GRADES 5 - 8
REGISTRATION PACKET

OUR SCHOOLS
CARMEL HIGH SCHOOL
GEORGE FISCHER MIDDLE SCHOOL
KENT ELEMENTARY SCHOOL
KENT PRIMARY SCHOOL
MATTHEW PATERSON ELEMENTARY SCHOOL
Dear Parents or Guardians of Carmel Central School District,

We welcome you and your child to the Carmel Central School District. The experience of these memorable years will be exciting and rewarding. We look forward to working with you as a team to support your child's social, emotional, intellectual, physical, and aesthetic development.

A Parent's Guide to Special Education is available on the New York State Education Department (NYSED) website, which provides information to parents, guardians and other family members about laws, regulations and policies affecting special education programs and services. NYSED Website: 


If you have questions about our CSE referral and evaluation process, please contact:

**Ms. Gina Riggione***
Committee on Pre-School Special Education Chair
Committee on Special Education-Grades K-6
845 878-2094, ext. 244
griggion@carmelschools.org
*Note: Students placed out of the district are shared by both chairpersons

**Mr. Edward LoPresti***
Committee on Special Education Chair-Grades 7-12
845 878-2094, ext. 249
eloprest@carmelschools.org

The staff of the Carmel Central School District has prepared this registration packet that highlights basic information and suggestions that can help you and your child as you begin the school year. Best wishes for a successful school year.

Sincerely,

Mary-Margaret Zehr
Ms. Mary-Margaret Zehr
Superintendent of Schools
FROM THE OFFICE OF THE PRINCIPAL

Dear Parents or Guardians of George Fischer Middle School,

It is with great excitement that I welcome you to George Fischer Middle School! Let me explain the registration paperwork that is enclosed in this folder to begin the enrollment process.

You will find the following forms in this package, which needs to be completed:

1. **Registration Form** – the information requested on this form pertains to your child and guardian(s) and will be included in our student information system. Please make sure you write legibly.
   a. *If your child has a 504 plan or IEP, please make sure that is indicated in the appropriate field*
2. **Internet Responsible Use Policy** – This form explains the terms and conditions for student computer usage and must be read and signed by both the parent and student.
3. **Transportation Information Form & Application for Transportation To / From Daycare Locations Form** – We provide busing to and from the student’s home and would require the Transportation Information Form to be filled out. The Daycare Location Form should also be filled out, **ONLY** if your child is going to be picked up and/or dropped off at daycare.
4. **Request for Records** – Having your child’s records from their previous school will help us create their schedule prior to their entrance into GFMS. But to obtain their records, we will need you to complete and sign the form allowing the records to be released.
5. **Physical Form & Immunizations** – All new entrants are required to have a physical within the last year. Immunization records should be sent to our school nurse within two weeks of registration.
6. **Home Language Questionnaire**
7. **Residence Statement**

Also, included are helpful information, which includes:

1. Directory of “Frequently Requested Information”
2. Building Administrators and Grade Assignments
3. Guidance Staff Listing
4. Food Service Information
5. Transportation Safety Information
6. Clubs Brochure
7. Acceptable proofs of residency and student eligibility
8. Grade-level supply list

Our building Registrar is Ms. Annamarie Pagnotta. She can be reached in any of the following ways:

   Email: apagnott@carmelschools.org
   Phone: (845) 228-2300 x530
   Fax: (845) 228-2321

We ask that you complete the **Internet Usage Policy, Transportation Request** and **Request for Records** forms as soon as possible and send to Ms. Pagnotta. This will help us begin the registration process prior to your meeting with a guidance counselor.

After you have completed the rest of the paperwork and have the supporting documentation required, please contact Ms. Pagnotta to setup a registration appointment. During that meeting, your completed paperwork and supporting documentation will be reviewed and then you will meet with a guidance counselor who will sit with you and your child to prepare a class schedule. **Your child must be present during the meeting.**
AT GFMS, WE R.O.C.K!

Respect
Organize
Cooperate
Keep Safe

Read the information in the enclosed Registration Packet on how we R.O.C.K throughout the school every day.

