**WYNANTSKILL UNION FREE SCHOOL DISTRICT**
25 East Avenue
Troy, New York 12180
Fax 518-283-3684

**Dr. Mary Yodis**
Superintendent
518-283-4600, ext. 11
**Mrs. Suzann Cornell**
Principal
518-283-4600, ext. 10

Welcome to Gardner-Dickinson School!

We would like to take this opportunity to welcome your family to Wynantskill Union Free School District. Kindergarten is an exciting time. If you have any questions, please do not hesitate to contact Ms. Fazioli in the Main Office at 518-283-4600 ext. 10. Please note, your child must be 5 years old by December 1 in order to register for kindergarten in the upcoming year.

**Kindergarten Screening**

Kindergarten screening is held in the spring in our Library Media Center. During this screening your child will visit various centers with other soon-to-be kindergarteners. Teachers are able to see how the students work in a group and provide individual assessments of each child. The information we gather from the screening process will help us prepare for your child's kindergarten year. Please note, the teacher who performs the informal assessment may not be the teacher your child will have for kindergarten but will be a member of the kindergarten team at Gardner-Dickinson.

**Kindergarten Supply Drop Off Day**

By early-August, you will receive a Back-To-School packet through the mail containing a letter welcoming your child to Gardner-Dickinson with the date for Kindergarten Supply Drop Off Day. Kindergarten Supply Drop Off Day is a day for incoming kindergartens to come to Gardner-Dickinson to visit the classrooms, drop off supplies and ask any last minute questions before the opening day of school.

Students will also have an opportunity to take a short bus ride from Gardner-Dickinson, around the neighborhood and return back to school. This short ride will provide your child with a head start to the school year by helping him/her ease into one of the many new experiences they will encounter with school life. You will be able to walk your child to the bus and be on hand when it takes its short ride to help reduce the stress your child may initially feel about taking the bus.

**Open House**

An Open House for parents of kindergarten students will be held in September. This will provide an opportunity to meet your child's teacher and become familiar with the classroom and instructional program.

**Stay Connected**

To help keep our community informed about what is going on at Gardner-Dickinson School, the district uses a number of communications tools. In addition to those listed below, please call the district whenever you have a question or concern. This is the most immediate way to get your questions answered.

- District website – www.wynantskillufsd.org
- Facebook – www.facebook.com/WynantskillUFSD
- Twitter – www.twitter.com/WynantskillUFSD
- eNews (emailed announcements from the district) - http://eepurl.com/jDq8f
- Text Alerts - www.wynantskillufsd.org/text-alerts

# WYNANTSKILL UNION FREE SCHOOL DISTRICT
## Gardner-Dickinson School
*Student Admission Check List*

**Student Name: _____ Grade: _____ DOB: _____**

New Student ____ Re-Entrant ___ ID # _____

Signature of Person Verifying

- ☐ Registration Form (K-8 or 9-12) _____
- ☐ Student Health Appraisal Form _____
- ☐ Emergency Contact Form _____
- ☐ Student Racial and Ethnic Identification Form _____
- ☐ Home Language Questionnaire _____
- ☐ Residency Questionnaire _____
- ☐ Transportation Request Form _____
- ☐ Parent Release / Request for Records Form _____
- ☐ Proof of Residency Documentation _____
- ☐ Proof of Child's Age Documentation _____
- ☐ Proof of Custody Documentation _____
- ☐ Health and Immunization Documentation _____
- ☐ Other Records Related to your Child's Educational History _____

Describe: _____

_____

Wynantskill Union Free School District - Student Information Sheet
Kindergarten Registration 2021-22 School Year

| | | | |
|---|---|---|---|
| Student ID: | Teacher: | Grade: | Gender: |
| Student Name: | SSN: | Birth Date: | |
| Physical Address: | | Ethnicity: | Hispanic: Y N |

