?  Before 1 year  1 year  After 1 year

At what age did your child begin to talk?  Before 1 year  1 year  After 1 year

Can people other than family understand your child's speech?  Yes  No

Which hand does your child use more readily?  Left  Right  Undetermined

Does your child make friends easily?

All the time  Most of the time  Sometimes  Seldom

Does your child play well with other children?

All the time  Most of the time  Sometimes  Seldom

Does your child play with children who usually are younger?

Younger  Same Age  Older

Does your child accept changes in schedule without getting upset?

All the time  Most of the time  Sometimes  Seldom

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)



## Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:*

*In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.*

*Thank You*

**TO BE COMPLETED BY SCHOOL PERSONNEL**

DISTRICT *WES* Please print or type clearly

SCHOOL \_\_\_\_\_ GRADE *K*

STUDENT NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_  
Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER \_\_\_\_\_

COUNTRY OF BIRTH / ANCESTRY \_\_\_\_\_

NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S. \_\_\_\_\_

NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION \_\_\_\_\_

DETERMINATION:  Possible LEP  
 English Proficient

(✓ boxes that apply)

1. What language(s) is spoken in the student's home or residence?  English  Other \_\_\_\_\_ specify
2. What language(s) are spoken most of the time to the student, in the home or residence?  English  Other \_\_\_\_\_ specify
3. What language(s) does the student understand?  English  Other \_\_\_\_\_ specify
4. What language(s) does the student speak?  English  Other \_\_\_\_\_ specify
5. What language(s) does the student read?  English  Other \_\_\_\_\_ specify  Does Not Read
6. What language(s) does the student write?  English  Other \_\_\_\_\_ specify  Does Not Write

7. In your opinion, how well does the student understand, speak, read and write English?

	Very well	Only a little	Not at all
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Parent/Guardian/Other \_\_\_\_\_

Date \_\_\_\_\_

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

*Watervliet Elementary School*

**Loida Lewinter**  
Principal

**David Wareing**  
Assistant Principal

Thank you for reviewing the school procedures and Code of Conduct for the Watervliet Elementary School with your child. Parental support and communication with the school is a vital component for a successful school year.

(Please print the following information)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

We would ask that both parent/guardian and student sign to acknowledge that they have read and are familiar with the Code of Conduct used at Watervliet Elementary School.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please return the signed sheet to your child's classroom teacher. The informational pamphlet should be kept at home for reference throughout the school year. Failure to sign the above sheet does not exclude or absolve individuals from adhering to the school rules and policies set forth by the Watervliet Board of Education. Thank you in advance for your cooperation and support with all of our school programs and initiatives. Please contact the school if you have any questions or concerns.

Thank you,

Loida Lewinter  
Principal

David Wareing  
Assistant Principal

**WATERVLIET ELEMENTARY SCHOOL**

**2557 10<sup>th</sup> Avenue  
Watervliet, NY 12189**

**EMERGENCY EVACUATION OR "GO HOME" DRILL**

Dear Parent/Guardian:

"GO HOME" drills, QUICK DISMISSAL and other unusual emergencies create a need for a plan for the orderly evacuation of a building.

For the safety of everyone, we are asking for the cooperation of parents and all concerned that in the event of a "GO HOME" drill, or an EMERGENCY EVACUATION of a school building, students are to be instructed by their parents of an alternate place to go in the event that no one is at home.

If your child is not dismissed to home, then please list the location and the responsible adult's name on the bottom portion of this notice and return it to your child's teacher as soon as possible.

Sincerely,

Mrs. Loida Lewinter

Interim Principal

\_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_ Teacher Name \_\_\_\_\_

During a "GO HOME" drill or EMERGENCY EVACUATION my child should:

\_\_\_\_ GO DIRECTLY HOME

\_\_\_\_ SHOULD REPORT DIRECTLY TO:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Watervliet CITY SCHOOLS**

■ 1245 Hillside Drive  
 ■ Watervliet, NY 12189  
 ■ (518) 629-3200

Dr. Lori S. Caplan  
 Superintendent of Schools  
 www.watervlietcityschools.org

**Transportation Form  
 2017-2018 School Year**

■ **Watervliet Jr./Sr.  
 High School**  
 1245 Hillside Drive  
 Watervliet, NY 12189  
 (518) 629-3300

Dear Parent/Guardian:

In compliance with Education Law, a formal request must be made to this school district each year for all children eligible for bus transportation. If you would like to request transportation for your child/children who will be attending school in September, you must return this form by April 1<sup>st</sup> of this current year.

