REGISTRATION PACKET

Complete the following:

- Registration form
- Pre-Kindergarten Questionnaire
- Contact Information Sheet
- Screening Form
- Housing Questionnaire
- Home Language Questionnaire

Completed forms can be dropped off or mailed to the following address:

1211 Mill Street
Fabius, New York 13063

www.fabiuspompey.org
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  
Home Phone (if different than student):  
City/State/Zip  

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  
Home Phone (if different than student):  
City/State/Zip  

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  
Home Phone (if different than student):  
City/State/Zip  

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to student</th>
<th>Date of birth if sibling/child</th>
<th>Current grade if student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

1 of 2
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 relationship 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: ______________________________________

__________________________________________ Phone: ____________________________

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? __________
(If 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: ________________________________________

______________________________________

Signature of Parent/Person in Parental Relation

Name of Parent/Person in Parental Relation (Printed)

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.

Registration Form

Fabius-Pompey Central School District 2 of 2
Fabius-Pompey Elementary School
Pre-Kindergarten Transition Summary Form

Thank you in advance for completing the Transition Summary Form. Completing this form will help your child have a smoother transition into Pre-Kindergarten. Research shows that when school districts, early learning programs and parents work together to support children as they enter Pre-Kindergarten, children experience an easier transition and are more excited about the start of school.

**Your Information:**
Please complete one form for each child transitioning from your care to Pre-Kindergarten.

Your Name: _______________________________ Date completed __/__/__

Child’s Name: _______________________________ Date of birth __/__/__

Relationship to child: _______________________________

**Parent Information:**

I, _______________________________ have had an opportunity to review the contents of this form and understand that the form will be shared with the school district.

Parent/Guardian Signature: _______________________________ Date: __/__/__
Fabius-Pompey Elementary School
Pre-Kindergarten Transition Summary Form

Child’s Legal Name: ____________________________________________
(First, Middle, Last)

Nickname: __________________________________________________

DOB: ____/____/____
Male: ____ Female: ____

Parent/Guardian Name: ________________________________________

In the year before pre-kindergarten, your child previously attended (may select more than one):

☐ Head Start
☐ Little Lukes
☐ Children’s Therapy Network
☐ Time to Grow Preschool
☐ Country Critters Preschool
☐ Preschool other: ___________________________________________
☐ Licensed Child Care Center
☐ Licensed Family Child Care (home-based child care)
☐ Cared for by parent or relative

Name of preschool program/child care listed above that child attended: ____________________________

City: ____________________________ State: __________ Zip Code: __________

Dates Attended: From: ____/____/____ to ____/____/____

Average days per week child attended program: ____________

Average Hours per day: ____________
Please check the box that best describes the child's current ability.

<table>
<thead>
<tr>
<th>Social-Emotional</th>
<th>Most of the time</th>
<th>Emerging</th>
<th>Not Yet</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Works and plays well with others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to follow simple directions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to pause and find an adult when there is a problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Able to adapt when what is planned or wanted to do is not possible (flexible)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Able to stick with a task for more than a few minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Able to help, share and take turns (cooperation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other important social-emotional information:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Language</th>
<th>Most of the time</th>
<th>Emerging</th>
<th>Not Yet</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's speech is understood</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other important language information:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Literacy</th>
<th>Most of the time</th>
<th>Emerging</th>
<th>Not Yet</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizes their name in print</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can identify letters in their name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child is able to listen to a story being read</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other important literacy information:</td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical</th>
<th>Most of the time</th>
<th>Emerging</th>
<th>Not Yet</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holds pencil with three finger grip</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to draw lines and shapes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sustains balance during simple movement exercises</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other important physical information:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Math</th>
<th>Most of the time</th>
<th>Emerging</th>
<th>Not Yet</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbally counts to 20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to count up to 20 objects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can identify basic shapes (square, rectangle, circle, triangle)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other important math/cognition information:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pre-Kindergarten Transition Form Continued

Based on parent observation additional support is needed in:

- Arrival/departure
- Outdoor time
- Large group
- Snack
- Table work
- Small group
- Center time
- Toileting
- Hand washing

About your child (capture direct quotes from your child in regards to starting school)
What are you (your child) looking forward to most about pre-kindergarten?


Parents' Comments (tell us about your child)
What do you hope for your child as she/he begins pre-kindergarten?


Any questions or concerns about pre-kindergarten?


Any additional information you can share about your child
FABIUS-POMPEY ELEMENTARY SCHOOL
Pre-Kindergarten Questionnaire

The following information will help in understanding and working with your child. Please take some time and answer the following questions.