**Parent/Guardian Contact #1**

| | | |
|---|---|---|
| Name: | Employer: | Has Custody: Y N |
| Mailing Address (if different than student): | | Active Military: Y N |
| Home Phone: | Work Phone: | Cell Phone: |
| Email: | Relationship: | |

**Parent/Guardian Contact #2**

| | | |
|---|---|---|
| Name: | Employer: | Has Custody: Y N |
| Mailing Address (if different than student): | | Active Military: Y N |
| Home Phone: | Work Phone: | Cell Phone: |
| Email: | Relationship: | |

**Emergency Closing Contact Information:** In case of emergency school closure, an automated system will be used to contact the numbers listed above. If you would like someone else contacted *instead*, please fill out information below. If not, please leave blank.

| | | |
|---|---|---|
| Name: | Address: | |
| Home Phone: | Work Phone: | Cell Phone: |
| Email: | | |

**Medical Information:** Please list two adults, other than parents, who could be contacted in case of a medical emergency.

| | | |
|---|---|---|
| Name: | Employer: | Relationship: |
| Home Phone: | Work Phone: | Cell Phone: |
| Name: | Employer: | Relationship: |
| Home Phone: | Work Phone: | Cell Phone: |

| | | |
|---|---|---|
| **Physical Information** | Dr. Name: | Dr. Phone: |
| Medical Alert: | | |
| Medical Comments or Medications: | | |

| **Other Information** | |
|---|---|
| Adults authorized to pick up my child (other than parent): | Siblings: |

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## Instructions for Kindergarten Registrations

To be eligible for kindergarten at the opening of school of any year, a child must be five years of age on or before December 1.

Registration takes place in the spring prior to the following school year.

Registration for all children entering the Wynantskill Union Free School District ("District") occurs at the District's Main Office located at 25 East Avenue, Troy, NY 12180. For general inquiries, the Main Office's hours are 9:00 a.m. – 3:00 p.m. **Registration is by appointment only**.

**Enrollment/Registration Process:**

At the time of your appointment with the District's Main Office, please bring with you the following completed forms and documentation listed below for each child you are seeking to enroll into the District. Please refer to District's Student Admission Checklist to confirm that you are submitting to the Main Office all of the needed documentation.

**Forms to Be Submitted:**

The following forms must be completed and submitted to the Main Office for each child you are seeking to enroll into the District:

1. New Student Registration Form – Gardner-Dickinson School (Grades K-8);
2. Student Health Appraisal Form;
3. Emergency Contact Form;
4. Student Racial and Ethnic Identification Form;
5. Home Language Questionnaire;
6. Residency Questionnaire;
7. Transportation Request Form; and
8. Parent Release / Request for Records Form.

These forms can be found on the District's website and at the Main Office.

**Additional Documents to Be Submitted:**

In addition to the forms outlined above, please submit the following documents to the Main Office for each child you are seeking to enroll into the District. All documents submitted will be copied and returned to you immediately, if necessary.

**A. Proof of Residency:**

In order for your child to attend school in the District you must own or lease a residence located within the District and physically reside with the child in that residence.

To establish physical presence in the District, please submit:

1. A copy of a residential lease or proof of ownership of a house or condominium (i.e. a deed or mortgage statement);

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2. A sworn or unsworn written statement from a third-party landlord, owner or tenant from whom you lease or share property within the District; or
3. A written statement from a third-party establishing your residency in the District.

In the event you cannot provide any of these documents, the District will consider any of the following to determine your residency:

1. Pay stub;
2. Income tax form;
3. Utility or other bills;
4. Membership documents based upon residency, such as library cards;
5. Voter registration document(s);
6. Official Driver's License, learner's permit or non-driver identification card;
7. State or other government issued identification; or
8. Documents issued by federal, state or local agencies, such as local social service agency or federal Office of Refugee Resettlement.

**B. Documentation of the Child's Age:**

In order for the District to confirm your child's age please submit either:

1. A certified transcript of a birth certificate;
2. A record of baptism confirming the date of birth for the child to be enrolled in the District. A foreign birth certificate or record of baptism will also be accepted; or
3. If a certified transcript of a birth certificate or a record of baptism is not available, please submit a copy of the child's passport. A foreign passport will be accepted.

