

First Day Registration –ELEMENTARY
Watervliet City School District

Student Information _____ **Student ID#** _____

Student's Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ City _____ NY, Zip Code _____

Primary Phone (Cell/Home) _____ Grade _____ DOB _____

Student's Place of Birth – City _____ State _____ Country _____

Male Female Social Security Number (Optional) _____

Residence Type: Own Rent Lease Unknown

Family Information _____

Father's Name _____ DOB _____ Occupation _____

Address _____ City _____ Place of Employment _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email Address _____

Mother's Name _____ DOB _____ Occupation _____

Address _____ City _____ Place of Employment _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email Address _____

Parents: Married Divorced Separated Widowed Single

Please check any legal arrangements that are in place regarding child:
Joint Custody Sole Custody Visitation Rights Fostering
NOTE: Custody documents are required to be on file with the district.

Babysitter: _____ Home Phone _____ Cell Phone _____ Relation _____

If child IS NOT living with a parent, please indicate guardian's name and relation:

Home Phone _____ Cell Phone _____ Work Phone _____

Guardian's mailing address _____

Please list all previous schools child has attended:

Name: _____ Address: _____ State: _____ Country: _____ Entry Date: _____ Exit Date: _____

Brothers and/or Sisters in School:

1. _____ Grade _____ School _____
2. _____ Grade _____ School _____
3. _____ Grade _____ School _____
4. _____ Grade _____ School _____

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 those listed that they are 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.

1. _____ Relationship _____ Phone # _____ (h) (c) (w)
2. _____ Relationship _____ Phone # _____ (h) (c) (w)
3. _____ Relationship _____ Phone # _____ (h) (c) (w)

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: _____

Physician to be called in an emergency _____ Phone # _____

In case of an emergency, please indicate hospital preference _____

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, fractures, severe laceration requiring sutures, etc.

Does student have an IEP or 504 Plan with Special Education? Yes [] No []

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 provide false information on those forms to the Watervliet City School District with the intent to defraud the district, I may be prosecuted on criminal charges for such false information.

Signature of Parent/Guardian _____ Date _____

WATERVLIET ELEMENTARY SCHOOL

2557 10TH Avenue
Watervliet, NY 12189

EMERGENCY EVACUATION OR "GO HOME" DRILL

Dear Parent/Guardian:

"GO HOME" drills, QUICK DISMISSAL and other unusual emergencies create the 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
Principal

Student's Name _____ Grade _____ Teacher _____

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

_____ GO DIRECTLY HOME

_____ SHOULD REPORT DIRECTLY TO:

Name: _____ Relationship: _____

Address: _____

Home Phone: _() _____ Cell: _() _____

Watervliet City School District – Registrar’s Office
1245 Hillside Drive, Watervliet, NY 12189
STUDENT RACIAL AND ETHNIC IDENTIFICATION

Parent/Guardian: The Watervliet City School District has adopted a policy which requires the collection and recording of the ethnic identity of students in the Watervliet City School District in accordance with federal categories and definitions. The information will be used to:

- Report information to the State and Federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check in the box for the category or categories which best describe your child. The Watervliet City School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all state and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong. Thank you for your cooperation.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student’s permanent record as confidential information

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

“The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.”

Watervliet City School District – Registrar’s Office
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 original, sex, citizenship, handicap condition, or immigration status.

NAME OF SCHOOL:	
STUDENT NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH:
SCHOOL DISTRICT STUDENT IDENTIFICATION #:	GRADE:

Please read and answer questions 1 and 2. For question 1, please check the box that best describes your child.

<p>1. 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.</p> <p><input type="checkbox"/> Yes – Hispanic</p> <p><input type="checkbox"/> No – Not Hispanic</p>

<p>2. Select one or more races from the following five racial groups (please check all that apply)</p> <p><input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE: 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"/> 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, Malaysian, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.</p> <p><input type="checkbox"/> WHITE: 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

Date

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 or 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.