Child’s Full Name: ____________________        Nickname: ____________________

1. With whom has the child been living for most of the past year?

   ___ Father  ___ Mother  ___ Both  ___ Other (Name of that person): ________________

2. ___ # of brothers  ___ Ages  ___ # of sisters  ___ Ages

3. Has your child attended a nursery school? ______ Yes ______ No


5. Does your child enjoy playing by himself/herself? ____________________

6. Does your child enjoy listening to stories? ______ Looking at or reading books? ______

7. How many hours per day does your child spend watching TV or playing video games? ______

8. What are his/her favorite programs? ____________________

9. Has your child used the following?

   ___ Crayons       ___ Pencils       ___ Clay
   ___ Scissors      ___ Glue          ___ Paints

10. Have you been aware of any of the following behaviors?

    ___ Temper tantrums       ___ Stubbornness       ___ Destructiveness
     ___ Excessive crying     ___ Biting/pinching    ___ Hitting/kicking
     ___ Other

11. ______ Right-handed ______ Left-handed

12. Is any language other than English spoken in the home? ____________________

13. Can others easily understand your child’s speech? ____________________

14. Is there any health problem the teacher should know about? ____________________

12. Does your child have any strong fears or dislikes? ______ Yes ______ No

   If so, what are they? ____________________

13. Does your child show any particular nervous habits? ____________________
FABIUS-POMPEY ELEMENTARY SCHOOL
Academic and Health History Pre-School Screening Form

Student's Name_________________________ Date of Birth__/__/

Student's Health Care Provider/Address__________________________________________

1. Did you have any pre-natal health problem(s)? (during pregnancy?) ____________________________________________

2. Was your child's birth a normal delivery? If not, describe any problems involved. ____________________________________________

3. Were there any breathing difficulties following birth? ____________________________________________

4. Child's birth weight: __________________________ 

5. Are there any medical problems your child has that the school should know about? ______ If so, what? __________________________ 

6. Has your child ever had any of the following? 
   ______ Seizures or convulsions ______ Serious Injuries ______ Head Injuries
   ______ Heart trouble ______ Asthma__________________________

7. Any surgeries? Please list. ____________________________________________

8. Ever been hospitalized – for what reason? ____________________________________________

9. Serious injuries - please explain. ____________________________________________

10. If your child had a seizure or convulsion- what type? ____________________________
    When? ____________________________ Physician treating? ____________________________

11. Please list all medications that your child is presently taking and conditions that they were prescribed for. ____________________________

12. Has your child had any medical screening or evaluations? ____________________________
    If so, what were the results? ____________________________________________

13. Have you suspected that your child may have difficulty seeing? Yes___ No___

14. Has your child ever seen an optometrist or eye specialist? Yes___ No___
    If yes, what were the results? ____________________________________________

15. Have you ever suspected that your child may have difficulty hearing? Yes___ No___
    If yes, have they ever had their hearing tested? What were the results? ____________________________

(Over)
16. Have they had a history of chronic ear infections?

17. Has your child ever seen a dentist?  Yes    No    When?   /   /

18. Has your child ever been tested for inability to do well in pre-school?  Yes    No
   If yes, were any special programs provided for him/her?  Yes    No
   Please describe:

Additional comments and/or concerns:

I understand that all reports and testing results will be treated confidentially.

_________________________  _____________________
Parent/Guardian Signature  Date
### Fabius-Pompey CSD Student Parent Contact Information 2023-2024

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Grade</th>
<th>Teacher</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Residence</th>
<th>DOB</th>
<th>ID#</th>
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<table>
<thead>
<tr>
<th>Address</th>
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<table>
<thead>
<tr>
<th>Student Email</th>
<th>Student Phone</th>
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</thead>
</table>

#### Parent/Guardian Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Address</th>
<th>Email</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Priority: Phone # / √ cell, home, work</th>
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</thead>
<tbody>
<tr>
<td>1. 123456789 / c h w</td>
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<tr>
<td>2. 234567890 / c h w</td>
</tr>
<tr>
<td>3. 345678901 / c h w</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Custody?</th>
<th>Can pick up?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

#### Emergency Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Address</th>
<th>Can Pick Up?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Priority: Phone # / √ cell, home, work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 123456789 / c h w</td>
</tr>
<tr>
<td>2. 234567890 / c h w</td>
</tr>
<tr>
<td>3. 345678901 / c h w</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Can Pick Up?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

List any health or dietary conditions, allergies or medications: ______________________________

Parent/Guardian Signature ___________________________ Date _____________

☐ I HAVE MADE THE NECESSARY CHANGES Use the back of this form for any additional information (02/17)
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 campground
☐ 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 LPA 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.