Please list all children for whom you are requesting bus transportation:

■ **Watervliet  
 Elementary School**  
 2557 10th Avenue  
 Watervliet, NY 12189  
 (518) 629-3400

Student Name:	Grade in September:	School:
_____	_____	_____
_____	_____	_____
_____	_____	_____

■ **Business Office**  
 1245 Hillside Drive  
 Watervliet, NY 12189  
 (518) 629-3203

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home, work and/or cell): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation Eligibility**

<p><u>Grades K-6:</u> All children living in the Enlarged City School District of Watervliet, including Mannsville, are eligible for transportation, providing they live 0.56<sup>th</sup> of a mile or more from the elementary school.</p>	<p><u>Grades 7-12:</u> All children living in the Enlarged City School District of Watervliet are eligible for transportation, providing they live 1.5 miles or more from the high school.</p>	<p><u>Private/Charter Schools:</u> CDTA Swiper Cards will be provided to allow one trip to and from school each day of the student's required attendance. Children grades K-6<sup>th</sup> are not eligible for a swiper card.</p>
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Office Use Only:

A.M. Bus #: \_\_\_\_\_ Stop: \_\_\_\_\_

P.M. Bus #: \_\_\_\_\_ Stop: \_\_\_\_\_

Watervliet City School District Office of Registration  
 1245 Hillside Drive, Watervliet, NY 12189  
**STUDENT RACIAL AND ETHNIC IDENTIFICATION**

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

<b>Name of School:</b>
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<b>School District Student Identification Number:</b>	<b>Date of Birth (Month/Day/Year)</b>
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<b>Student Name: Last, First, Middle:</b>	<b>Grade Level:</b>
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**Directions To Parent/Guardian**  
 PLEASE ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.  
 [For question (1) Check the box that best describes your child.] Check only ONE box.

<p>1. <b>Is the student Hispanic, Latino, or Spanish origin?</b> 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.</p> <p><input type="checkbox"/> YES, Hispanic</p> <p><input type="checkbox"/> NO, not Hispanic</p>
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<p>2. <b>Select one or more races from the following five racial groups</b> [For question 2 Check all groups that apply to your child; check at least ONE box.]:</p> <p><input type="checkbox"/> <b>AMERICAN INDIAN OR ALASKA NATIVE:</b> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</p> <p><input type="checkbox"/> <b>ASIAN:</b> 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.</p> <p><input type="checkbox"/> <b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> <b>BLACK OR AFRICAN AMERICAN:</b> A person having origins in any of the Black racial groups of Africa.</p> <p><input type="checkbox"/> <b>WHITE:</b> A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p>
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\_\_\_\_\_ (Signature of Parent/Guardian/Other) \_\_\_\_\_ (Date)

Relationship to Student (Please check one box below):  
 Mother       Father       Guardian       Other (Specify): \_\_\_\_\_

**See reverse for important message to  
 Parents/Guardians and Confidentiality Procedures and  
 Regulations.**



# WATERVLIET CITY SCHOOL DISTRICT RESIDENCY QUESTIONNAIRE

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last
First
Middle

Gender:  Male      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Grade: \_\_\_\_      ID#: \_\_\_\_\_  
 Female
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 the 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 (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, Student  
 (for unaccompanied homeless youth)

\_\_\_\_\_  
 (Date)

If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

**WATERVLIET CITY SCHOOL DISTRICT**  
**Office of Registration**  
**1245 Hillside Drive**  
**Watervliet, New York 12189**  
**Phone (518) 629-3204**  
**Fax (518) 273-4772**

**RELEASE OF RECORDS**

DATE: \_\_\_\_\_

Attention Registrar/Guidance:

\_\_\_\_\_ has/will be registering at Watervliet City School District  
(STUDENTS NAME)

in grade \_\_\_\_\_. Please send us the following records:

- Academic records
- Health records (**HEALTH LAW REQUIRES IMMUNIZATIONS FOR ENTRY INTO SCHOOL**).
- Information on special education/504 needs or concerns.
- CSE classification and IEP/psychological evaluations if applicable.
- Court papers (custody or order of protection)
- Attendance Records
- Discipline Records
- Any other information that may be of value to us.