Once again, welcome to George Fischer Middle School. I know you will experience a smooth transition and I look forward to getting to know your child!

John Piscitella
Principal, GFMS
INTRODUCTION:

As a public school system, the Carmel schools welcome all students who live within the boundaries of the Carmel Central School District and meet state age and health requirements. Students moving into the district during the summer should call their school to register before the start of the school year. Students who move into the district during the school year should make an appointment to enroll. A student is required to attend school in the attendance zone in which the family resides.

The natural parent, legal guardian or other person having legal control under a court order must enroll a student. The person enrolling the student must present their driver's license or department of transportation identification card at the time of registration.

If a family has not yet moved into the school district but is building or purchasing a home within the district boundaries, a Certification of Eligibility Form must be completed and the contract for purchase must be submitted to the Office of the Assistant Superintendent of Business prior to enrolling.

As part of the process of registering a child in the Carmel Central School District, you are being asked to provide information that will allow the district to verify that this child is legally entitled to an education in Carmel. The education of each child in our schools is a responsibility we take seriously. Each one requires space, staff time and supplies that are expenses borne by the district. We hope that you will understand the obligation we have to our taxpayers to be sure that we are educating only those children who have a right to that education.

The law assumes that a child resides with his/her parents. If the claim is made that child's residence is with someone other than the child's parent or legal guardian, it will be necessary to obtain additional information to establish the child’s residence in the district.

STUDENT ADMISSION:

Records necessary to enroll your child are:

- Two current proofs of residence in the Carmel Central School District dated within the last 60 days
- Birth certificate or passport of the child you are registering
  - Kindergarten students must be 5 years-of-age on or before December 1 of the year they’re starting kindergarten.
- Current immunization records of the child you are registering, signed by a physician
- Proof of guardianship or custody, when appropriate
- Report card or unofficial transcript from their previous school (if transferring from another district)
- Completed Carmel Central School District registration form

PROOF OF RESIDENCE:

Two forms of proof of residence in the Carmel Central School District, such as the following, are required (dated within the last 60 days). The documents you will need to submit will vary depending on whether you own your home or rent/lease it.

- **Homeowner:** If you own your own home, you must submit a copy of your tax bill or the deed to your home, and one of the following:
  - Utility bill - natural gas, water, telephone, electricity bill; or
  - Driver's license with the present address on it
  - Pay Stub
Rent or Lease: If you pay rent, you must submit a copy of your rental or lease agreement. If no lease exists you must submit a written notarized statement from your landlord stating that you live at that address or a notarized copy of the Carmel Central School District Affidavit of Landlord (form listed below). You must have a lease agreement for a minimum of 90 days to register your child. In addition, you must submit one of the following:

- Utility bill - natural gas, water, or electricity bill; or
- Driver’s license with the present address on it

NOTE: It is the responsibility of the parent to notify the school if any change in residency status occurs after registration.

You may also submit any other relevant evidence you wish to, including but not limited to the following types of documentation:

- pay stub
- income tax form
- utility or other bills
- membership documents (e.g., library cards) based upon residency
- voter registration document(s)
- official driver’s license, learner’s permit or non-driver identification
- state or other government issued identification
- documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement); or
- evidence of custody of the child in question, including but not limited to judicial custody or order of guardianship documentation

Student Eligibility (Age Determination):
You must submit an original or certificate transcription of your child’s birth certificate or your child’s passport (regardless of issuing nation). In the absence of these, you may provide any other documentation that has been in existence for over two (2) years that could be used to establish your child’s age. For example:

- Official driver’s license
- state or other government issued identification
- school photo identification with date of birth
- consulate identification cards
- hospital or health records
- documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement)
- court orders or other court-issued documents
- Native American tribal document or
- Records from non-profit international aid agencies and voluntary agencies.

GUARDIANSHIP:
Students who are not residing with their natural parents are required to provide proof of guardianship.