Rev. 11/15/16
CUESTIONARIO DE VIVIENDA

Nombre del Distrito Escolar: ____________________________

Nombre de la Escuela: ____________________________

Nombre del Estudiante:

<table>
<thead>
<tr>
<th>Apellido</th>
<th>Primer Nombre</th>
<th>Segundo Nombre</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

Género: ☐ Hombre ☐ Mujer

Fecha de Nacimiento: _____ / _____ / _____

Grado: _____  ID#: _____

<table>
<thead>
<tr>
<th>Mes</th>
<th>Día</th>
<th>Año</th>
</tr>
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<tbody>
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</table>

Direccion: ____________________________  Teléfono: ____________________________

Su respuesta abajo permitirá al distrito escolar definir los servicios que puede aprovechar su hijo/hija según el Acto de McKinney-Vento. Los estudiantes elegibles tienen derecho a la inscripción inmediata en la escuela, aun si ellos no tienen los documentos necesarios tales como: prueba de residencia, documentos escolares, documentos de inmunización, o partida de nacimiento. Los estudiantes elegibles según el Acto de McKinney-Vento tienen además derecho al transporte gratuito y otros servicios que ofrece el distrito escolar.

¿Donde está el estudiante viviendo actualmente? (Por favor marque una caja.)

☐ En un refugio
☐ Con otra familia o otra persona debido a la pérdida del hogar o a dificultades económicas
☐ En un hotel/motel
☐ En un carro, parque, autobús, tren, o camping
☐ Otra vivienda temporal (Por favor describa):

☐ En un hogar permanente

Nombre de Padre, Guardián, o Estudiante (para jóvenes sin acompañamiento)

Firma de Padre, Guardián, o Estudiante (para jóvenes sin acompañamiento)

Fecha

Si CUALQUIER caja que no sean “En un hogar permanente” está marcada, no se requieren prueba de domicilio u otros documentos normalmente requeridos para inscripción y el estudiante debe ser matriculado inmediatamente. Después de que el estudiante sea matriculado, el distrito o la escuela debe pedir los documentos escolares, incluyendo los documentos de inmunización, al distrito o la escuela anterior. El enlace del distrito debe ayudar al estudiante conseguir cualquier otro documento necesario o inmunización.

ATENCIÓN ESCUELAS Y DISTRITOS: Si el estudiante NO vive en un hogar permanente, favor de asegúrese que una Formulario de Designación sea completado.

Rev. 11/15/16
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 preschool 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.

Rev. 11/15/16
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 it’s a parent claim 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 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/def_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.

Rev. 11/15/16
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

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY SCHOOL PERSONNEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISTRICT</td>
</tr>
<tr>
<td>SCHOOL</td>
</tr>
<tr>
<td>STUDENT NAME</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
</tr>
<tr>
<td>COUNTRY OF BIRTH / ANCESTRY</td>
</tr>
<tr>
<td>NUMBER OF YEARS ENROLLED IN SCHOOL OUTSIDE THE U.S.</td>
</tr>
<tr>
<td>NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION</td>
</tr>
<tr>
<td>DETERMINATION:</td>
</tr>
<tr>
<td>☐ Possible LEP</td>
</tr>
<tr>
<td>☐ English Proficient</td>
</tr>
</tbody>
</table>

(✓ 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?

<table>
<thead>
<tr>
<th></th>
<th>Very well</th>
<th>Only a little</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands English</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Speaks English</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Reads English</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Writes English</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Signature of Parent/Guardian/Other

Date

Month: Day: Year:
REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special Education (CPSE).

STUDENT INFORMATION

Name: ____________________________ Affirmed Name (if applicable): ____________________________ DOB: ____________________________

Sex Assigned at Birth: □ Female □ Male

Gender Identity: □ Female □ Male □ Nonbinary □ X

School: ____________________________ Grade: ____________________________ Exam Date: ____________________________

HEALTH HISTORY

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

□ Allergies

Type: ____________________________

□ Medication/Treatment Order Attached □ Anaphylaxis Care Plan Attached

□ Intermittent □ Persistent □ Other:

□ Asthma

□ Medication/Treatment Order Attached □ Asthma Care Plan Attached

□ Intermittent □ Persistent □ Other:

□ Seizures

Type: ____________________________ Date of last seizure: ____________________________