**RECORDS RELEASE**

DATE: \_\_\_\_\_

I give permission for \_\_\_\_\_ to release  
(NAME OF SCHOOL)

the above requested information concerning my son/daughter to the Watervliet City School District.

\_\_\_\_\_  
(PARENT/LEGAL GUARDIAN)

## Watervliet City School District Health History

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M / F

Date of Birth: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Dentist name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Please list all medications your child is on and what it is used for:

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Please note any allergies, please include food allergies and note whether it is life threatening:

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Please note any medical conditions – past or present :

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Is there anything else the nurse should be aware of for your child:

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Watervliet Elementary School  
2557 10<sup>th</sup> Avenue  
Watervliet, NY 12189  
629-3400  
629-3252 fax

Consent to Release Information

Please release medical and immunization records for the following child/children...

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Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

Please either mail to the above address or fax the request information  
Attention: Sue Vogel RN  
School Nurse

Thank you,  
S. Vogel RN

## Watervliet City School District Health Information

### Physicals

Per New York State, physical exams must be done on all children who are new to this school or are in the following grades – K 2<sup>nd</sup>, 4<sup>th</sup>, 7<sup>th</sup> and 10<sup>th</sup>. These must be done within one year before the start of the school year. Your child's own physician is the best person to do this exam. If a physical is not provided, the school's physician will do one. Please be sure to provide the school with any medical information that pertains to your child. This helps everyone involved with your child's care and education.

### Immunizations

Immunizations must be up to date at the school by the beginning of the school year or your child may be excluded from school. New requirements as of 7/1/14.

4 – 5 doses of DTP	1 dose of MMR/ 2 <sup>nd</sup> dose by the age of 7 years
3 doses of Polio	2 doses of Varicella/ Chickenpox
3 doses of Hepatitis B	<b>6<sup>th</sup> graders will need Tdap and 2<sup>nd</sup> Varicella</b>

### Attendance

Attendance is considered an important part of your child's education and may play an important role in your child being promoted to the next grade level. Please speak with your child's teacher or the attendance officer if you are concerned regarding excessive absenteeism.

Phone calls and written excuses are mandatory if your child stays home.

Attendance Officer Elementary School 629-3214. Students are late after 8:50 am

Attendance Officer High School 629-3301. Students are late after 8:00 am

### Illness

Your child may need to stay home or will be sent home in any of the following symptoms are present:

-vomiting or diarrhea

-temperature  $\geq 100$  and **must be fever free for 24 hours without Tylenol or Motrin**

- any unexplained rash

- any redness or drainage from the eyes which could indicate pink eye

-Live lice or nits (lice eggs) If your child has had lice – please bring them to the Health Office so they can be cleared to re-enter school

Elementary Nurse Mrs. Vogel 629-3402

High School Nurse Mrs. Bradley 629-3304

**WATERVLIET CITY SCHOOL DISTRICT  
WATERVLIET HEALTH SERVICES  
WATERVLIET, NY 12189**

Dear Parent/Guardian:

Please review the following policy regarding the administration of medication to students during school hours. This policy applies to all prescription and non-prescription (over the counter) drugs.

**PLEASE NOTE: Information must be documented on the District's Medication Form.**

School personnel may administer medication to students when provided with the following:

1. A written request from the physician indicating the diagnosis, name of medication, the frequency and dosage of the prescribed medication. **New request needed each school year.**
2. A written request from the parent to administer the medication as specified by the doctor. **New request needed each school year.**
3. The medication should be delivered to the nurse by the parent or guardian. **UNDER NO CIRCUMSTANCES SHOULD THE MEDICATION BE DELIVERED BY THE STUDENT.**
4. Medication must be in a pharmacy container that clearly indicates the **DATE, NAME OF STUDENT, NAME OF PHYSICIAN, DOSAGE AND FREQUENCY.**

**RE: Inhalers in the High School** – If a student is to carry an inhaler with him/her, the physician must provide documentation indicating this. The student should then use the inhaler in the Health Office, if possible or report to the nurse that the inhaler was used.