During the enrollment process, students who speak a language other than English may require language assessment before the enrollment process is completed. Contact your child’s school for additional information.
NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

CARMEL CENTRAL SCHOOL DISTRICT
HOUSING QUESTIONNAIRE

Name of District: ____________________________

Name of School: ____________________________

Name of Student: ____________________________

                          Last                   First                   Middle

Gender: ☐ Male        ☐ Female

Date of Birth: _______ / _______ / _______
Grade: _______  ID#: ________________
(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 a permanent residence (Ex: Own, Rent, Lease or In a permanent living arrangement with family/friends)

Print name of Parent, Guardian, or Student (for unaccompanied homeless youth) ____________________________
Signature of Parent, Guardian, or Student (for unaccompanied homeless youth) ____________________________

Date ____________________________

If ANY box other than “In Permanent Housing” is checked, 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.
REGISTRATION FORM

Date Entering Grade/School: ___ / ___ / _____

Today’s Date: ___ / ___ / _____

DEMOGRAPHIC INFORMATION

Student Last Name: ___________________________ MI: ______ First Name: ___________________________ Nick Name: ___________________________

Date of Birth: / / __________

Place of Birth (City/State): ___________________________ Birth Country: ___________________________

Mother’s Maiden Name: ___________________________

Gender: [ ] Male [ ] Female

Grade Level: ___________________________

Language Spoken at Home: ___________________________

Born in USA: [ ] Yes [ ] No If NO, 1st Date of Entry into a School in the US: ___________________________

PREVIOUS SCHOOL INFORMATION

Name of School Previously Attended: ___________________________

Phone: (____) _____ - ________

Street Address: ___________________________

City: ___________________________ State: _______ Zip: _______

STUDENT RACIAL AND ETHNICITY INFORMATION: The Carmel Central School District policy requires the collection and recording of the ethnic identity of students in the Carmel Central School District 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, study the movement of students in different ethnic groups as they move from school to school, and to analyze differences in academic performance, attendance and completion of school.

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.

[ ] YES – Hispanic [ ] NO – Not Hispanic

For certain Federal and State programs, the district must report student racial group. Check one or more races from the five racial groups:

[ ] WHITE: A person having origins in any of the original peoples of Europe, including Spain, North Africa, or the Middle East

[ ] BLACK: A person having origins in any of the black racial groups of Africa

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

[ ] 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 AMERICAN INDIAN OR NATIVE ALASKAN: A person having origins in any of the original peoples of North and South America (including Central America), and who derives tribal affiliation or attachment. e.g. Cherokee, Mohawk, Inuit, Mayan, Inca (but not limited to those listed)

STUDENT LIVING STATUS: This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Student Living With: [ ] Parents (with Father & Mother) [ ] Grandparents

[ ] Father [ ] Foster Parents

[ ] Mother [ ] Other

[ ] Step-parent

Is your current address a temporary living arrangement? ________

[ ] Yes [ ] No

Is this temporary living arrangement due to loss of housing or economic hardship? ________

[ ] Yes [ ] No

If you answered YES to the above questions, please answer the question below. If you answered NO, you may omit the question below.

Where is the student presently living?

[ ] In a motel

[ ] Moving from place to place

[ ] In a shelter

[ ] In a place not designed for ordinary sleeping

[ ] With more than one family in a house or apartment

[ ] accommodations such as a car, park, or campsite
REGISTRATION FORM

STUDENT CONTACT INFORMATION

Mailing Address: ________________________________  City: __________ State: _____ Zip: ________

Home Phone: (____) ______ - _________

Physical Address (if different): ________________________________  City: __________ State: _____ Zip: ________

Previous Address: ________________________________  City: __________ State: _____ Zip: ________

MOTHER INFORMATION (Fill in address information, only if different from above)

Mother’s First Name: ____________________________  Middle Initial: ______  Last Name: ____________________________

Language of Correspondence: ____________________________  Email Address: ____________________________

Occupation: ____________________________  Education: ____________________________

State or Province of Birth: ____________________________  Birth Country: ____________________________

FOLLOWING INFORMATION WILL BE USED FOR SCHOOL COMMUNICATIONS. THIS AREA NEEDS TO BE FILLED OUT, ONLY IF DIFFERENT FROM STUDENT CONTACT INFORMATION:

