

# **Fabius-Pompey Elementary School Registration Packet Kindergarten – Grade 5**

## **Packet Includes:**

- Registration Form
- Housing Questionnaire
- Home Language Questionnaire
- Health History
- NYS Health Examination Form
- Records Request Form (if applicable)

## **Please Provide:**

- Proof of Residency
- Proof of Age
- Parent/Guardian Photo ID
- Evidence of Immunizations and Physical Examination

**Please complete and return to:**

**Stephanie O'Neil, Registrar**

**7800 Main Street**

**Fabius, NY 13063**

**315-683-5301**



**FABIUS-POMPEY CENTRAL SCHOOL DISTRICT**  
**1211 Mill Street, Fabius, NY 13063**

**REGISTRATION FORM**

**Student's Name:** \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female Enrollment Grade: \_\_\_\_  
mm/dd/yyyy

Permanent Address: \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_  
City/State/ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

Description of Location: \_\_\_\_\_

School Previously Attended: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous School Address: \_\_\_\_\_  
Street City/State/Zip

***\*Please complete the Request for Student Records form.***

**Parent/Guardian Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address (if different than student): \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Home Phone (if different than student): \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address (if different than student): \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Home Phone (if different than student): \_\_\_\_\_

**Other Relationship Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address (if different than student): \_\_\_\_\_  
Street/P.O. Box \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Home Phone (if different than student): \_\_\_\_\_

**Siblings, extended family members and others living at home address:**

Name	Relationship to student	Date of birth if sibling/child	Current grade if student



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

Is there a custody agreement in place for your child? \_\_\_\_ Yes \_\_\_\_ No  
If yes, which parent or person in parental relation has physical custody? \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other (specify relationship) \_\_\_\_  
**\*If yes, please provide the District with a copy of the agreement.** Other relationship: \_\_\_\_\_  
If no, and parents reside at separate addresses, please provide the District with a notarized statement acknowledging agreement by both parents as to which parent is designated as parent with residential custody.

Adults authorized to pick up your child: \_\_\_\_\_  
\_\_\_\_\_

Emergency contact name (if parents are unavailable): \_\_\_\_\_

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

Please indicate services previously/currently provided to your child, including number of years provided:

\_\_\_\_\_ Speech/Language \_\_\_\_\_ Special Education \_\_\_\_\_ OT/PT \_\_\_\_\_ English as a New Language  
\_\_\_\_\_ Psychological/Counseling \_\_\_\_\_ Gifted \_\_\_\_\_ Math Support \_\_\_\_\_ Reading Support  
Does your child currently have an IEP? \_\_\_\_ Yes \_\_\_\_ No Does your child have a 504 Plan? \_\_\_\_ Yes \_\_\_\_ No

The following questions are intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services that you and your child 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 Enrollment Form/Residency Questionnaire.**

**Student Racial and Ethnic Identification.** This information is collected in accordance with the policy adopted by the District to satisfy reporting requirements by State and Federal Education Departments, to plan educational programs available to all students and to analyze differences in academic performance, attendance and completion of school.  
Is your child Hispanic, Latino or of Spanish origin? \_\_\_\_ Yes \_\_\_\_ No  
(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.)

Please select one or more races from the following racial groups that apply to your child:

\_\_\_\_ American Indian/Alaskan Native \_\_\_\_ Asian \_\_\_\_ Black or African-American \_\_\_\_ Native Hawaiian/Other Pacific Islander  
\_\_\_\_ White

**Language**  
Is English the primary language spoken in the home? \_\_\_\_ Yes \_\_\_\_ No  
**\*If you answered no, please complete the NYS Home Language Questionnaire.**  
If no, what is the primary language spoken in the home? \_\_\_\_\_

**Active Military Service**  
Is either parent actively serving in the military? \_\_\_\_ Yes \_\_\_\_ No

Any additional information which will help us to understand your child: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Parent/Person in Parental Relation (Printed) Signature of Parent/Person in Parental Relation Date

The information you have provided on this form is confidential. It is protected by the Family Educational Rights and Privacy Act (1974), which prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

Please call the District Office at (315) 683-5301 with any questions regarding required proof of residency, proof of age, health records or proof of guardianship/custody.

**FABIUS-POMPEY CENTRAL SCHOOL DISTRICT**

1211 Mill Street  
Fabius, NY 13063  
(315) 683-5301  
(315) 683-5827 – fax

**Request for Student Records**

Parent/Guardian must complete the top portion and sign below.

