

WYNANTSKILL UNION FREE SCHOOL DISTRICT

25 East Avenue
Troy, New York 12180
Fax 518-283-3684

DR. MARY YODIS
Superintendent
518-283-4600, ext. 7
Ms. Shannon Toomey
Principal
518-283-4600, ext. 0

Welcome to Gardner-Dickinson School!

We would like to take this opportunity to welcome your family to Wynantskill Union Free School District. Here you will find the forms and information you need to register your Gr. 1-8 student at Gardner-Dickinson School, Gr. 9-12 student in one of our high schools of choice, or a private school. If you have any questions, please do not hesitate to [contact Ms. Fazioli](#) in the Main Office at 518-283-4600 ext. 0.

Open Houses

Open Houses for grades K-5 and 6-8 are held at Gardner-Dickinson at the start of the school year in September. Please check out website, www.wynantskillufsd.org, for dates and times. These events will provide opportunities to meet your child(ren)'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>

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 _____

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
2026-2027 School Year

| | | | |
|-------------------|------|-------------|---------------|
| Student ID: | | 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): | | |
| Home Phone: | Work Phone: | Cell Phone: |
| Email: | | Relationship: |

Parent/Guardian Contact #2

| | | |
|--|-------------|------------------|
| Name: | Employer: | Has Custody: Y N |
| Mailing Address (if different than student): | | |
| 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: |
| | | |
| | | |

Other Information

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

Wynantskill Union Free School District
25 East Avenue, Troy, NY 12180
Kathy Fazioli, Main Office/Registrar
(518) 283-4600 x 201

To be eligible for Pre-Kindergarten at the opening of school of any year, a child must be four (4) years of age on or before December 1.

To be eligible for Kindergarten at the opening of school of any year, a child must be five (5) years of age on or before December 1.

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. – 1:00 p.m.

ENROLLMENT/REGISTRATION PROCESS:

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
2. Student Information Sheet
3. Student Health Appraisal Form
4. Student Racial and Ethnic Identification Form
5. Home Language Questionnaire
6. Residency Questionnaire
7. Parent Release / Request for Records Form

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. Official Driver's License, learner's permit or non-driver photo identification card;
2. A copy of a residential lease or proof of ownership of a house or condominium (i.e. a deed or mortgage statement);
3. 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
4. A written statement from a third-party establishing your residency in the District.

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

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

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.
- 4.

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.

E. Other records, related to your Child's Educational History, if in your possession:

1. IEP (Individualized Education Plan) from previous school district;
2. Section 504 documentation from previous school district; and/or

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 (3) 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 (2) 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 thirty (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
2026-2027 Student Registration
Gardner Dickinson School***

Name of Student

Grade

Parent/Legal Guardian Names

Parent's Address _____ As of _____

Phone Contact (1) _____ H ___ C ___

Phone Contact (2) _____ H ___ C ___

School Last Attended? _____

Special Education Services at Previous School? Yes ___ No ___

Describe: _____

Sibling(s) _____ 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

Approved for: Residency **Custody** **Attendance:** **Transportation:**

Teacher _____

Bus Schedule: AM _____ PM _____

Principal: _____ **Date:** _____

Superintendent: _____ **Date:** _____

***Wynantskill Union Free School District
New Student Registration Form
High School***

Name of Student

Grade

Parent/Legal Guardian Names

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.

| |
|---|
| Approved for: Residency <input type="checkbox"/> Custody <input type="checkbox"/> |
| Principal: _____ Date: _____ |

| |
|---|
| Approved for: Attendance: <input type="checkbox"/> Transportation: <input type="checkbox"/> |
| Superintendent: _____ Date: _____ |

Forward to Superintendent's Office: _____
File copy to Transportation Supervisor
Original to Guidance Department

***Wynantskill Union Free School District
New Student Registration Form
Private School***

Name of Student

Grade

Parent/Legal Guardian Names

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.