In the event you cannot provide any of the above, the District will consider any of the following documents as long as it was issued two or more years ago:

1. Official driver's license;
2. State or other government issued identification;
3. School photo identification with date of birth;
4. Consulate identification card;
5. Hospital or health records;
6. Military dependent identification card;
7. Documents issued by federal, state or local agencies, such as local social service agency or federal Office of Refugee Resettlement;
8. Court orders or other court-issued documents;
9. Native American tribal document; or
10. Records from non-profit international aid agencies and voluntary agencies.

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If any of these documents originate from a foreign country, the District may request verification of such documentary evidence from the appropriate foreign government or agency, consistent with Family Educational Rights and Privacy Act, 20 U.S.C. §1232g. The enrollment of your child will not be delayed by the District's verification of these documents.

**C. Proof of Custody:**

In order for the District to confirm your custody of your child, you may be required to submit either:

1. A written affidavit indicating that you are the parent(s) with whom the child lawfully resides;
2. A written affidavit indicating that you are the person(s) in a parental relation to the child, over whom you have total and permanent custody and control and describing how you obtained total and permanent custody and whether it is through a guardianship or otherwise; or
3. Judicial custody orders or guardianship papers.

The District will also accept other proof of custody such as documentation which indicates that the child has been placed by a federal agency with a sponsor.

**D. Health Records:**

Pursuant to Education Law §903, 8 NYCRR §136.3 and Public Health Law §2164(7), please submit the following documents:

1. Health Physical Exam Records: The exam must have been performed within the 12 months prior to the child's start date in our school district. If a physical has not been performed, you are allowed 30 days from the start of school to obtain one.
2. Immunization records which may consist of:
    - A certificate of immunization from a healthcare practitioner or from New York State Immunization Information System or Citywide Immunization Registry confirming that the child has been fully immunized;
    - Documentation that the child is in process of receiving required immunizations;
    - A signed, completed medical exemption issued by the New York State Department of Health or a signed statement from a New York State licensed physician certifying that the immunization may be detrimental to the child's health, containing sufficient information to identify a medical contraindication to a specific immunization and specifying the length of time the immunization is medically contraindicated. This medical exemption must be reissued annually and the District may request additional information in support of the exemption; or
    - A completed Request for Religious Exemption to Immunization stating that you object to the immunization because of a sincere and genuine religious belief which prohibits the immunization of your child. The District may request additional information and documents in support of the exemption.

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**Enrollment, Attendance and the Board of Education's Review of the Documentation Submitted:**

Upon request, your child will be enrolled and permitted to attend school in the District the next school day, or as soon as practicable.

Within three business days of your child's initial enrollment, the Board of Education ("Board"), or its designee, will review all of the documentation outlined above and determine whether your child is entitled to attend school in the District.

If it is determined that your child does not reside in the District, the Board, or its designee, within two business days, will issue a written notification confirming the basis for this determination and the date your child is to be excluded from the District. The written notification will also confirm your right to appeal the decision to the New York State Commissioner of Education within 30 days and advise that the instructions, forms and procedures for an appeal, including translated instruction forms and procedures can be found at the following:

- Online at the Office of Counsel, www.Counsel.nysed.gov;
- Mail addressed to the Office of Counsel, New York State Education Department, State Education Building, 89 Washington Avenue, Albany, New York 12234; or
- Calling the Appeals Coordinator at (518) 474-8927.