- **Previous School's Information:** *(Records request will be sent here)*

School \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

- **Parent's Authorization of Release:**

Student's Name \_\_\_\_\_

Present Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

***I consent to the release of my child's records, as indicated below:***

Parent's Name Printed \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

- 
- **Registrar, please provide all records of the above student, including:**

- All previous **academic** records
- All **classes in progress** and grades
- All **health** records, including immunizations and attendance
- All **test results**, including standardized tests
- Any **psychological testing** and/or disability documentation
- Any other information which would assist this student in transition

**Please mail or fax all records to the District Office of the Fabius-Pompey Central School District, 1211 Mill Street, Fabius, NY 13063. Fax number: (315) 683-5827.**



FABIUS-POMPEY CENTRAL SCHOOL DISTRICT

1211 Mill Street, Fabius, NY 13063

Phone: (315) 683-5301 Fax: (315) 683-5827

HOUSING QUESTIONNAIRE

Name of LEA: \_\_\_\_\_

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 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 because of loss of housing or as a result of economic hardship (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, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Date

If ANY box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

**NOTE TO SCHOOLS/LEAS:** If the student is NOT living in permanent housing, please ensure that a Designation Form is completed.



## INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

### **Purpose of the Housing Questionnaire**

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and BOCES. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The New York State Education Department (NYSED) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

### **Who should fill out the Housing Questionnaire?**

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

### **Confidentiality**

**Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met.** To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

**However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.**

Other than the above uses, housing information **should be kept confidential and should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

### **Discussing the Housing Questionnaire with Students and Families**

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.



The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/his child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status without prior parental consent. Contacting a landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

### **If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire**

If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

### **Completing the Form**

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

### **Definitions of Temporary Housing Arrangements**

*"With another family or other person" (also referred to as "doubled-up")*

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

*"Other temporary living situation"*

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

*"In permanent housing"*

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

### **Next Steps for LEAs with Students Living in Temporary Housing Arrangements**

**If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form.** If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: [http://nche.ed.gov/downloads/briefs/det\\_elig.pdf](http://nche.ed.gov/downloads/briefs/det_elig.pdf).

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.



## 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	

(✓ boxes that apply)

- 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 \_\_\_\_\_ ☐ Does Not Read  
*specify*
- What language(s) does the student write? ☐ English ☐ Other \_\_\_\_\_ ☐ Does Not Write  
*specify*
- 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:

HLQ (2/00) 98-337 PM



FABIUS-POMPEY ELEMENTARY SCHOOL  
Health History Screening Form  
(Kindergarten - Grade 5)

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Health Care Provider/Address \_\_\_\_\_

1. Has your child ever had any of the following?

\_\_\_\_\_ heart disease \_\_\_\_\_ serious injuries \_\_\_\_\_ asthma \_\_\_\_\_ diabetes  
\_\_\_\_\_ head injuries \_\_\_\_\_ ADHD \_\_\_\_\_ anxiety \_\_\_\_\_ food allergies  
\_\_\_\_\_ epilepsy/seizures \_\_\_\_\_ ear infections \_\_\_\_\_ kidney disease \_\_\_\_\_ other  
\_\_\_\_\_ environmental allergies

2. Any surgeries? \_\_\_\_\_ Please list: \_\_\_\_\_

3. Ever been hospitalized? \_\_\_\_\_ For what reason? \_\_\_\_\_

4. Please list all medications your child presently takes and the conditions that they are prescribed:

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

5. Will your child need to take medication at school? \_\_\_\_\_

Medication: \_\_\_\_\_

For: \_\_\_\_\_

6. Has your child had difficulty seeing? \_\_\_\_\_ Glasses? \_\_\_\_\_ Last eye exam? \_\_\_\_\_

7. Has your child had difficulty hearing? \_\_\_\_\_ Tested? \_\_\_\_\_ Results? \_\_\_\_\_

8. Has your child ever seen a dentist? \_\_\_\_\_ Last exam? \_\_\_\_\_

9. Does your child have any food allergies? \_\_\_\_\_ To what? \_\_\_\_\_ Medications  
prescribed? \_\_\_\_\_ What? \_\_\_\_\_ Will they take them at school? \_\_\_\_\_

10. Does your child have a bee sting allergy? \_\_\_\_\_

Medication: \_\_\_\_\_

Will you provide for school-use with a doctor's note?: \_\_\_\_\_

11. Any other comments or concerns? \_\_\_\_\_

\_\_\_\_\_

Any medications at school must be done so following the medication administration policy.  
I understand that all information, reports and/or testing results will be treated confidentially.

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

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM**  
**TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR**  
**IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

**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:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X	
School:	Grade:	Exam Date:

**HEALTH HISTORY**

If yes to any diagnoses below, check all that apply and provide additional information.

