

NANUET PUBLIC SCHOOLS

STUDENT REGISTRATION REQUIREMENTS

A parent or legal guardian must come in person to register a student
Registration is by appointment only
Please call Kathleen Maier at 845-627-9883 to schedule an appointment

CURRENT PROOF OF RESIDENCY

Homeowner (Submit One of the Following)

- Mortgage Statement, Deed, Closing Papers, Property Tax Bill

And Two of the Following:

All Bills MUST reflect your name and residential address

- Recent copies of 2 the following Utility Bills- (Landline phone, Cable, Gas & Electric, United Water)

Renter/Tenant

- Duly Executed Lease Agreement with a rent receipt (dated, signed by the landlord with address & telephone number of landlord and property address)-**Required**

And Two of the Following:

All Bills MUST reflect your name and residential address

- Recent copies of 2 the following Utility Bills- (Landline phone, Cable, Gas & Electric, United Water)

Parent Photo Identification

- For Identification Purposes Only (Driver's License, Non-Driver photo ID Card, a Visa, Passport or other photo ID). For applicants without a government issued photo ID, other identification will be accepted.

Proof of Date of Birth (Submit One of the Following, to be used only after establishment of residency):

Must be original - a copy of document will be made

- Birth Certificate
- Passport/Green Card
- Baptismal/Bris Certificate

Proof of Immunization

- Immunization records with month, date, year signed or stamped by doctor

Dental and Physical Exams

- Dental health certificate with month, date, year signed by doctor
- Physical exam given within 12 months prior to the commencement of the school year, signed by doctor

Previous School Records

- Name and address of previous school and last report card and transcript

If Applicable

- IEP (Individual Education Plan)
- Guardianship papers
- Court Orders
- Homeless, displaced, McKinney Vento Act

If for some reason these documents are not available, please contact us

**Nanuet Union Free School District
Enrollment Form-Student Residency Questionnaire**

Name of LEA: Nanuet Union Free School District

Name of School: (Check One)

- George W. Miller Elementary School (Grades K-2)
- Highview Elementary School (Grades 3-4)
- A. MacArthur Barr 5-6 Academy for Excellence (Grades 5-6)
- A. MacArthur Barr Middle School (Grades 7-8)
- Nanuet High School (Grades 9-12)

Name of Student: _____
Last First Middle

Gender: Male/Female Date of Birth ___/___/___ Grade: ___

Student Address: _____

Town: _____ State: _____ Zip Code: _____

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, schools 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

Signature of Parent/Guardian

Date _____

**NANUET UNION FREE SCHOOL DISTRICT
101 CHURCH STREET NANUET, NY 10954**

To be completed by child's parent or legal guardian in black ink.
THIS PACKET MUST BE COMPLETED IN ITS ENTIRETY.

Student First Name	Middle Name	Student Last Name		
Street Address	Apartment Number	Town	State	Zip Code
City/State of Birth	Date of Birth (MM/DD/YYYY) / /		Home Phone #()	
Country of Birth	Date of Entry into the US if born out of the US (MM/DD/YYYY) / /			

Previous School Information

Prior school child attended:
Full Name of School:
District:
City:
State:
Dates Attended:
Last Grade Completed at this school:
Child played a sport at previous school: <input type="checkbox"/> No <input type="checkbox"/> Yes, which sport did child play?

All-Media Parental Permission

For the purpose of disseminating information to the public, students in the Nanuet Public Schools are occasionally interviewed, photographed or filmed by school officials and/or media outlets as part of district, school and/or classroom, extracurricular and/or athletic activities.

The District would like to promote the achievements of its students on its website and social media. Through this consent, you would allow the District to use your child's photo/image, voice, video and/or his work to be published on the internet or other media. The permission will be in effect until withdrawn by you.

YES – I consent.

I grant permission for any photo/image, voice, video and/or work of my child to be published on the School District's website, publications and/or social media.

NO – I do not consent.

I prohibit any photo/image, voice, video and /or work of my child to be published on the School District's website, publications and/or social media.