***Wynantskill Union Free School District***
***Gardner-Dickinson School***
***New Student Registration Form***

_____ _____
**Name of Student** **Grade**

_____
Parent/Legal Guardian Name

Parent's Address _____As of _____

_____

Parent/Student _____
Former Address

_____

School Last Attended _____

_____

Special Education Services at Previous School? Yes_____ No_____

Describe:_____

_____

Home Phone Number _____ Parents Work Phone Number _____

Sibling _____ Date of Birth _____

_____ _____

_____ _____

**Please see instructions for K-12 registration for acceptable proof of residency, the child's age and custody.**

**FOR OFFICE USE ONLY**
**Teacher** _____**Bus Schedule:**AM_____PM _____Time _____
Location _____LRSD _____
**Approved by Principal** _____

Date _____ Date to Enter School _____

CC Transportation Supervisor

# Dental Health Certificate- Optional

**Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.**

## Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / / Month Day Year

Sex: ☐ Male ☐ Female

Will this be your child's first oral health assessment? ☐ Yes ☐ No

School: Name

Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? ☐ Yes ☐ No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature_____ Date

## Section 2. To be completed by the Dentist/ Dental Hygienist

**I. The dental health condition of _____ _____ on_____ (date of assessment) The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:**

☐ Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

☐ No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means, that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

**Dentist's/ Dental Hygienist's name and address**

**(please print or stamp)**

**Dentist's/Dental Hygienist's Signature**

***Optional Sections - If you agree to release this information to your child's school, please initial here.*** ☐

### II. Oral Health Status (check all that apply).

☐ Yes ☐ No **Caries Experience/Restoration History –** Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

☐ Yes ☐ No **Untreated Caries –** Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify):_____

### II. Treatment Needs (check all that apply)

☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

# REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

## TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE 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: | Sex: ☐ M ☐ F | DOB: |
|---|---|---|
| School: | Grade: | Exam Date: |

## HEALTH HISTORY

**Allergies** ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ Food ☐ Insects ☐ Latex ☐ Medication ☐ Environmental

**Asthma** ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ Intermittent ☐ Persistent ☐ Other : _____

**Seizures** ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ Type: _____ Date of last seizure: _____

**Diabetes** ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached
☐ Type 1 ☐ Type 2 ☐ HbA1c results: _____ Date Drawn: _____

**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:** ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

## PHYSICAL EXAMINATION/ASSESSMENT

**Height:** **Weight:** **BP:** **Pulse:** **Respirations:**

| TESTS | Positive | Negative | Date |
|---|---|---|---|
| PPD/ PRN | ☐ | ☐ | |
| Sickle Cell Screen/PRN | ☐ | ☐ | |
| **Lead Level Required Grades Pre- K & K** | | | **Date** |
| ☐ Test Done ☐ Lead Elevated ≥ 10 µg/dL | | | |

**Other Pertinent Medical Concerns**
One Functioning: ☐ Eye ☐ Kidney ☐ Testicle
☐ Concussion – Last Occurrence: _____
☐ Mental Health: _____
☐ Other:

☐ **System Review and Exam Entirely Normal**

**Check Any Assessment Boxes *Outside* Normal Limits And Note Below Under Abnormalities**

| | | | | |
|---|---|---|---|---|
| ☐ HEENT | ☐ Lymph nodes | ☐ Abdomen | ☐ Extremities | ☐ Speech |
| ☐ Dental | ☐ Cardiovascular | ☐ Back/Spine | ☐ Skin | ☐ Social Emotional |
| ☐ Neck | ☐ Lungs | ☐ Genitourinary | ☐ Neurological | ☐ Musculoskeletal |

☐ Assessment/Abnormalities Noted/Recommendations:

☐ Additional Information Attached

| Diagnoses/Problems (list) | ICD-10 Code |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| Name: | | | | DOB: |
|---|---|---|---|---|
| **SCREENINGS** | | | | |
| **Vision** | **Right** | **Left** | **Referral** | **Notes** |
| Distance Acuity | 20/ | 20/ | ☐ Yes ☐ No | |
| Distance Acuity With Lenses | 20/ | 20/ | | |
| Vision – Near Vision | 20/ | 20/ | | |
| Vision – Color ☐ Pass ☐ Fail | | | | |
| **Hearing** | **Right** dB | **Left** dB | **Referral** | |
| Pure Tone Screening | | | ☐ Yes ☐ No | |
| **Scoliosis** Required for boys grade 9 | **Negative** | **Positive** | **Referral** | |
| And girls grades 5 & 7 | ☐ | ☐ | ☐ Yes ☐ No | |
| Deviation Degree: | | Trunk Rotation Angle: | | |
| **Recommendations:** | | | | |

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

☐ **Full Activity** without restrictions including Physical Education and Athletics.