If there are any questions, please call the school nurse at the following numbers:

Suzanne Vogel      629-3402

Suzanne Bradley      629-3304

**WATERVLIET CITY SCHOOL DISTRICT  
WATERVLIET HEALTH SERVICES  
WATERVLIET, NEW YORK**

**MEDICATION FORM (INCLUDING TYLENOL)**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Parents: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**TO AUTHORIZED SCHOOL PERSONNEL:**

I hereby request and authorize you to give: \_\_\_\_\_  
(Name and Dose of Medication)

as prescribed by Dr. \_\_\_\_\_ and I release school personnel from liability should reactions result from medications. In case of an anaphylactic reaction, follow-up care and transportation are to be as follows:

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

**PLEASE NOTE:** The parent or guardian must deliver the medication ( including Tylenol) to the Health Office in a properly labeled original container.

.....

I prescribe \_\_\_\_\_ to be given to:

\_\_\_\_\_ by school personnel during school hours for reasons stated:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

Recommended / Sample Form

NYSED requires an annual physical exam for new entrants, students in Grades K, 2, 4, 7 and 10, sports, working pupils and triennially for the Committee on Special Education (CSE).

### HEALTH CERTIFICATE / APPRAISAL FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Gender:  M  F Grade: \_\_\_\_\_

#### IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached  
 No immunizations given today  
 Immunizations given since last Health Appraisal:

Sickle Cell Screen:  Positive  Negative  Not done Date: \_\_\_\_\_  
 PPD:  Positive  Negative  Not done Date: \_\_\_\_\_  
 Elevated Lead:  Yes  No  Not done Date: \_\_\_\_\_  
 Dental Referral:  Yes  No  Not done Date: \_\_\_\_\_

Significant Medical/Surgical History:  See attached \_\_\_\_\_

Allergies:  LIFE THREATENING  Food: \_\_\_\_\_  Insect: \_\_\_\_\_  Other: \_\_\_\_\_  
 Seasonal  Medication: \_\_\_\_\_

#### PHYSICAL EXAM

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Body Mass Index: _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> through 49 <sup>th</sup> <input type="checkbox"/> 50 <sup>th</sup> through 84 <sup>th</sup> <input type="checkbox"/> 85 <sup>th</sup> through 94 <sup>th</sup> <input type="checkbox"/> 95 <sup>th</sup> through 98 <sup>th</sup> <input type="checkbox"/> 99 <sup>th</sup> and higher	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Vision - without glasses/contact lenses</td> <td style="text-align: center;">R</td> <td style="text-align: center;">L</td> <td style="text-align: center;">Referral</td> </tr> <tr> <td style="text-align: center;">Vision - with glasses/contact lenses</td> <td style="text-align: center;">R</td> <td style="text-align: center;">L</td> <td></td> </tr> <tr> <td style="text-align: center;">Vision - Near Point</td> <td style="text-align: center;">R</td> <td style="text-align: center;">L</td> <td></td> </tr> <tr> <td style="text-align: center;">Hearing <input type="checkbox"/> Pass 20 db sc both ears or:</td> <td style="text-align: center;">R</td> <td style="text-align: center;">L</td> <td></td> </tr> </table>	Vision - without glasses/contact lenses	R	L	Referral	Vision - with glasses/contact lenses	R	L		Vision - Near Point	R	L		Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	
Vision - without glasses/contact lenses	R	L	Referral														
Vision - with glasses/contact lenses	R	L															
Vision - Near Point	R	L															
Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L															

EXAM ENTIRELY NORMAL    Tanner: I. II. III. IV. V.    Scoliosis:  Negative  Positive: \_\_\_\_\_

Specify any abnormality (use reverse of form if needed): \_\_\_\_\_

#### MEDICATIONS

Medications (list all):  None  Additional medications listed on reverse of form

Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage/Time: \_\_\_\_\_

If AM dose is missed at home: \_\_\_\_\_

I assess this student to be self-directed  Yes  No    Student may self carry and self administer medication  Yes  No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

#### PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

\_\_\_ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.