Approved for: Residency **Custody**

Principal: _____ **Date:** _____

Approved for: Attendance: **Transportation:**

Superintendent: _____ **Date:** _____

Forward to Superintendent's Office: _____
File copy to Transportation Supervisor
Original to Guidance Department

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Health and Dental Examination Requirements

Dear Wynantskill UFSD families,

New York State law requires a health examination for all students **entering the school district for the first time and when entering Pre-K, K, 1st, 3rd, 5th, and 7th grade**. The examination must be completed by a New York State licensed physician, physician assistant or nurse practitioner.

A dental certificate which states your child has been seen by a dentist or dental hygienist is also asked for at the same time.

- A copy of the health examination must be provided to the school within 30 days from when your child first starts at the school, and when your child starts Pre-K, K, 1st, 3rd, 5th, and 7th grades. If a copy is not given to the school within 30 days, the school will contact you.
- If your child has an appointment for an exam during this school year that is after the first 30 days of school, please notify the Health Office with the date.
- For your convenience, a physical exam form and dental certificate for your health care providers is enclosed.
- Communication between private physicians and school health staff is important for safe and effective care at school. Your healthcare provider may not share health information with school health staff without your signed permission. Please talk to your provider about signing their consent form for the school at the time of your child's appointment for the examination.

We suggest you make copies of the completed forms for your own records before sending them to the school health office. Forms may also be faxed to the number below.

Sincerely,

Katie Mardon RN, School Nurse
Phone 518-283-4600 ext. 3
Email: healthoffice@wynantskillufsd.org

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: <input type="checkbox"/> Female <input type="checkbox"/> Male | Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> X | |
| School: | Grade: | Exam Date: |

HEALTH HISTORY

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

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

Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI _____ kg/m²

Percentile (Weight Status Category): < 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: | Respirations: |
| Laboratory Testing | Positive | Negative | Date | Lead Level Required for PreK & K |
| TB-PRN | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g}/\text{dL}$ |
| Sickle Cell Screen-PRN | <input type="checkbox"/> | <input type="checkbox"/> | | |

System Review Within Normal Limits

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

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

| | | |
|--|--|--------------|
| <input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations: | Diagnoses/Problems (list) | ICD-10 Code* |
| <input type="checkbox"/> Additional Information Attached | *Required only for students with an IEP receiving Medicaid | |

| | | | | | | |
|---|---|---|--|--|--------------------------|--|
| Name: | | Affirmed Name (if applicable): | | | DOB: | |
| SCREENINGS | | | | | | |
| Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11 | | | | | | |
| Vision Screening | With Correction <input type="checkbox"/> Yes <input type="checkbox"/> No | Right | Left | Referral | Not Done | |
| Distance Acuity | | 20/ | 20/ | <input type="checkbox"/> Yes | <input type="checkbox"/> | |
| Near Vision Acuity | | 20/ | 20/ | <input type="checkbox"/> Yes | <input type="checkbox"/> | |
| Color Perception Screening | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | | | <input type="checkbox"/> | |
| Notes | | | | | | |
| 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. | | | | | Not Done | |
| Pure Tone Screening | Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail | Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail | Referral <input type="checkbox"/> Yes | | <input type="checkbox"/> | |
| Notes | | | | | | |
| Scoliosis Screening: Boys grade 9, Girls grades 5 & 7 | | Negative | Positive | Referral | Not Done | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> | |
| FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS*/PLAYGROUND/WORK | | | | | | |
| <input type="checkbox"/> *Family cardiac history reviewed – required for Dominick Murray Sudden Cardiac Arrest Prevention Act | | | | | | |
| <input type="checkbox"/> Student may participate in all activities without restrictions. | | | | | | |
| If Restrictions Apply – Complete the information below | | | | | | |
| <input type="checkbox"/> Student is restricted from participation in: | | | | | | |
| <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. | | | | | | |
| <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. | | | | | | |
| <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. | | | | | | |
| <input type="checkbox"/> Other Restrictions: | | | | | | |
| Developmental Stage for Athletic Placement Process <u>ONLY</u> 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: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V | | | | | | |
| <input type="checkbox"/> 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 | | | | | | |
| <input type="checkbox"/> Order Form for medication(s) needed at school attached | | | | | | |
| COMMUNICABLE DISEASE | | | | IMMUNIZATIONS | | |
| <input type="checkbox"/> Confirmed free of communicable disease during exam | | | | <input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS | | |
| HEALTHCARE PROVIDER | | | | | | |
| Healthcare Provider Signature: | | | | | | |
| Provider Name: <i>(please print)</i> | | | | | | |
| Provider Address: | | | | | | |
| Phone: | | | | Fax: | | |
| Please Return This Form to Your Child's School Health Office When Completed. | | | | | | |