☐ **Restrictions/Adaptations** Use the Interscholastic Sports Categories (below) for Restrictions or modifications

- ☐ **No Contact Sports** — **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
- ☐ **No Non-Contact Sports** — **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field
- ☐ **Other Restrictions:**

☐ **Developmental Stage for Athletic Placement Process ONLY**

Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports

Student is at **Tanner Stage:** ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ **Accommodations:** Use additional space below to explain

| | | |
|---|---|---|
| ☐ Brace*/Orthotic | ☐ Colostomy Appliance* | ☐ Hearing Aids |
| ☐ Insulin Pump/Insulin Sensor* | ☐ Medical/Prosthetic Device* | ☐ Pacemaker/Defibrillator* |
| ☐ Protective Equipment | ☐ Sport Safety Goggles | ☐ Other: |

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

Explain: _____

**MEDICATIONS**

☐ **Order Form for Medication(s) Needed at School attached**

| **List medications taken at home:** | | |
|---|---|---|
| | | |

**IMMUNIZATIONS**

☐ Record Attached ☐ Reported in NYSIIS Received Today: ☐ Yes ☐ No

**HEALTH CARE PROVIDER**

| Medical Provider Signature: | **Date:** |
|---|---|
| Provider Name: *(please print)* | Stamp: |
| Provider Address: | |
| Phone: | |
| Fax: | |

**Please Return This Form To Your Child's School When Entirely Completed.**

# 2020-21 School Year
# New York State Immunization Requirements for School Entrance/Attendance[1]

**NOTES:**
Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. 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 should meet the immunization requirements of the grades for which they are age equivalent.

**Dose requirements MUST be read with the footnotes of this schedule**

| Vaccines | Prekindergarten (Day Care, Head Start, Nursery or Pre-k) | Kindergarten and Grades 1, 2, 3, 4 and 5 | Grades 6, 7, 8, 9, 10 and 11 | Grade 12 |
|---|---|---|---|---|
| **Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)[2]** | **4 doses** | **5 doses**<br>**or 4 doses**<br>if the 4th dose was received at 4 years or older or<br>**3 doses**<br>if 7 years or older and the series was started at 1 year or older | **3 doses** | |
| **Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)[3]** | **Not applicable** | | **1 dose** | |
| **Polio vaccine (IPV/OPV)[4]** | **3 doses** | **4 doses**<br>**or 3 doses**<br>if the 3rd dose was received at 4 years or older | | |
| **Measles, Mumps and Rubella vaccine (MMR)[5]** | **1 dose** | **2 doses** | | |
| **Hepatitis B vaccine[6]** | **3 doses** | **3 doses**<br>**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 | | |
| **Varicella (Chickenpox) vaccine[7]** | **1 dose** | **2 doses** | | |
| **Meningococcal conjugate vaccine (MenACWY)[8]** | **Not applicable** | | **Grades 7, 8, 9, 10 and 11: 1 dose** | **2 doses**<br>**or 1 dose**<br>if the dose was received at 16 years or older |
| **Haemophilus influenzae type b conjugate vaccine (Hib)[9]** | **1 to 4 doses** | **Not applicable** | | |
| **Pneumococcal Conjugate vaccine (PCV)[10]** | **1 to 4 doses** | **Not applicable** | | |

NEW YORK STATE | Department of Health

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, 2019 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 5-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 age 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. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.

   d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first 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 at 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 at 4 years or older.