\_\_\_ Non-contact: badminton, bow, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance track, run, walk, rope jump

Specify medical accommodations needed for school: \_\_\_\_\_  None

Known or suspected disability: \_\_\_\_\_  Please monitor

Restrictions: \_\_\_\_\_  Please monitor

Protective equipment required:  Athletic Cup  Sport goggles/impact resistant eyewear  Other \_\_\_\_\_

#### OPTIONAL INFORMATION, if known

Specify current diseases:  Asthma    Diabetes:  Type 1  Type 2     Hyperlipidemia     Hypertension  
 Other: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ (Stamp below)

Provider's Name/Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director



# SAMPLE

## Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. 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 dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist 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:  Male      Will this be your child's first visit to a dentist?     Yes     No  
Month    Day    Year  
 Female

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

I. The Dental Health condition of \_\_\_\_\_ on \_\_\_\_\_ (date of exam) The date of the exam 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 him/her attendance at the public schools.
- No, The student listed above is not in fit condition of dental health to permit him/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 name and address (please print or stamp) Dentist's Signature

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Optional Sections - If you agree to release this information to school, parent 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 1/2 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.

**SUBJECT: STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES  
(ACCEPTABLE USE POLICY)**

The Board of Education will provide access to various computerized information resources through the District's computer system ("DCS" hereafter) consisting of software, hardware, computer networks and electronic communications systems. This may include access to electronic mail, "on-line services" and the "Internet." It may include the opportunity for some students to have independent access to the DCS from their home or other remote locations. All use of the DCS, including independent use off school premises, shall be subject to this policy and accompanying regulations. Further, all such use must be in support of education and/or research and consistent with the goals and purposes of the School District.

**Access to Inappropriate Content/Material and Use of Personal Technology or Electronic Devices**

The policy is intended to establish general guidelines for acceptable student use of the DCS and also to give students and parents/guardians notice that student use of the DCS will provide student access to external computer networks not controlled by the School District. The district cannot screen or review all of the available content or materials on these external computer networks. Thus some of the available content or materials on these external networks may be deemed unsuitable for student use or access by parents/guardians.

Despite the existence of District policy, regulations and guidelines, it is virtually impossible to completely prevent access to content or material that may be considered inappropriate for students. Students may have the ability to access such content or material from their home, other locations off school premises and/or with a student's own personal technology or electronic device on school grounds or at school events. Parents and guardians must be willing to establish boundaries and standards for the appropriate and acceptable use of technology and communicate these boundaries and standards to their children. The appropriate/acceptable use standards outlined in this policy apply to student use of technology via the DCS or any other electronic media or communications, including by means of a student's own personal technology or electronic device on school grounds or at school events.

**Standards of Acceptable Use**

Generally, the same standards of acceptable student conduct which apply to any school activity shall apply to use of the DCS. This policy does not attempt to articulate all required and/or acceptable uses of the DCS; nor is it the intention of this policy to define all inappropriate usage. Administrative regulations will further define general guidelines of appropriate student conduct and use as well as proscribed behavior.

The following types of conduct are not permitted:

- a) Using another's password/account and/or sharing a password/account
- b) Sending or displaying offensive messages or pictures
- c) Using obscene language
- d) Harassing, insulting or attacking others
- e) Damaging computers, computer system or networks
- f) Violating copyright laws
- g) Trespassing in another's folder, work or files
- h) Intentionally wasting limited resources
- i) Employing the network for commercial purposes

This is not intended to be comprehensive, but to illustrate the expectations set for the by the District.

District students shall also adhere to the laws, policies and rules governing computers including, but not limited to, copyright laws, rights of software publishers, license agreements, and student rights of privacy created by federal and state law.