Parent Signature: _____
Date: _____

Student is of Hispanic Decent: <input type="checkbox"/> Yes <input type="checkbox"/> No Child attended school in Nanuet School District: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date/grade of attendance _____	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Middle Eastern Student Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Last Grade Completed: _____ Current Grade: _____ Date Withdrawn from Previous School: _____ Date of Entry in Any NY School: _____ Most Recent Date of Entry to US School: _____	Primary Language Child Speaks/Understands: _____ Student receives language services (ESL): <input type="checkbox"/> Yes <input type="checkbox"/> No
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Family Data

Child's biological or adoptive mother is living: Yes No If yes, complete the following section:

Mother/Female Guardian First Name:	Last Name:
Relationship to child: <input type="checkbox"/> Biological Mother <input type="checkbox"/> Adoptive Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other	
Mother/Female Guardian resides in home: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address:	
Home Phone # ()	Cell Phone # ()
Date of Birth:	
Email Address:	
Occupation:	
Employer:	
Address of Employment:	
Work Phone # ()	

Child's biological or adoptive father is living: Yes No If yes, complete the following section:

Father/Male Guardian First:	Last Name:
Relationship to child: <input type="checkbox"/> Biological Father <input type="checkbox"/> Adoptive Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other	
Father/Male Guardian resides in home: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address:	
Home Phone # ()	Cell Phone # ()
Date of Birth:	
Email Address:	
Occupation:	
Employer:	
Address of Employment:	
Work Phone # ()	

Custodial Information

Parents are legally separated or divorced: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a court approved custody document: <input type="checkbox"/> Yes <input type="checkbox"/> No
Who retains legal custody of the child:	
Relationship to child:	
Custody is joint: <input type="checkbox"/> Yes <input type="checkbox"/> No	If custody is joint, who has residential/physical custody:

Other Children in the Household

Name	Gender	Relationship to Parent/Guardian	DOB	School	Grade
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
	<input type="checkbox"/> Male <input type="checkbox"/> Female				

Student Receives Special Education Services (IEP):
 Yes
 No

Student Receives Related Services
 Speech Therapy (SIL)
 Occupational Therapy (OT)
 Physical Therapy (PT)
 Nursing

Class size (if applicable): 15:1, 12:1+1, 6:1+1, other _____

Student has 504 Plan:
 Yes
 No

**** If yes for any of any questions in this section, please also complete the Social History form ****

For information regarding referral and evaluation for special education services, please refer to *A Parent's Guide to Special Education*, found on NYSED's website at:
<http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>

Or, contact Judith Heaney,
 Director of Student Support Services
 101 Church Street
 Nanuet, NY 10954
 Email: jheaney@nanuetd.org
 Phone: 845-627-9818

Residency Data

If moving into Nanuet District please specify move-in date: ____/____/____

Please specify if you are: Buying Leasing Own , your home. If you are leasing, please specify the date your lease expires: ____/____/____

Does either parent maintain another residence elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list address of other residence:
Months per year spent at other residence:
Does either parent intend to remain at this address:
If yes, which parent <input type="checkbox"/> Mother <input type="checkbox"/> Father

Child is temporarily living in Nanuet School District lines for the primary purpose of allowing the child to attend the Nanuet Schools: Yes No

Child is living with a guardian for the primary purpose of enabling this child to attend the Nanuet Schools: Yes No

Emergency Contacts

Please supply two local emergency contacts, other than parent/guardian, to be contacted in case of an emergency involving this child:

First Name	Last Name	Relationship to Child
Address		
Home Phone # ()	Cell Phone # ()	

First Name	Last Name	Relationship to Child
Address		
Home Phone # ()	Cell Phone # ()	

**NANUET UNION FREE SCHOOL DISTRICT
STUDENT RACIAL AND ETHNIC IDENTIFICATION**

Name of School:	
School District Student Identification Number (Office Use ONLY):	Date of Birth (Month/Day/Year): / /
Student Name Last, First, Middle:	Grade Level:

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.

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) place a Check (X) next to the words that best describes your child.] **Check (X) only ONE description.**

- 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**

[For question (2) Check (X) all groups that apply to your child; check (X) at least ONE box.]