□ Medication/Treatment Order Attached □ Seizure Care Plan Attached

□ Diabetes

Type: □ 1 □ 2 □ Other:

□ Medication/Treatment Order Attached □ 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): □ < 5th □ 5th–49th □ 50th–84th □ 85th–94th □ 95th–98th □ 99th and >

Hyperlipidemia: □ Yes □ Not Done Hypertension: □ Yes □ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height: ____________________________ Weight: ____________________________ BP: ____________________________ Pulse: ____________________________ Lead Level: ____________________________

Respirations: ____________________________ Date: ____________________________

□ Test Done □ Lead Elevated ≥ 5 µg/dL

Laboratory Testing □ Positive □ Negative □ Date

TB-PRN ____________________________ Sickle Cell Screen-PRN ____________________________

□ System Review Within Normal Limits

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

□ HEENT □ Lymph nodes □ Abdomen □ Extremities □ Speech

□ Dental □ Cardiovascular □ Back/Spine/Neck □ Skin □ Social Emotional

□ Mental Health □ Lungs □ Genitourinary □ Neurological □ Musculoskeletal

□ Assessment/Abnormalities Noted/Recommendations: ____________________________

Diagnoses/Problems (list) ICD-10 Code*

□ Additional Information Attached

2023

*Required only for students with an IEP receiving Medicaid
## SCREENINGS

**Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11**

<table>
<thead>
<tr>
<th>Vision Screening</th>
<th>With Correction</th>
<th>Right</th>
<th>Left</th>
<th>Referral</th>
<th>Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distance Acuity</td>
<td>☐ Yes ☐ No</td>
<td>20/</td>
<td>20/</td>
<td>☐ Yes</td>
<td>☐</td>
</tr>
<tr>
<td>Near Vision Acuity</td>
<td></td>
<td>20/</td>
<td>20/</td>
<td>☐ Yes</td>
<td>☐</td>
</tr>
<tr>
<td>Color Perception Screening</td>
<td>☐ Pass ☐ Fail</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hearing Screening:** 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.

<table>
<thead>
<tr>
<th>Pure Tone Screening</th>
<th>Right</th>
<th>☐ Pass ☐ Fail</th>
<th>Left</th>
<th>☐ Pass ☐ Fail</th>
<th>Referral</th>
<th>☐ Yes</th>
<th>☐</th>
</tr>
</thead>
</table>

**Notes**

**Scoliosis Screening:** Boys grade 9, Girls grades 5 & 7

<table>
<thead>
<tr>
<th>Negative</th>
<th>Positive</th>
<th>Referral</th>
<th>☐ Yes</th>
<th>Not Done</th>
</tr>
</thead>
</table>

### FOR PARTICIPATION IN PHYSICAL EDUCATION*/SPORTS*/PLAYGROUND/WORK

- ☐ *Family cardiac history reviewed* – required for Dominick Murray Sudden Cardiac Arrest Prevention Act
- ☐ Student may participate in all activities without restrictions.

**If Restrictions Apply** – Complete the information below

- ☐ Student is restricted from participation in:
  - ☐ Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skating, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
  - ☐ Other Restrictions:

- Developmental Stage for Athletic Placement Process **ONLY required** for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level.

- Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V

- ☐ Other Accommodations*: Provide Details (e.g., brace, insulin pump, prosthetic, sports goggles, etc.):

*Check with the athletic governing body if prior approval/form completion is required for use of the device at athletic competitions.

### MEDICATIONS

- ☐ Order Form for medication(s) needed at school attached

### COMMUNICABLE DISEASE

- ☐ Confirmed free of communicable disease during exam

### IMMUNIZATIONS

- ☐ Record Attached ☐ Reported in NYSIIS

### HEALTHCARE PROVIDER

- Healthcare Provider Signature:
- Provider Name: *(please print)*
- Provider Address:
- Phone: ❌ Fax:

Please Return This Form to Your Child’s School Health Office When Completed.
# 2023-24 School Year
New York State Immunization Requirements
for School Entrance/Attendance