**SUBJECT: STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES  
(ACCEPTABLE USE POLICY) (Cont'd.)**

Students who engage in unacceptable use may lose access to the DCS in accordance with applicable due process procedures, and may be subject to further discipline under the District's school conduct and discipline policy and the District Code of Conduct. The District reserves the right to pursue legal action against a student who willfully, maliciously or unlawfully damages or destroys property of the District. Further, the District may bring suit in civil court against the parents/guardians of any student who willfully, maliciously or unlawfully damages or destroys District property pursuant to General Obligations Law Section 3-112.

Student data files and other electronic storage areas will be treated like school lockers. This means that such areas shall be considered to be School District property subject to control and inspection. The District Network Administrator may access all such files and communications without prior notice to ensure system integrity and that users are complying with the requirements of this policy and accompanying regulations. Students should **NOT** expect that information stored on the DCS will be private.

**Notification/Authorization**

The District's Acceptable Use Policy and Regulations will be disseminated to parents and students in order to provide notice of the school's requirements, expectations, and students' obligations when accessing the DCS.

Regulations will be established as necessary to implement the terms of this policy.

NOTE: Refer also to Policies #3121 -- Use of Social Media Policy  
#8271 -- Internet Safety/Internet Content Filtering Policy  
*District Code of Conduct on School Property*

Adopted: 6/19/12

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Policy 3121  
Community Relations

**SUBJECT: USE OF SOCIAL MEDIA POLICY**

The Board of Education of the Watervliet City School District recognizes the importance of District employees, students and parents engaging, collaborating, learning, and sharing in digital environments. To this aim, the Watervliet City School District has developed the following policy to provide direction for District employees, students and parents when participating in online school-based social media activities.

The Watervliet City School District "Use of Social Media" policy encourages employees and students to participate in the use of social computing for school-based learning and strives to create an atmosphere of trust and individual accountability, keeping in mind that information produced by the Watervliet City School District teachers and students is a reflection of the entire District and is subject to the District's Acceptable Use Policy. By accessing, creating or contributing to any Web 2.0 (blogs, wikis, podcasts, sites using digital or video imaging or other social media) for classroom or District use, all employees and students are required to abide by these guidelines.

Therefore, the Board of Education will direct the Superintendent of Schools to establish appropriate guidelines that will be used as a model for all employees and students, parents and community members in using the social media sites that may affect our students and the School District.

This policy will be revisited every year in approving the School District's *Code of Conduct on School Property* in order to ensure the compliance of this policy or changes that may be necessitated by advancements in digital media.

## **SUBJECT: USE OF SOCIAL MEDIA POLICY (Cont'd.)**

### **Definitions**

"Social media" from this point forward refers to Internet-based media that includes, but is not limited to blogs, wikis, podcasts, sites using digital images and video. It refers to a wide variety of Internet-based sites that include, but is not limited, to Facebook, Twitter, Google shared apps, You Tube, and other media that involves the interaction and sharing of social information and employee/student work.

### Personal Responsibility

- a) Watervliet City School District employees and students are legally and personally responsible for the content they publish online.
- b) Online behavior should reflect standards of honesty, respect, and consideration.
- c) When posting to a blog relating to the District or education, it is to be stated at the beginning of the posting that the information is representative of the author's views and opinions and not necessarily the views and opinions of the Watervliet City School District.
- d) Social media, when used in a constructive manner can be an extension of the classroom. What is inappropriate in a classroom should be deemed inappropriate online.
- e) Employees should ensure that content associated with them is consistent with the goals of the Watervliet City School District.
- f) All School Board members, educators, teachers and staff members are reminded that they are expected to abide by all applicable state and federal laws, professional and ethical codes of conduct, Board of Education Policies, administrative regulations, the District Code of Conduct, applicable employment handbooks/policies, and collective bargaining agreements. This statement does not replace or supersede any existing policy or procedure.
- g) Confidential student and employee information may not be posted online on any social media tool.
- h) Social media will not be used to harass or bully others in any way.
- i) Individuals' privacy shall be respected in the use of social media.

### Copyright and Fair Use for Employees and Students

- a) Respect copyright and fair use guidelines.
- b) Hyperlinking to outside sources is recommended. When hyperlinking be sure that the content is appropriate.
- c) Be sure to always give credit where it is due (proper attribution) and not to plagiarize.