- 2. Select one or more races from the following five racial groups.**
- _____ **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North America and who maintains a cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.
- _____ **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:** A person having origins in any of the back 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 below):

___ Mother ___ Father ___ Guardian ___ Other (Specify) _____

CONSENT FORM

Nanuet Public Schools
101 Church Street, Nanuet, NY 10954
Phone: 845-627-9883 Fax: 845-623-1963

FAX #: Miller School 845-624-1534; Highview 845-6270340; Middle School 845-6243138; High School 845-627-1884

Please PRINT all information-

Student Name _____

Date of Birth _____ Gender: Male/Female

Previous School Name/Address/Phone/Fax _____

A. Is for Office Use Only

A. I give permission for the Nanuet Schools to receive the following information about my child:

- ACADEMIC RECORDS
- HEALTH RECORDS
- DISCIPLINARY REPORTS
- PSYCHOLOGICAL EVALUATIONS
- SPECIAL SERVICES RECORD & IEP from CPSE and/or CSE (See B)
- TRANSCRIPT

B. My child has received the following special services:

- ATTENDED SPECIAL NEEDS SCHOOL
- CONSULTANT TEACHER SUPPORT
- COUNSELING
- ESL/BILINGUAL SUPPORT
- 504 ACCOMMODATIONS PLAN
- REMEDIAL READING, WRITING, and/or MATH
- RESOURCE ROOM
- RELATED SERVICES - Circle One: OT PT HEARING IMPAIRED
- SPECIAL CLASSES
- SPEECH/LANGUAGE SERVICES
- OTHER _____

Signature of Parent/Guardian _____

C. I give my consent to the Nanuet Schools to send my child's records to requesting schools my child may attend in the future.

Signature of Parent/Guardian _____

Admission of

_____ to the
(Name of Student)

Nanuet Union Free School District
-----X

1. I am the parent/guardian of _____.
(Name of Student)
2. I have been advised by the Central Registration department of the Nanuet Union Free School District, about the residency requirements in regulation with Education Law which must be satisfied by me in order to enroll my child in the Nanuet Union Free School District. I understand that only students who are residents of a school district can attend district schools on a tuition-free basis.
3. I have provided the Nanuet Union Free School with information which will be used in permitting my child to attend the School District as a resident student.
4. I understand that under New York State law only students who are actually residents of the School District are allowed to attend on a tuition-free basis.
5. I understand that the School District does permit students who are not residents to attend the School District on a tuition basis.
6. If it is determined by the Nanuet Union Free School District that the information which I submitted to them is false and my child is not a legal resident of the School District then I am aware and acknowledge that I will be responsible for and will pay the School District tuition which, on an annualized basis for each year my child was illegally enrolled as a student. The estimated tuition rate ranges from \$18,085 to \$62,483 depending on the program of service the student receives.
7. I understand that if it is determined that my child is not a resident of the Nanuet Union Free School District, my child will be removed from district enrollment immediately.
8. I am signing this document with my own free will.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian)

To be signed by parent or guardian ONLY in front of
School District Representative who will sign as a witness

Signature of School Representative

Date

Print Name of School Representative

STUDENT REGISTRATION NOTICE

In order to attend the schools of the Nanuet Union Free School District a student must be a resident of the District. Students who are not Nanuet Union Free School District residents are not admitted to District schools.

When you register a student as a resident, you are declaring to the district that the student is in fact a resident. If this is fictitious, or if the student becomes a non-resident, the students' right to attend school in the District will be terminated.

Also, you and any other parent, guardian or person responsible for the student, will be required to pay the full tuition for the time the student attended Nanuet Union Free School District as a non-resident.

You and any other parent, guardian or person responsible for the student, must inform Central Registration if the student's residency status changes.

Please read and sign the statement below as part of the registration process.

STATEMENT:

I attest that all the information provided on the registration forms and other affidavits concerning the residency of both my child and myself are authentic and accurate. I also understand that if I provide inaccurate information to the Nanuet Union Free School District, I may be committing the crime of perjury in the third degree and I may be prosecuted on criminal charges such false information.

Signature of Parent/Legal Guardian Date

Print Name of Parent/Legal Guardian

NETWORK AND INTERNET ACCEPTABLE USE POLICY FOR STUDENTS

The Board of Education is committed to the goal of having electronic network facilities used in a responsible, efficient, ethical and legal manner. Access to the Nanuet Public School's network, Internet, e-mail, and online tools is provided for students to conduct research and communicate with others in relation to school work. Access to these network services is given to students who agree to act in a considerate and responsible manner. Parent or guardian permission is required.