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grade 6: 10 years; minimum age for grades 7 through 12: 7 years)

   a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.

   b. In addition to the grade 6 through 12 requirement, Tdap may also be given 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 2020-2021, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grade 6; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 7 through 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: 6 weeks)

   a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. 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. 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. Only trivalent OPV (tOPV) counts toward NYS school polio vaccine requirements. Doses of OPV given before April 1, 2016 should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016 should not be counted.

5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)

   a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (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 age 24 weeks (when 4 doses are given, substitute “dose 4” for “dose 3” 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 have been received on or after the first birthday. The second dose must have been 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 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.

8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grade 7: 10 years; minimum age for grades 8 through 12: 6 weeks).

   a. One dose of meningococcal conjugate vaccine (Menactra or Menveo) 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 15 months. Children older than 15 months must get caught up according to the ACIP 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 3 at 12 through 15 months and at least 8 weeks after dose 2.

   c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.

   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.

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 ACIP 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, refer to the PCV chart available in the School Survey Instruction Booklet at: www.health.ny.gov/prevention/immunization/schools

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**

Gardner-Dickinson School

FORM **SREI**

Wynantskill Union Free School District

**STUDENT RACIAL AND ETHNIC IDENTIFICATION**

To the Parent/Guardian: The Wynantskill UFSD has adopted a policy which requires the collection and recording of the ethnic identity of students in the Wynantskill UFSD in accordance with the 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 Wynantskill UFSD 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, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

**CONFIDENTIALITY PROCEDURES AND REGULATIONS**

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

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

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

Please complete the form on the reverse side of this page

Gardner-Dickinson School

Wynantskill Union Free School District

**STUDENT RACIAL AND ETHNIC IDENTIFICATION**

FORM **SREI**

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

**Name of School:**

**School District Student Identification Number:**

**Date of Birth (Month/Day/Year):** / /

**Student Name: Last, First, Middle:**

**Grade Level:**

**DIRECTIONS TO PARENT/GUARDIAN**

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check ( √ ) the box that best describes your child.] Check ( √ ) only ONE box.

**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.

☐ **YES, Hispanic**

☐ **NO, not Hispanic**

**2. Select one or more races from the following five racial groups** [For question (2) Check ( √ ) all groups that apply to your child; check ( √ ) **at least** ONE box.]**:**

☐ **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.

☐ **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, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **BLACK OR AFRICAN AMERICAN**: A person having origins in any of the Black racial groups of Africa.

☐ **WHITE**: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ _____

Signature of Parent/Guardian/Other Date

Relationship to Student (please check one box below):

☐ Mother ☐ Father ☐ Guardian ☐ Other (Specify): _____

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

The University of the State of New York • The State Education Department • Office of Bilingual Education Albany, New York 12234

# 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**

*Please print or type clearly*

DISTRICT

SCHOOL GRADE

STUDENT NAME

DATE OF BIRTH

Month: Day: Year:

STUDENT IDENTIFICATION NUMBER

NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION

DETERMINATION: ☐ Possible LEP ☐ English Proficient

(√ boxes that apply)

6. What language(s) is spoken in the student's home or residence? ☐ **English** ☐ **Other** _____ *specify*

7. What language(s) are spoken most of the time to the student, in the home or residence? ☐ **English** ☐ **Other** _____ *specify*

5. What language(s) does the student understand? ☐ **English** ☐ **Other** _____

4. What language(s) does the student speak? ☐ **English** ☐ **Other** _____ *specify*

3. What language(s) does the student read? ☐ **English** ☐ **Other** _____ *specify* ☐ **Does Not Read**

2. What language(s) does the student write? ☐ **English** ☐ **Other** _____ *specify* ☐ **Does Not Write**

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

| | ***Very well*** | ***Only a little*** | ***Not at all*** |
|---|---|---|---|
| **Understands English** | ☐ | ☐ | ☐ |
| **Speaks English** | ☐ | ☐ | ☐ |
| **Reads English** | ☐ | ☐ | ☐ |
| **Writes English** | ☐ | ☐ | ☐ |