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: / / / Sex: Male Female Will this be your child's first oral health assessment? Yes No
Month Day Year

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): _____

III. 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.

2024-25 School Year

New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:
All children must be age-appropriately immunized to attend school in New York State. 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

| Vaccines | Pre-Kindergarten (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 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 | 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 or 3 doses if the 3rd dose was received at 4 years or older | | |
| Measles, Mumps and Rubella vaccine (MMR)⁵ | 1 dose | 2 doses | | |
| Hepatitis B vaccine⁶ | 3 doses | 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 | | |
| Varicella (Chickenpox) vaccine⁷ | 1 dose | 2 doses | | |
| Meningococcal conjugate vaccine (MenACWY)⁸ | Not applicable | | Grades 7, 8, 9, 10 and 11: 1 dose | 2 doses or 1 dose 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 | | |

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. 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 grades 6 through 10: 10 years; minimum age for grades 11 and 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 2024-25, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 10; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 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: 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. For children with a record of OPV, only trivalent OPV (tOPV) counts toward New York State 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, must 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 pre-kindergarten. Two doses are required for grades kindergarten through 12.
 - c. Mumps: One dose is required for pre-kindergarten. Two doses are required for grades kindergarten through 12.
 - d. Rubella: At least one dose is required for all grades (pre-kindergarten 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 grades 7 through 11: 10 years; minimum age for grade 12: 6 weeks)
 - a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) 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.
 - f. [For further information, refer to 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 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 CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.](#)

For further information, contact:

**New York State Department of Health
Division of Vaccine Excellence
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437**

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

New York State Department of Health/Division of Vaccine Excellence
health.ny.gov/immunization

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

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.**



Home Language Questionnaire (HLQ)

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.

Thank You

| TO BE COMPLETED BY SCHOOL PERSONNEL | | |
|---|---|-------|
| DISTRICT | <i>Please print or type clearly</i> | |
| SCHOOL | GRADE | |
| STUDENT NAME | | |
| DATE OF BIRTH | | |
| Month: | Day: | Year: |
| STUDENT IDENTIFICATION NUMBER | | |
| NAME/POSITION OF SCHOOL PERSONNEL COMPLETING THIS SECTION | | |
| DETERMINATION: | <input type="checkbox"/> Possible LEP | |
| | <input type="checkbox"/> 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** _____ **Does Not Read**
specify

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

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

| | <i>Very well</i> | <i>Only a little</i> | <i>Not at all</i> |
|----------------------------|--------------------------|--------------------------|--------------------------|
| Understands English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speaks English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reads English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writes English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Parent/Guardian/Other

Date

Month: Day: Year:

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 be 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/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. 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.

WYNANTSKILL UNION FREE SCHOOL DISTRICT

25 East Avenue
Troy, New York 12180
Fax 518-283-3684

DR. MARY YODIS
Superintendent
518-283-4600, ext. 7
Ms. Shannon Toomey
Principal
518-283-4600, ext. 0

Information from the Transportation Department

Attached is a form for transportation. Please complete the requested information and return it with your registration packet. If your child's transportation needs change during the year, please send a note to your child's teacher with the necessary information and we will make the changes. Please include in the note the name, address and phone number of the location your student will be transported to or from and a daytime phone number where you can be reached if there are any questions.