Address (if different from above): ________________________________  City: __________ State: _____ Zip: ________

Home Phone: (____) ______ - _________  Work Phone: (____) ______ - _________  Mobile Phone: (____) ______ - _________

Should the school correspondence and reports be sent to this address?  
☐ Yes  ☐ No

Which phone number should be used for attendance & other school communications?  
☐ Home  ☐ Work  ☐ Mobile

FATHER INFORMATION (Fill in address information, only if different from above)

Father’s First Name: ____________________________  Middle Initial: ______  Last Name: ____________________________

Language of Correspondence: ____________________________  Email Address: ____________________________

Occupation: ____________________________  Education: ____________________________

State or Province of Birth: ____________________________  Birth Country: ____________________________

FOLLOWING INFORMATION WILL BE USED FOR SCHOOL COMMUNICATIONS. THIS AREA NEEDS TO BE FILLED OUT, ONLY IF DIFFERENT FROM STUDENT CONTACT INFORMATION:

Address (if different from above): ________________________________  City: __________ State: _____ Zip: ________

Home Phone: (____) ______ - _________  Work Phone: (____) ______ - _________  Mobile Phone: (____) ______ - _________

Should the school correspondence and reports be sent to this address?  
☐ Yes  ☐ No

Which phone number should be used for attendance & other school communications?  
☐ Home  ☐ Work  ☐ Mobile

GUARDIAN OR OTHER RELATION

Guardian Name: ____________________________  Middle Initial: ______  Last Name: ____________________________

Language of Correspondence: ____________________________  Email Address: ____________________________

Occupation: ____________________________  Education: ____________________________

State or Province of Birth: ____________________________  Birth Country: ____________________________

FOLLOWING INFORMATION WILL BE USED FOR SCHOOL COMMUNICATIONS. THIS AREA NEEDS TO BE FILLED OUT, ONLY IF DIFFERENT FROM STUDENT CONTACT INFORMATION:

Current Address: ________________________________  City: __________ State: _____ Zip: ________

Home Phone: (____) ______ - _________  Work Phone: (____) ______ - _________  Mobile Phone: (____) ______ - _________

Should the school correspondence and reports be sent to this address?  
☐ Yes  ☐ No

Which phone number should be used for attendance & other school communications?  
☐ Home  ☐ Work  ☐ Mobile
**REGISTRATION FORM**

### SIBLINGS INFORMATION
(Please list all other siblings attending school in Carmel Central School District)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Present School</th>
<th>Grade</th>
</tr>
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<tbody>
<tr>
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</table>

### EMERGENCY INFORMATION

<table>
<thead>
<tr>
<th>Emergency Contact Name1:</th>
<th>Phone1: (____) <strong><strong>-</strong></strong>__</th>
<th>Mobile1: (____) <strong><strong>-</strong></strong>__</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Contact Name2:</td>
<td>Phone2: (____) <strong><strong>-</strong></strong>__</td>
<td>Mobile2: (____) <strong><strong>-</strong></strong>__</td>
</tr>
<tr>
<td>Family Doctor Name:</td>
<td>Phone: (____) <strong><strong>-</strong></strong>__</td>
<td>Mobile: (____) <strong><strong>-</strong></strong>__</td>
</tr>
</tbody>
</table>

### LEGAL INFORMATION (if applicable)

- Is there a joint-custody or parenting plan in effect? [ ] Yes [ ] No
  If yes, legal papers must be on file with the school for enforcement
- Is there a restraining order in effect? [ ] Yes [ ] No
  If yes, legal papers must be on file with the school for enforcement
- Restraining order is against: [ ] Father [ ] Mother [ ] Other

### OTHER PERTINENT INFORMATION (if applicable)

- Does your child have an IEP? [ ] Yes [ ] No
- Does your child have a 504 plan? [ ] Yes [ ] No
- Has your child ever participated in a gifted program? [ ] Yes [ ] No
- Has your child ever been suspended/expelled from school? [ ] Yes [ ] No
- Is your child an out-of-district transfer student? [ ] Yes [ ] No
- In the previous school, has your child ever received free/reduced meal? [ ] Yes [ ] No
- Do you intend to enroll your student in: [ ] Private School [ ] Carmel Central School District [ ] Home School
- Does your child have any allergies? [ ] Yes [ ] No
- Does your child take any medication? [ ] Yes [ ] No
- Does your child have any physical disabilities? [ ] Yes [ ] No

All the information provided in this form is true and accurate. I understand that it is my responsibility to notify the school should any information change.