### Profiles and Identity

- a) Be cautious on how you set up a profile, bio, avatar, etc. No addresses or phone numbers of students, employees, parents or community members should appear on school-based social media, including blogs or wikis.
- b) In accordance with the District's opt out of directory and media policy- {Check with the Building Principals for the list of parents who have chosen to have their child opt out} pictures, videos, audio or digital reproductions of students, employees, parents or community members can be displayed on any school-based social media site without the consent of the individual student (if 18 or older, i.e., "eligible student") or the parents or guardians of students (less than 18 years of age) unless the eligible student or parent/guardian chose to sign.

## **SUBJECT: USE OF SOCIAL MEDIA POLICY (Cont'd.)**

### **Requests for Social Media Sites**

The Watervliet City School District understands that technology is constantly changing and that many sites have pedagogical significance for teacher and student use.

- a) If you would like to request that an online site (including one of your own creation) be accessible to use for teaching and learning, please fill out the Social Media Request Form and submit it to District Director of Curriculum and Instruction for review.
- b) Requests will be reviewed and the District social media guidelines will be updated periodically.
- c) A description should be provided of the intended use of the site and what tools on the site match your needed criteria.
- d) A link to the site's privacy policy should be included if possible.

### **Social Media Policy for Students**

- a) A student will not post identifying information such as address, age, email address, or telephone number.
- b) The School District's *Code of Conduct on School Property* applies to the use of District technology and Social Media.
- c) A student may not use the school-based social media, including blog/web 2.0 tools, to violate the Watervliet City School District's *Code of Conduct on School Property* by plagiarizing, cheating, forging, or using copyrighted material without permission.
- d) A student may not publish links to inappropriate websites.
- e) A student will use appropriate language. Offensive language will not be accepted.
- f) A student will not use social media, including blogs/web 2.0 tools, to harass or bully others in any way.
- g) A student must respect the privacy of others at all times.
- h) A student must understand that there will be consequences for misuse of the school-based social media, including blogs/web 2.0 tools, as per the Acceptable Use Policy and the School District's *Code of Conduct on School Property*.
- i) The misuse of personal or home-based social media, depending on its potential effect on the health, safety and welfare of students/others and the maintenance of the educational setting in school, may result in referral to law enforcement and/or student or employee discipline in accordance with law and regulation.

### **Social Media Policy for Teachers**

- a) A teacher will register his/her social media for school-based learning with the Watervliet City Office of Technology by contacting the Director of Curriculum and Instruction.
- b) A teacher will provide students with the Watervliet City School District's Use of Social Media Policy and actively review the policy several times during the school year.
- c) Students must read and sign the Watervliet City School District's Use of Social Media Policy before participating in any social media activity.
- d) A teacher will teach students safe and appropriate behavior as social media authors and readers.

**SUBJECT: USE OF SOCIAL MEDIA POLICY (Cont'd.)**

- e) A teacher will recognize the social media as a closed conversation for members of the class and will not open the site to any person who is not a participant in the class, except for others whose presence on the site supports the educational goals and objectives of the lesson who have been pre-approved by the teacher.
- f) A teacher will actively monitor the social media for cyber-bullying, offensive language or images, and other material that violates the Use of Social Media Policy or other policies of the District.
- g) A teacher will protect student privacy at all times by not publishing identifying information such as address, email address, or telephone number.
- h) All social media must have a direct correlation to subject material taught in class and will not be used for personal social networking.
- i) Teachers must enforce consequences for social media misuse. They must report violations to the Building Principal.

**SUBJECT: USE OF SOCIAL MEDIA POLICY & STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES (ACCEPTABLE USE POLICY)**

**ACKNOWLEDGMENT AND SIGNATURE PAGE**

I have read and understand the Watervliet City School District's Use of Social Media Policy and Student Use of Computerized Information Resources (Acceptable Use Policy).

\_\_\_\_\_ Student \_\_\_\_\_ Grade \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_ Parent  
Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

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(For Staff Only)

\_\_\_\_\_ Teacher/Staff  
Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_