BLOCKING and FILTERING

District guidelines for Internet use prohibit access to material that is inappropriate in the school environment as per the Federally-enacted Children's Internet Protection Act (CIPA) which forbids school-based access to potentially harmful material including but not limited to pornography, obscenities, and sites that promote violence or sell weapons.

The district has installed filtering software in an attempt to block user access to inappropriate and/or harmful content on the Internet. The software works by scanning Web site addresses, Web site content, e-mail, and other documents for objectionable words or concepts. When the software finds any such objectionable words or concepts, it denies the user access to them based on the level of access assigned to the word or concept by the district. Generally, levels of access go from the least restrictive, which allows the users access to the Web site or document that contains the word or concept, to the most restrictive level which denies users access to the Web or document that contains the word or concept. The default level of access that will be granted to students is set for most restrictive. Modifying the filter or de-filtering Internet access for students is possible when educationally appropriate. No software is one hundred percent effective and it is possible the software could fail. In the event that the filtering software is unsuccessful and children gain access to inappropriate and/or harmful material, the district will not be liable.

PLAGIARISM AND COPYRIGHT INFRINGEMENT

Students will not plagiarize works that they find on the Internet. Plagiarism is the taking of ideas or writing of others and presenting them as if they were original to the user. Students will respect the rights of copyright owners and not infringe on these rights. Copyright infringement occurs when an individual inappropriately reproduces a work that is protected by copyright. If a work contains language that specifies acceptable use of that work, the students should follow the expressed requirements. If the student is unsure whether or not they can use a work, he/she should request written permission from the copyright owner. A copy of the written permission will be kept on file with the District Director of Technology.

PERSONAL SAFETY

Student users will not post or transmit photographs or personal contact information about themselves or other people without prior written consent from the parent of the student whose information is being posted. Such consent must be delivered, in writing, to the child's teacher or principal. Personal contact information includes, but is not limited to, home address, telephone number, school name, school address, and classroom.

Student users will not agree to meet with someone they have met online without their parent's approval and participation.

Student users will promptly disclose to their teacher or other school employee any message they receive that is inappropriate or that makes them feel uncomfortable.

Access is a privilege, not a right. Therefore, based upon acceptable use guidelines outlined in this policy, network administrators will deem what is inappropriate use and their decisions are final. The network administrators may close a user's account at any time. Users must acknowledge their understanding of this policy as a condition of using a district network account and Internet resources.

ACCEPTABLE USE

Acceptable use of the network and Internet includes activities which support teaching and learning. Use of district accounts should be for assignments or research for school-related activities or courses.

E-mail may be provided for the purpose of exchanging information consistent with the mission of the district. The district provided e-mail cannot be used for political or religious purposes. E-mail messages are subject to district review at any time.

UNACCEPTABLE USE

Unacceptable uses of telecommunications and the network include, but are not limited to:

- Using the network for any illegal activity, including but not limited to, violation of copyright or other contracts
- Using the network for financial or commercial gain
- Degrading or disrupting equipment or system performance including, but not limited to, developing or spreading computer viruses
- Vandalizing the data of another user
- Gaining unauthorized access to resources or entities
- Invading the privacy of others
- Sharing account information with another person
- Using an account owned by another without authorization
- Posting personal communications without the author's consent
- Posting anonymous messages
- Placing unlawful information on a system
- Using profanity, obscenity or any abusive or otherwise objectionable language in either private or public messages
- Accessing material that is profane or obscene, that advocates illegal or dangerous acts, or that advocates violence or discrimination towards other people. (A special exception may be made if the purpose is to conduct research and is approved in writing by both the teacher and the parent or guardian.)
- Sending messages that are likely to result in the loss of a recipient's work or systems
- Sending "chain letters" or "broadcast" messages to lists or individuals, and any other types of use which would cause congestion of the networks or otherwise interfere with the work of others
- Wastefully using finite resources

District staff will teach proper techniques and standards for participation, for guiding student access to appropriate sections of the network, and for making sure that students understand that if they misuse the network, they will lose use of their network account and Internet access. In order for students to obtain use of a district account, students and their parents or guardians, must complete a Student Application for Use of a Network and Internet Account upon entering each of Nanuet's four schools. The person using the account shall be responsible for its proper use.