**Signature of Parent/Guardian:** _______________________________ **Date Signed:** ______________

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<thead>
<tr>
<th>FOR OFFICE USE ONLY</th>
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<tbody>
<tr>
<td>Proof of Age/Birth Certificate: [ ] Yes [ ] No [ ] Not Applicable</td>
</tr>
<tr>
<td>Proof of Residency (2 Proofs Required): [ ] Yes [ ] No [ ] Not Applicable</td>
</tr>
<tr>
<td>Health Information Record Form Complete: [ ] Yes [ ] No [ ] Not Applicable</td>
</tr>
<tr>
<td>Immunization Records Submitted: [ ] Yes [ ] No [ ] Not Applicable</td>
</tr>
<tr>
<td>Foster Child Care Form has been Submitted: [ ] Yes [ ] No [ ] Not Applicable</td>
</tr>
<tr>
<td>Legal Papers for Joint-Custody or Parenting Plan: [ ] Yes [ ] No [ ] Not Applicable</td>
</tr>
<tr>
<td>Legal Papers for Restraining Order: [ ] Yes [ ] No [ ] Not Applicable</td>
</tr>
</tbody>
</table>
RESIDENCE AFFIDAVIT

Your answers to these questions are made under the penalties for perjury to include the Carmel Central School District to register the student(s) listed below as a resident of the school district. Any misrepresentation will subject you to possible civil and criminal penalties.

This questionnaire may be filled out by a parent of the student or by the person with whom the student resides and who has care, custody and control of the student.

1. What is your name? ________________________________________________

2. Are you a resident of Carmel Central School District? □ Yes □ No

3. What is your address? ________________________________________________

4. Do you permanently reside at this address? □ Yes □ No

5. How long have you lived at this address? ________________________________

6. If you do not permanently reside at the address given above, what is your permanent address?
   ____________________________________________

7. When do you intend to return to your permanent address? _____________ MM/DD/YYYY

8. What is the name of the student whom you wish to enroll? ____________________________

9. What is the age of the student? ____________________________

10. What is your relationship to the student? □ Father □ Mother □ Other: ____________________________

11. Do you have a permanent care, custody and control of the student? □ Yes □ No

12. If your answer to the previous question was no, state why you do not have permanent care, custody and control of the student:
   ____________________________

13. Does the student reside with anyone else? □ Yes □ No

14. If your answer to the previous question was yes, with whom else does the student reside with and on what basis?
   ____________________________

I hereby affirm that the foregoing answers are true under the penalties for perjury.

Signature: ____________________________ Date: ____________________________ MM/DD/YYYY
In the Matter of Investigation
Of the Residency Status of:

(Name(s) of Lessee/Renter)

Pursuant to Section 3202 of the Education Law

STATE OF NEW YORK  )
   ) SS.:
COUNTY OF PUTNAM   )

being duly sworn, deposes and says:

(Name of the Landlord)

1. I am the owner or corporate officer of the owner of property within the Carmel Central School District located at:

   (Address of property)

2. I have rented or leased occupancy of the premises described above for ______________ (weeks/months/years) to:

   (Name(s) of Lessee/Renter)

   and the person or persons who reside at the premises are as follows:

   1. ___________________________
   2. ___________________________
   3. ___________________________
   4. ___________________________
   5. ___________________________
   6. ___________________________

To the best of my knowledge and information, the persons named above are residences of the described premises.

3. The foregoing statements are made by me under the penalties for perjury and on the knowledge that the information I have given will be used by the Carmel Central School District in making determinations based upon the accuracy of my statements.