*Signature of Parent/Guardian/Other*

Month: Day: Year:

*Date*

Wynantskill Union Free School District
25 East Avenue, Troy, New York 12180

**ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE**

Name of LEA: _____

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth: ____ /____ /____ Grade: ____ ID#: _____
*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 the student is **NOT** living in permanent housing, **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 ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

**Purpose of the Enrollment Form - Residency Questionnaire**

All LEAs are required to identify students experiencing homelessness. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. SED encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Model Enrollment Form - Residency Questionnaire attached here,
2. Update/modify the Model Enrollment Form - Residency 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 Enrollment Form - Residency Questionnaire?**

A Enrollment Form - Residency 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 program for 3-5 year olds, such as pre-k, Head Start, or Even Start. The Form - 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 completed **Enrollment Form -** Residency 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 generally **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 Enrollment Form - Residency Questionnaires and housing information from becoming a part of a student's permanent record.

**Discussing the Enrollment Form - Residency Questionnaire with Students and Families**

In reviewing the Enrollment Form - Residency 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 kept confidential and will only be shared with those LEA staff 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/her 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**.** Contacting a landlord or building superintendent may be a violation of FERPA, a federal law, and may put the family at risk of losing its housing. If the student is living in a doubled up situation, it may also lead to loss of housing for the primary tenants.

**If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Enrollment Form - Residency Questionnaire**

If the parent, person in parental relation, or unaccompanied youth declines to complete the Enrollment Form - Residency 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: www.serve.org/nche/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.

**<u>ATENCIÓN ESCUELAS Y DISTRITOS</u>: Ofrezca asistencia a los estudiantes y familias para completar este formulario**. No incluya este formulario en el paquete de inscripción sin advertencias apropiadas. Por ejemplo, tendrá que cambiar partes del paquete de inscripción que requieren que se entreguen prueba de inscripción antes de matricular. Estudiantes elegibles según el Acto de McKinney-Vento, no necesitan entregar prueba de residencia y otros documentos normalmente requeridos antes de matricular.

# FORMULARIO DE INSCRIPCIÓN – CUESTIONARIO DE RESIDENCIA

Nombre del Distrito Escolar: _____

Nombre de la Escuela: _____

Nombre del Estudiante: _____
Apellido Primer Nombre Segundo Nombre

Género: ☐ Hombre ☐ Mujer Fecha de Nacimiento: _____ / _____ / _____ Grado:_____ ID#: _____
*Mes Día Año (jardín de infantes – 12) (opciónal)*

Dirección: _____ 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 **<u>una</u>** 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 el estudiante **<u>NO</u>** vive en un hogar permanente, **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.

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

***Wynantskill Union Free School***
***25 East Ave***
***Troy, N.Y. 12180***
***Transportation Form***
***2021-22***

---

**Please fill out this form even if you plan to transport your child yourself or your child will be driving**

| _____ | _____ | _____ |
|---|---|---|
| **Name of Student** | **Grade 2021-22** | **Date of Birth** |

Mother's Name_____ Address _____

Phone 1st _____(C/H/W) 2nd _____(C/H/W) 3rd _____(C/H/W)

Father's Name _____ Address _____

Phone 1st _____(C/H/W) 2nd _____(C/H/W) 3rd _____(C/H/W)

Student Resides With _____ Relationship to student _____

Complete Address _____

Will need transportation _____AM_____PM Will provide own transportation _____

Medical Concerns (asthma, allergies, etc.) _____

Signature of Parent/Legal Guardian _____ Date _____

AM Pickup HOME OR OTHER Circle one

Other-Name_____

Address-_____

Phone-_____

PM Drop off HOME OR OTHER,TSL Adventures,CASE Circle one

Other-_____

Address-_____

Phone-_____

**WYNANTSKILL UNION FREE SCHOOL DISTRICT**
25 East Avenue
Troy, New York 12180
Fax 518-283-3684

**Dr. Mary Yodis**
Superintendent
518-283-4600, ext. 11
**Mrs. Suzann Cornell**
Principal
518-283-4600, ext. 10

# Kindergarten Registration Information from the Health Office

Completed medical information forms and the child's birth certificate are necessary to complete the registration process. If not brought to the orientation meeting, then please submit to the Main Office as soon as possible. Some children may not have received all the required immunizations at that time, but please submit what has been received so that the health record can be started.