The district will rigorously uphold laws pertaining to the use of technological equipment and the

information contained in them and/or generated by its use. Anyone found to be violating such laws will be subject to suit for civil damages as well as prosecution by the district to the full extent of the law. Interpretation, application, and modification of this policy are within the sole discretion of the district. Any questions or issues regarding this policy should be directed to the district administration.

**STUDENT APPLICATION FOR USE OF
A NETWORK AND INTERNET ACCOUNT**

Application must be renewed upon entry to a new building.

STUDENT

Student Name: _____ Grade: _____
School: _____

- I have read and agree to comply with the Acceptable Use Procedures.
- I have discussed this policy with my parent or guardian.
- I understand these policies.

Student Signature: _____ Date: _____

PARENT OR GUARDIAN

- I have read the Network and Internet Acceptable Use Policy for Students.
- I will monitor my child's use of the network and his/her potential access to the Internet, and will accept responsibility for supervising him/her when he/she is not in a school setting.
- I understand that my child may be subject to certain disciplinary consequences if he/she violates these rules.
- I realize that under law I may be held financially responsible for the willful, malicious or unlawful damage of property by my minor child.
- I will not hold the Nanuet Union Free School District responsible for controversial materials acquired while on-line.
- I give my permission for my child to be allowed to use a District network account and access the Internet.
- I give my permission for school work created by my child to be posted in electronic format (e.g. online, CD, DVD, etc.) identifying the work with my child's first and last initial or first name and last initial only.
- I give my permission for my child to participate in the use of Web resources (e.g. e-mail, blogs, Wikis, etc.) for school related work and projects.
- I certify that the information on this form is correct.

Print Name: _____ Date: _____

Signature: _____

Home Address: _____

Home Phone: _____ Business Phone: _____

Adoption date: June 15, 2010



STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
Office of P-12

Lissette Colón-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

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 in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)		
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <i>specify</i>	<input type="checkbox"/> Father _____ <i>specify</i>
	<input type="checkbox"/> Guardian(s) _____ <i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:	STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:
District Name (Number) & School _____ Address _____	

Home Language Questionnaire (HLQ)—Page Two

Educational History

8. Indicate the total number of years that your child has been enrolled in school _____

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.

Yes* No Not sure *If yes, please explain: _____

How severe do you think these difficulties are? Minor Somewhat severe Very severe

10a. Has your child ever been referred for a special education evaluation in the past? No Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?

No Yes - Type of services received: _____

Age at which services received (Please check all that apply):

Birth to 3 years (Early Intervention) 3 to 5 years (Special Education) 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? No Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? _____

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation

Date

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: No Yes

**DATE OF INDIVIDUAL INTERVIEW: _____
MO. DAY YR.

OUTCOME OF INDIVIDUAL INTERVIEW: ADMINISTER NYSITELL
 ENGLISH PROFICIENT
 REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL ADMINISTRATION: _____ PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ENTERING EMERGING TRANSITIONING EXPANDING COMMANDING
MO. DAY YR.

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:



Lissette Colon-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Cuestionario de Idioma del Hogar ("HLQ" por sus siglas en inglés)

*Estimados padres o tutores:
Con el fin de proporcionar la mejor educación posible a su hijo(a), necesitamos determinar el nivel del habla, lectura, escritura y comprensión en el inglés, así como conocer su educación previa e historial personal. Por favor, llene con su información las secciones "Conocimientos de idiomas" e "Historial educativo". Apreciamos mucho su colaboración respondiendo a estas preguntas.
Gracias.*

Por favor escriba con claridad al completar esta sección.		
NOMBRE DEL ESTUDIANTE:		
Nombre	Segundo nombre	Apellido
FECHA DE NACIMIENTO:		GÉNERO:
		<input type="checkbox"/> Masculino
		<input type="checkbox"/> Femenino
Mes	Día	Año
INFORMACIÓN DE LOS PADRES/PERSONA EN RELACIÓN PARENTAL		
Apellido	Primer Nombre	Relación con el estudiante

CÓDIGO DEL IDIOMA DEL HOGAR

Conocimientos de idiomas

(Por favor, marque todas las opciones que sean aplicables)