If for any reason you cannot be at your bus stop in the afternoon, please call the school or Transportation Department so that we are aware and can explain to your child the reason. We will bring the child back to school and you can pick him/her up at school.

In August, you will receive a notice of your child's bus number, stop location and time of pickup and drop off. To verify that the information is correct, please return the forms as soon as possible.

If you have any questions about transportation, please give us a call at the number below.

Thank you.

Bob Cushing, Head Bus Driver, 518-376-8335 (cell)

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
myodis@wynantskillufsd.org

TRANSPORTATION FORM

Please fill in the information for pick up and drop off location and circle Home or Other. If Other, please fill in that information.

If your child will be attending aftercare (Y-Time or CASE) please note that in the drop off space.

Student's Name _____ Grade _____

Parents or Guardians _____

Home Address _____

Home Phone _____

Cell Phone – Father _____ Cell Phone – Mother _____

AM Pick Up (Circle One) (Home) (Other)

Other - Name _____

Address _____

Phone _____

PM Pick Up (Circle One) (Home) (Other)

Other - Name _____

Address _____

Phone _____

Notes _____

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Registration Information from the Health Office

The completed medical information form and your child's immunization record are necessary to complete the registration process. If the information is not brought to the orientation meeting, please submit it to the Main Office as soon as possible. Some children may not have completed the required immunizations as yet, but please submit what has been received so that the health record can be started.

Listed below are immunizations required for school attendance. Students cannot be allowed to start school until the following immunizations have been administered:

- 4-5 Diphtheria containing vaccine (generally Dtp, Dtap)
- 3-5 Polio
- 1 (2 before age 7) MMS (Mumps, Measles, Rubella)
- 3 Hepatitis B
- 2 Varicella (or physician documentation of student having had chicken pox)

Please see the included New York State Immunization Requirements for reference.

In this packet is 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).

A physical exam is required for all students entering kindergarten. Ideally, your child's primary health care provider should perform the exam as he/she is familiar with your child's medical history. Reports of physical exams must be dated within one year of the start of school. 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. The report can be completed any time within one year from the start of school, or after school starts. This form is requested but not required for school attendance.

When your child is absent or will be late, please call the Health Office at 283-4600, ext. 18. You may call and leave a message anytime on the answering machine. Our policy is to verify all absences. If we do not hear from you, we will call home or parents' work numbers to check on your student.

WYNANTSKILL UNION FREE SCHOOL DISTRICT

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myodis@wynantskillufsd.org

Required Paper Work:

Health Office Information

- Grades K, 2, 4 and 7 physicals (health appraisals) - dated within one year of current school year is sufficient
- Grade 6 Tdap Immunization – at start of school year or when child turns 11
(All are required within 30 days of the start of the school year.)

Medications (Including Over-the-Counter):

- New York State requires a physician note or prescription for anything a student will need to take during school hours. Parent permission for the school to administer is also required. If your child will be carrying their own medication (ex. Inhaler), physician and parent notes are still required. A full medication policy is available on the Health Office webpage.

Illness:

- Please call the Health Office when your child is sick or will be late. You can leave a message anytime day or night. If your child has a fever, they need to stay home for 24 hours after the fever has broken without medication.

Lost and Found:

- Lost and Found is located in the Health Office. Please label anything your child brings to school. Parents can check the Lost and Found anytime they are in the building. During evening events, Lost and Found will be located outside the Health Office.

Screenings:

- New York State mandates that a health-related screening be completed in our school each year when it is not completed by a student's private physician. The requirements are:
 - Vision Screening: Kindergarten and Grades 1, 2, 3, 5 and 7
 - Hearing Screening: Kindergarten and Grades 1, 3, 5 and 7
 - Scoliosis: Completed in Grades 5-9

Kindergartners:

- A change of clothes for each child can be kept in the Health Office (if you send them in with your student). This can be helpful in the event of spills, accidents, wet playgrounds, etc.

If you have a question, please do not hesitate to call. Best wishes for a wonderful school year!

Katie Mardon, 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
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myodis@wynantskillufsd.org

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.