

**First Day Registration – KINDERGARTEN**  
**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: \_\_\_\_\_

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**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.

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**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 CITY SCHOOL DISTRICT**  
**KINDERGARTEN QUESTIONNAIRE**

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

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

Pre-Kindergarten:               Yes  No   If yes, where? \_\_\_\_\_

How many days per week did your child attend? \_\_\_\_\_

Full Day     Half-Day    Number of months in program? \_\_\_\_\_

May we contact the school for information?  Yes     No

At what age did your child begin to walk? \_\_\_\_\_

At what age did your child begin to talk? \_\_\_\_\_

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? \_\_\_\_\_

Does your child play well with other children? \_\_\_\_\_

Does your child play with children who are younger? \_\_\_\_\_

Does your child accept changes in schedule without getting upset? \_\_\_\_\_

Is there anything regarding your child that the teacher should be made aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/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 <i>Please print or type clearly</i>			
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		<input type="checkbox"/> Possible LEP <input type="checkbox"/> English Proficient	

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

<b>CONFIDENTIALITY PROCEDURES AND REGULATIONS</b>
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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>
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<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

### **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 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 Elementary School  
2557 10<sup>th</sup> 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...

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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 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, 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> 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 schools 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 4<sup>th</sup> dose given at 4 years old

**MMR** – 2 doses

**Polio** – 4 doses or 3 doses if 3<sup>rd</sup> dose given at 4 years old

**Varicella** – 2 doses

**Hepatitis B** – 3 doses or 2 Adult doses

**TDaP** – 1 dose in 6<sup>th</sup> grade

**Meningococcal**- 1 dose in 7<sup>th</sup> grade and 1 dose in 12<sup>th</sup> 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:

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