1. ¿Qué idioma(s) se habla(n) en el hogar o residencia del estudiante?	<input type="checkbox"/> Inglés	<input type="checkbox"/> Otro	_____
			<i>especifique</i>
2. ¿Cuál fue el primer idioma que su hijo(a) aprendió?	<input type="checkbox"/> Inglés	<input type="checkbox"/> Otro	_____
			<i>especifique</i>
3. ¿Cuál es el idioma primario de cada padre / tutor?	<input type="checkbox"/> Madre	_____	<input type="checkbox"/> Padre
		<i>especifique</i>	<i>especifique</i>
	<input type="checkbox"/> Tutor(es)	_____	<i>especifique</i>
4. ¿Qué idioma o idiomas entiende su hijo(a)?	<input type="checkbox"/> Inglés	<input type="checkbox"/> Otro	_____
			<i>especifique</i>
5. ¿Qué idioma o idiomas habla su hijo(a)?	<input type="checkbox"/> Inglés	<input type="checkbox"/> Otro	<input type="checkbox"/> No sabe hablar
		<i>especifique</i>	
6. ¿Qué idioma o idiomas lee su hijo(a)?	<input type="checkbox"/> Inglés	<input type="checkbox"/> Otro	<input type="checkbox"/> No sabe leer
		<i>especifique</i>	
7. ¿Qué idioma o idiomas escribe su hijo(a)?	<input type="checkbox"/> Inglés	<input type="checkbox"/> Otro	<input type="checkbox"/> No sabe escribir
		<i>especifique</i>	

TO BE COMPLETED BY THE DISTRICT IN WHICH THE STUDENT IS REGISTERED

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

PARA LLENAR POR EL DISTRITO EN EL QUE EL ESTUDIANTE SE HA INSCRITO

Cuestionario de Idioma del Hogar (HLQ) — Página Dos

Historial Educativo

8. Indique con un número el total de años que su hijo(a) lleva inscrito en una escuela: _____

9. ¿Cree usted que su hijo(a) pueda tener dificultades, interferencias o problemas educacionales que le afecten su capacidad para entender, hablar, leer o escribir en inglés o en cualquier otro idioma? En caso afirmativo, por favor descríbalos.

*Si** *No* *No se sabe* * En caso afirmativo, por favor explique : _____

¿Qué gravedad considera usted que tienen estas dificultades educacionales? Poca gravedad Algo grave Muy grave

10a. ¿Alguna vez se ha recomendado a su hijo(a) a tener una evaluación de educación especial? No Sí* * Por favor, llene 10b.

10b. *Si se le ha recomendado alguna vez una evaluación, ¿ha recibido su hijo(a) alguna vez alguna forma de educación especial?

No Sí - Explique, que forma o formas de educación especial recibió:

Edad en la que recibió la intervención o forma de educación especial (favor de marcar todas las opciones que sean aplicables):

De nacimiento a 3 años (Intervención Temprana) 3 a 5 años (Educación Especial) 6 años o mayor (Educación Especial)

10c. ¿Tiene su hijo(a) un Programa de Educación Individualizada ("IEP" por sus siglas en inglés)? No Sí

11. ¿Considera que hay alguna otra información importante que la escuela deba saber sobre su hijo(a)?

(Por ejemplo, talentos especiales, problemas de salud, etc.)

12. ¿En qué idioma(s) quiere usted recibir la información de la escuela? _____

Mes: Día: Año:

Firma del padre/madre o de la persona en relación paterna

Date

Relación con el estudiante: Madre Padre Otra: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ POSITION: _____

IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:

NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW

NAME: _____ POSITION: _____

ORAL INTERVIEW NECESSARY: No Yes

**DATE OF INDIVIDUAL INTERVIEW:

MO DAY YR.

OUTCOME OF INDIVIDUAL INTERVIEW: ADMINISTER NYSITELL
 ENGLISH PROFICIENT
 REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL ADMINISTRATION: _____ PROFICIENCY LEVEL ACHIEVED ON NYSITELL: ENTERING EMERGING TRANSITIONING EXPANDING COMMANDING

Mo. DAY YR.

FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

Nanuet School District Health Services
HEALTH INFORMATION FOR NEW ENTRANTS

HEALTH HISTORY

Included in this packet are a Health History and emergency information forms that are to be completed by the parents. The information requested is essential to providing for the health and well being of your child while attending school.

IMMUNIZATIONS

New York State Public Health Section 2164 mandates that each student be immunized against diphtheria, pertussis, tetanus, polio, measles, mumps, rubella (German measles), varicella and hepatitis B. Students entering 6th grade are required to have 2 doses of varicella, 4 doses of polio and a Tdap booster. Students entering 7th and 12th grade are required to have the meningococcal vaccine. Acceptable proof of immunization may be a stamped and signed physician or clinic's record card. Exceptions to these requirements are made only for documented valid medical or religious reasons. The Health Law also mandates that should these requirements not be met, your child must be excluded from attending school until all required immunizations are complete.

VISION AND HEARING

Hearing and vision screenings are done on any student that is new to the district. If a condition is found as a result of the vision and hearing screening, you will be contacted by the school nurse and a follow-up by your physician is requested.

PHYSICAL AND DENTAL EXAMINATIONS

Each child must have a physical and dental examination upon entrance to school. Forms are included and should be returned to the school nurse by the dates listed on the front of the form. If the forms are not returned to school as directed, a health exam will be done by the school physician. Health problems detected in school will be referred to you.

MEDICATIONS IN SCHOOL

Medication may be administered in school only by the school nurse. A written request from the parent and a written order from the family physician must be submitted along with the medicine in its original container. This applies to both prescription and over the counter medications. The only exceptions are for inhalers and emergency allergy medicines (such as epi-pens) for which the physician and parents have given written permission for the student to carry.

ILLNESS

Please report all illnesses to the school nurse or attendance office. On returning to school after any absence, the students must present a note signed by a parent or guardian giving the reason for the absence.

EMERGENCY NUMBERS

Please complete and return the emergency contact form before your child attends school. It is important that the school be notified if there is a change in your emergency telephone numbers, family physician, or family dentist.

If your child has any conditions or illnesses which affect his or her ability to participate fully in our academic or physical education program, please discuss this with the nurse. Phone numbers for all health offices are printed on the District calendar, as well as available on the District's web page.

Nanuet Public Schools

Public Health Law 2164 mandates certain immunizations to enter Grades 1-12. The only exceptions are those with valid religious or medical exemptions. Proof of immunization must be signed or stamped by a physician and received before the first day of attendance.

CHILD'S NAME _____ ADDRESS _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ HOME PHONE _____

CHILD'S PHYSICIAN _____ PHONE _____

IMMUNIZATION REQUIREMENTS CERTIFIED BY PHYSICIAN

1. Three or more doses of Polio vaccine _____
2. Three or more doses of DPT _____
3. Tdap vaccine-1 dose Grades 6-12 _____
4. Two doses of measles, mumps, rubella (MMR) vaccine given on or after first birthday _____
5. One-Two doses of Varicella vaccine _____
6. Three doses Hepatitis B vaccine _____
7. Meningococcal vaccine (students entering grades 7 and 12) _____
12th graders must have 2 doses _____

ANY OTHER TESTS OR IMMUNIZATIONS GIVEN

1. Hib _____
2. PPD _____
3. Other _____

Physician's Signature and Date _____

Dear Parents,

The New York State Department of Education requires that certain school children have a physical exam. This applies to every student in grades **K, 2, 4, 7 and 10** as well as **students who are new to the district**. The examination must have been given within twelve months prior to the commencement of the school year in which it is required; that is, **not before September 6, 2016**.

It is best to have your family practitioner or pediatrician perform this exam. Have the physician complete the form on the back of this letter or provide you with his or her own form. Please return it to the health office in your child's school. Our school doctor will examine all students for whom we have no record of a private physical.

If you have any questions, please contact the nurse at your child's school.

School Nurses:

Nanuet Senior High School.....Maura Hanigan, RN
627-9810

A. MacArthur Barr Middle School.....Kathi Mooney, RN
627-4041

Highview Elementary School.....Dana Denise, RN
627-3490

George Miller Elementary School.....Catherine White, RN
627-4864

St. Anthony's School.....Karen Hawkins, RN
623-6525

Health History

This form must be completed for all new students in grades one through twelve before their first day of attendance.