**NOTES:**
All children must be age-appropriately immunized to attend school in NYS. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the "ACIP-Recommended Child and Adolescent Immunization Schedule." Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes must meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Pre-Kindergarten (Day Care, Head Start, Nursery or Pre-K)</th>
<th>Kindergarten and Grades 1, 2, 3, 4 and 5</th>
<th>Grades 6, 7, 8, 9, 10 and 11</th>
<th>Grade 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/TdTapTd)</td>
<td>4 doses</td>
<td>5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older</td>
<td>3 doses</td>
<td></td>
</tr>
<tr>
<td>Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (TdTap)</td>
<td>Not applicable</td>
<td></td>
<td></td>
<td>1 dose</td>
</tr>
<tr>
<td>Polio vaccine (IPV/OPV)</td>
<td>3 doses</td>
<td>4 doses or 3 doses if the 3rd dose was received at 4 years or older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps and Rubella vaccine (MMR)</td>
<td>1 dose</td>
<td>2 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B vaccine</td>
<td>3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years</td>
<td>3 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox) vaccine</td>
<td>1 dose</td>
<td>2 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal conjugate vaccine (MenACWY)</td>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae type b conjugate vaccine (Hib)</td>
<td>1 to 4 doses</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Conjugate vaccine (PCV)</td>
<td>1 to 4 doses</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2010, and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine.
Minimum age: 6 weeks
- a. Children starting the series on time should receive a 6-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
- b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
- c. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the last dose in the catch-up series if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required; as long as the final dose was received in 4 years or older if the first dose was received on or after the first birthday then 3 doses are required; as long as the final dose was received in 4 years or older.

3. Tetanus toxoid and acellular pertussis (Tdap) adolescent booster vaccine.
Minimum age for grades 6 through 9: 10 years; minimum age for grades 10, 11, and 12: 7 years
- a. Students 11 years or older entering grade 6 through 12 are required to have one dose of Tdap.
- b. In addition to the grades 6 through 12 requirement, Tdap may be used as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2003-2004, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 9; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 10, 11, and 12.
- c. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.

4. Inactivated polio vaccine (IPV) or oral polio vaccine (OPV).
Minimum age: 5 weeks
- a. Children starting the series on time should receive 3 doses of IPV at 2 months, 4 months, and at 6 through 18 months, or have 4 years or older. The final dose in the series must be received on or after the first birthday and at least 6 months after the previous dose.
- b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
- c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
- d. For children with a record of OPV, only inactivated OPV (IPV) counts toward NYS school polio vaccine requirements. Doses of OPV given before April 1, 2010, should be counted unless specifically noted as non-relevant, invalid or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2010, must not be counted.

5. Measles, mumps, and rubella (MMR) vaccine.
Minimum age: 12 months
- a. The first dose of MMR vaccine must be received on or after the first birthday. The second dose must be received at least 28 days to 4 weeks after the first dose to be considered valid.
- b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
- c. Mumps: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
- d. Rubella: At least one dose is required for all grades (prekindergarten through 12).

6. Hepatitis B vaccine.
- a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2. AND at least 16 weeks after dose 1 AND no earlier than 24 weeks (when 4 doses are given, substitute "dose 4" for "dose 1" in these calculations).
- b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.

7. Varicella (chickenpox) vaccine.
Minimum age: 12 months
- a. The first dose of varicella vaccine must be received on or after the first birthday. The second dose must be received at least 28 days (4 weeks) after the first dose to be considered valid.
- b. For children younger than 13 years, the recommended minimum interval between doses is 3 months. If the second dose was administered at least 4 months after the first dose, it can be accepted as valid for persons 12 years and older, the minimum interval between doses is 4 weeks.

8. Meningooccal conjugate ACWY vaccine (MenACWY). Minimum age for grades 7 through 10: 10 years; minimum age for grades 11 and 12: 5 years
- a. One dose of meningococcal conjugate vaccine (MenACWY) is required for students entering grades 7, 8, 9, 10, and 11.
- b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
- c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.

9. Haemophilus influenzae type b (Hib) conjugate vaccine.
Minimum age: 6 weeks
- a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 18 months. Children older than 15 months must get caught up according to the ACP catch-up schedule. The final dose must be received on or after 12 months.
- b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 1 at doses 2 through 15 months and at least 3 weeks after dose 2.
- c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 1 at doses 2 through 8 weeks after dose 2.
- d. If dose 1 was received at 15 months or older, only 1 dose is required.
- e. Hib vaccine is not required for children 5 years or older.
- f. For further information see the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years Of Age.

10. Pneumococcal conjugate vaccine (PCV).
Minimum age: 6 weeks
- a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get caught up according to the ACP catch-up schedule. The final dose must be received on or after 12 months.
- b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
- c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
- d. If one dose of vaccine was received at 24 months or older, no further doses are required.
- e. PCV is not required for children 5 years or older.
- f. For further information see the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years Of Age.

For further information, contact:
New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437

New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433

New York State Department of Health/Bureau of Immunization
health.ny.gov/immunization

06/22