<input type="checkbox"/> <b>Allergies</b>	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<input type="checkbox"/> <b>Asthma</b>	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<input type="checkbox"/> <b>Seizures</b>	Type: _____ Date of last seizure: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<input type="checkbox"/> <b>Diabetes</b>	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

**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):** ☐ < 5<sup>th</sup> ☐ 5<sup>th</sup>-49<sup>th</sup> ☐ 50<sup>th</sup>-84<sup>th</sup> ☐ 85<sup>th</sup>-94<sup>th</sup> ☐ 95<sup>th</sup>-98<sup>th</sup> ☐ 99<sup>th</sup> and >

**Hyperlipidemia:** ☐ Yes ☐ Not Done

**Hypertension:** ☐ Yes ☐ Not Done

**PHYSICAL EXAMINATION/ASSESSMENT**

<b>Height:</b>	<b>Weight:</b>	<b>BP:</b>	<b>Pulse:</b>	<b>Respirations:</b>
<b>Laboratory Testing</b>	<b>Positive</b>	<b>Negative</b>	<b>Date</b>	<b>Lead Level</b> Required for PreK & K
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 5$ $\mu\text{g/dL}$
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		

☐ **System Review Within Normal Limits**

☐ **Abnormal Findings – List Other Pertinent Medical Concerns Below** (e.g., concussion, mental health, one functioning organ)

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine/Neck	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

☐ **Assessment/Abnormalities Noted/Recommendations:** \_\_\_\_\_ **Diagnoses/Problems (list)** \_\_\_\_\_ **ICD-10 Code\*** \_\_\_\_\_

☐ **Additional Information Attached**

\*Required only for students with an IEP receiving Medicaid



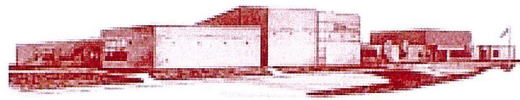
Name:		Affirmed Name (if applicable):		DOB:	
<b>SCREENINGS</b>					
Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11					
<b>Vision</b>	With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Right</b>	<b>Left</b>	<b>Referral</b>	<b>Not Done</b>
Distance Acuity		20/	20/	<input type="checkbox"/> Yes	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail					<input type="checkbox"/>
Notes					
<b>Hearing</b> Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					<b>Not Done</b>
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes		<input type="checkbox"/>
Notes					
Scoliosis Screening: Boys grade 9, Girls grades 5 & 7		<b>Negative</b>	<b>Positive</b>	<b>Referral</b>	<b>Not Done</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>
<b>FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK</b>					
<input type="checkbox"/> <b>*Family cardiac history reviewed</b> – required for Dominic Murray Sudden Cardiac Arrest Prevention Act					
<input type="checkbox"/> <b>Student may participate in all activities without restrictions.</b> <b>If Restrictions Apply</b> – Complete the information below					
<input type="checkbox"/> <b>Student is restricted from participation in:</b>					
<input type="checkbox"/> <b>Contact Sports:</b> Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.					
<input type="checkbox"/> <b>Limited Contact Sports:</b> Baseball, Fencing, Softball, and Volleyball.					
<input type="checkbox"/> <b>Non-Contact Sports:</b> Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.					
<input type="checkbox"/> <b>Other Restrictions:</b>					
<b>Developmental Stage for Athletic Placement Process</b> <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level <b>OR</b> Grades 9-12 who wish to play at the modified interscholastic sports level.					
<b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V					
<input type="checkbox"/> <b>Other Accommodations*:</b> (e.g., brace, orthotics, insulin pump, prosthetic, sports goggles, etc.) Use additional space below to explain.					
*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.					
<b>MEDICATIONS</b>					
<input type="checkbox"/> Order Form for medication(s) needed at school attached					
<b>COMMUNICABLE DISEASE</b>			<b>IMMUNIZATIONS</b>		
<input type="checkbox"/> Confirmed free of communicable disease during exam			<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS		
<b>HEALTHCARE PROVIDER</b>					
Healthcare Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form to Your Child's School Health Office When Completed.					

# FABIUS-POMPEY CENTRAL SCHOOL DISTRICT

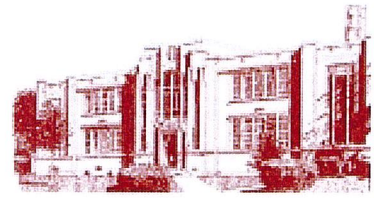
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## Fabius-Pompey CSD Photo/Media Release Opt-Out Form

*Note: Complete this form ONLY if you **DO NOT** give permission for your child to appear in media or school publicity images/video as outlined below. This form only applies to the current school year and is required to be completed annually by parents/guardians. Each student must have their own form. Select those that apply. Please email form to [PIO@fabiuspompey.org](mailto:PIO@fabiuspompey.org) or drop off at the student's respective building main office.*

Student Name: \_\_\_\_\_

My child's photograph, artwork, or film-footage may NOT be released by Fabius-Pompey CSD to the public through means of the **Fabius-Pompey website and social media account(s) including Facebook and Instagram.**

A copy of the completed form will be placed in the student's file for reference.

Parent/Guardian Name: \_\_\_\_\_  
(Please Print)

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

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