STUDENT NAME _____

GRADE _____

	<u>YES</u>	<u>NO</u>
Except for regular check-ups, is your child under a doctor's care?	_____	_____
Has your child ever been hospitalized for any illness or injury?	_____	_____
Does your child take medication regularly?	_____	_____
Does your child have any allergies to medications, insect stings, or foods? Please list:	_____	_____
Has your child ever had a concussion or been knocked unconscious?	_____	_____
Has your child ever had a seizure?	_____	_____
Does your child wear any removable dental appliance?	_____	_____
Does your child wear eyeglasses or contact lenses?	_____	_____
Does your child have any skin conditions?	_____	_____
Has your child had any heart disease, murmur, extra beats, or high blood pressure?	_____	_____
Has your child ever been dizzy or passed out from exercise?	_____	_____
Has your child ever had any joint injuries, such as fractures, strains, or dislocations?	_____	_____
Does your child have any organs missing? Please list:	_____	_____
If your child is female, does she have any menstrual irregularities?	_____	_____
Has your child ever been excluded or limited in physical education?	_____	_____
Do you know of any reason why your child should be limited in participation in any sport?	_____	_____
Does your child have any other medical conditions about which the school should be aware?	_____	_____

I understand that information provided here may be shared with school staff .

Parent/Guardian Signature

Date

Dear Parents,

Under New York State law, public schools are required to request that students enrolled in **kindergarten, second, fourth, seventh and tenth grades**, as well as **students who are new to the district**, present a dental health certificate. You may use the following form, or one which your dentist provides.

The Children's Dental Health Clinic of the Rockland County Health Department offers comprehensive dental care to children from 3 to 18 years of age. This service is available for an income-based fee; Medicaid is accepted. For further information, you can contact the clinic at 845-364-2520.

Please return your certificate to the health office in your child's school.

School Nurses

Maura Hanigan, R.N.
845- 627-9810

Nanuet High School

Kathi Mooney, R.N.
845-627-4041

*A.MacArthur Barr 5-6 Academy for Excellence
& A.MacArthur Barr Middle School:*

Dana Denise, R.N.
845-627-3490

Highview Elementary School

Catherine White, R.N.
845- 627-4864

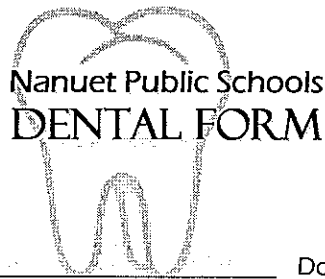
G.W. Miller Elementary School

Eileen Ryan, R.N.

Miller/Middle: Float Nurse

Karen Hawkins, R.N.
845-623-6525

St. Anthony's School



Student's Name _____ DoB _____ Sex _____

School _____ Grade _____

REPORT OF DENTAL EXAMINATION

This is to certify that I have examined the teeth of the above-named student and I find:

- | | | | |
|---|------|-------|------|
| <input type="checkbox"/> Oral hygiene is <i>(circle one)</i> : | Good | Fair | Poor |
| <input type="checkbox"/> Number of teeth filled | | _____ | |
| <input type="checkbox"/> Number of teeth extracted | | _____ | |
| <input type="checkbox"/> All necessary dental work has been completed | No | | Yes |
| <input type="checkbox"/> Treatment is in progress | No | | Yes |
| <input type="checkbox"/> Dental work is necessary | No | | Yes |
| <input type="checkbox"/> Is child under regular dental supervision? | No | | Yes |
| <input type="checkbox"/> Is orthodontic treatment recommended? | No | | Yes |

REMARKS

Dentist's Signature _____

Office Address _____

Date _____ Phone # _____ Fax # _____

Under New York State law, public schools are required to request that students enrolled in kindergarten, second, fourth, seventh and tenth grades, as well as students who are new to the district, present a dental health certificate. You may use the form on the reverse of this letter, or one which your dentist provides.

The Children's Dental Health Clinic of the Rockland County Health Department offers comprehensive dental care to children from 3 to 18 years of age. This service is available for an income-based fee; Medicaid is accepted. For further information, you can contact the clinic at 845-364-2520.