Listed below are the immunizations required for school attendance of all students in Kindergarten. Students will not be allowed to start school until the immunization record stating the following immunizations have been administered:

- 5 Diptheria (DTap, DTP) (4 doses allowed if fourth dose is at or after age 4)
- 4 Polio (3 doses allowed if third dose is at or after age 4)
- 2 MMR (Mumps, Measles, Rubella)
- 3 Hepatitis B (adequately spaced- see chart and footnotes)
- 2 Varicella (or physician documentation of student having had chicken pox)

Please see included New York State Immunization Requirements for reference.

A physical exam is required for all students entering kindergarten. Reports of physical exams **must be dated within 1 year** prior to the start of the new school year. Ideally, the child's primary health care provider should perform the exam, as he/she is familiar with the child's medical history. Any students who have not submitted the completed exam report will have the physical done at school by our School Health Care Provider.

A dental exam form is also included in this packet. This form is requested, but not required for school attendance.

A birth certificate (copy) is required for all students entering kindergarten.

In this packet is also the policy for a student who needs to receive medication in school. We **must** have a written order from a physician, written permission from the parent, and the medication delivered to school in a pharmacy labeled container (an adult must bring the medication in to school - it is **not** to be transported by a student).

When your child is absent or will be late, please call the Health Office at 518-283-4600 ext. 18. There is an answering machine, so you may call and leave a message anytime. Our policy is to verify all absences. If we do not hear from you, we will call home or parent's work numbers. This can be very time consuming. Your cooperation is essential in making this safety policy work.

Please send in an extra set of clothing to keep in the health office for spills and accidents.

Tricia Gibbs RN, School Nurse
518-283-4600 Ext. 18

**WYNANTSKILL UNION FREE SCHOOL DISTRICT**
25 East Avenue
Troy, New York 12180
Fax 518-283-3684

**Dr. Mary Yodis**
Superintendent
518-283-4600, ext. 11
**Mrs. Suzann Cornell**
Principal
518-283-4600, ext. 10

# Note from Health Office Regarding Internal Medication

The following procedures **must be** followed for the administration of internal medication to any student by school personnel.

1. The school must have written permission from the physician in which he/she gives the name of the student, the diagnosis, the name of the medication, when it is to be administered, the prescribed dosage, and any side effects to be watched for.
2. The school must have written permission from the parent to administer the medication as specified by the physician.
3. The medication, in a pharmacy labeled container, should be delivered by the parent directly to the School Nurse or to a responsible adult in the Main Office if the School Nurse is not available.

***NO MEDICATION SHOULD BE SENT TO SCHOOL WITH A STUDENT***

When this procedure is not followed, the parents will be called to come to school and administer the medication. If this is not possible, the medication will not be given.

Wynantskill Union Free School District
25 East Avenue, Troy, New York 12180
Phone 518-283-4600 Fax 518-283-3684

# Parent Release Form

Date: _____

I _____, hereby give my permission to the Wynantskill Union Free School District to (release to or obtain from):

_____

_____

the school records indicated below, for the following student(s)

| Name | Date of Birth |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

( ) Academic information
( ) Health records
( ) Attendance records
( ) Psychological reports
( ) CSE information – IEP, etc.
( ) Discipline and behavioral referrals
( ) Other _____

Parent/Guardian Signature _____

Parent/Guardian Address _____

_____

Telephone Number Home _____ Work _____

Person processing request: _____

*Parent permission is no longer required when authorized school personnel request records. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, July 7, 1976, Vol., 41, No. 118, page 24673)*