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 *Please print or type clearly*

SCHOOL _____ GRADE _____

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

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?

	<i>Very well</i>	<i>Only a little</i>	<i>Not at all</i>
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"/>

WATERVLIET CITY SCHOOL DISTRICT

HEALTH SERVICES REGARDING MEDICATION ADMINISTRATION

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, and 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:

ELEMENTARY NURSE: (518) 629-3402

HIGH SCHOOL NURSE: (518) 629-3304

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

**MEDICATION FORM (INCLUDING TYLENOL)
~FORM MUST BE COMPLETED IN FULL~**

Student: _____ Grade: _____

Address: _____ Date: _____

Parents: _____

Home Phone: _____ Work Phone: _____

PHYSICIAN: _____

I prescribe _____ to be given to:

_____ by school personnel during school hours for reasons stated:

Physician Signature Date

PARENT: _____

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

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*****

Watervliet Elementary School
2557 10th Avenue
Watervliet, NY 12189
(518) 629-3400
(518) 273-5312 / Fax

Consent to Release Information

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

Signed: _____

Relationship: _____

Date: _____

Please mail or fax the requested information to:

Sue Vogel RN
School Nurse

Thank you,
S. Vogel RN

**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:

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

Please note any medical conditions – past or present :

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

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, 1st, 3rd, 5th, 7th, 9th and 11th grade. 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:

DTaP – 5 doses or 4 doses if 4th dose given at 4 years old

MMR – 2 doses

Polio – 4 doses or 3 doses if 3rd dose given at 4 years old

Varicella – 2 doses

Hepatitis B – 3 doses or 2 Adult doses

TDaP – 1 dose in 6th grade

Meningococcal- 1 dose in 7th grade and 1 dose in 12th grade – this is NOT Meningo B

ILLNESS:

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

-Vomiting or diarrhea

-Temperature of 100 or greater. Must be fever free for 24 hours without Tylenol or Motrin

-Any unexplained rash

-Any redness and discharge 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.

ATTENDANCE:

Attendance is considered to be 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 office if you are concerned regarding excessive absenteeism.

Phone calls and written excuses are MANDATORY if your child stays home

WES Attendance 518-629-3214

WHS Attendance 518-629-3301

Elementary Health Office : 518-629-3402

High School Health Office: 518-629-3304

Transportation Request Form for Watervliet Elementary School

Dear Parent/Guardian:

If you would like to request transportation for your child/children who will be attending school at Watervliet Elementary, please fill out this form in its entirety.

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

Student Name:

Current Grade:

Parent/Guardian: _____

Address: _____

Phone (home, work and/or cell): _____

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

A.M. Bus #: _____ Stop: _____

P.M. Bus #: _____ Stop: _____

<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 0.56th 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/Parochial/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. <i>Children grades K-6th are not eligible for a swiper card and transportation is up to the parent.</i></p>
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Transportation Eligibility:

WATERVLIET CITY SCHOOL DISTRICT

REGISTRAR'S OFFICE

1245 HILLSIDE DRIVE
WATERVLIET, NY 12189
PHONE (518) 629-3204
FAX (518) 629-3268

RECORDS RELEASE

DATE: _____

_____ will be registering at the Watervliet City School District
(STUDENTS NAME)

in grade _____. Please send the following records:

- ✓ Academic records – transcript of grades and regents test results.
- ✓ Transfer grades for 1st, 2nd, 3rd or 4th quarter.
- ✓ Health records (Health law requires immunizations for entry into school).
- ✓ Scores on standardized tests.
- ✓ Copy of science labs that are completed (high school).
- ✓ Information on Special Education/504 needs or concerns.
- ✓ CSE classification and IEP/psychological evaluations if applicable.
- ✓ Court papers (custody, order of protection, etc.)
- ✓ Attendance records.
- ✓ Discipline records.
- ✓ Any other information that may be of value to us.

I give permission for _____ to release the above
(Name of Prior School)

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

Signature: _____
(Parent/Legal Guardian)