(Signature of Landlord)

Sworn to before me this _____ day of ______________, 20_____

Notary Public

(Notrev.11/03)
REQUEST FOR RELEASE OF RECORDS

To the parent/guardian: Please fill out the top portion of this form and then give to your child(ren)’s school.

Current School: ________________________________
School Address: ____________________________________________________________

Previous School Phone: ____________________ Previous School Fax: _______________________

I, ____________________________, give my permission to release my child(ren)’s records to the Carmel Central School District.

Parent/Guardian’s Signature

To Whom it May Concern:

The student(s) named below have applied for admission to the Carmel Central School District. Please send academic records, unofficial transcript, most recent report cards, standardized test results, science labs (if applicable), birth certificate, health information (immunization and most recent physical exam), custody papers, discipline records, IEP/504 plan, evaluations/testing (if applicable) and/or other pertinent information such as psychological testing, etc.

<table>
<thead>
<tr>
<th>Student’s Name: ____________________________</th>
<th>Current Grade: ________</th>
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</thead>
<tbody>
<tr>
<td>Student’s Name: ____________________________</td>
<td>Current Grade: ________</td>
</tr>
<tr>
<td>Student’s Name: ____________________________</td>
<td>Current Grade: ________</td>
</tr>
</tbody>
</table>

Thank you,
School Registrar

Please fax/mail school records to:

Check the school your student will be attending:

<table>
<thead>
<tr>
<th>☐ KENT ELEMENTARY SCHOOL</th>
<th>☐ KENT PRIMARY SCHOOL</th>
<th>☐ MATTHEW PATERSOON ELEMENTARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1091 Route 52</td>
<td>1065 Route 52</td>
<td>100 South Street</td>
</tr>
<tr>
<td>Carmel, NY 10512</td>
<td>Carmel, NY 10512</td>
<td>Patterson, NY 12563</td>
</tr>
<tr>
<td>P: (845) 225 - 5029</td>
<td>P: (845) 225 - 5025</td>
<td>P: (845) 878 - 3211</td>
</tr>
<tr>
<td>F: (845) 225 - 1849</td>
<td>F: (845) 228 - 4824</td>
<td>F: (845) 878 - 3964</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>☐ CARME HIGH SHOOL</th>
<th>☐ GEORGE FISCHER MIDDLE SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Fair Street</td>
<td>281 Fair Street</td>
</tr>
<tr>
<td>Carmel, NY 10512</td>
<td>Carmel, NY 10512</td>
</tr>
<tr>
<td>P: (845) 225 - 8441</td>
<td>P: (845) 228 - 2300</td>
</tr>
<tr>
<td>F: (845) 228 - 2307</td>
<td>F: (845) 228 - 2321</td>
</tr>
</tbody>
</table>
Dear Parents or Guardians:

The Carmel Central School District Transportation Department is very proud of the transportation services we provide on a daily basis; therefore in an ongoing attempt to provide the safest and most efficient services for your children, we require that your children register with the school district. You are also required to fill out the two enclosed forms.

All parents or guardians, including parents or guardians requesting out of district transportation services must first register at the appropriate home school. If your child is not in the Carmel Central School District student database, transportation services will not be provided.

Enclosed you will find two information request forms which must be filled out and returned to the transportation department.

If you have any questions feel free to contact the transportation department.

Sincerely,

Michael Klenotiz
Transportation Supervisor
TRANSPORTATION DEPARTMENT
BUS PROCEDURES

Dear Parents,

Welcome to the Carmel Central School District! We are pleased to be transporting your child to and from school this year. We are extremely proud of the safety record of our school buses and the professionalism of our transportation team.

Please help us ensure your child's safety by following these simple but important procedures:

• Provide your child with a backpack or book bag. Loose papers or other items are dangerous as children get off the bus.

• Check your child's clothing and backpack for the presence of long drawstrings other dangling items. These items could get snagged in the bus door as your child gets off the bus and removing them will help ensure their safety.

• Make sure your child arrives at the designated bus stop five to ten (5-10) minutes earlier than the designated pickup time. Children who are late for the bus may panic and chase it or run into the road.

• Insist that your child wait for the bus safely and in an orderly fashion keeping back from the roadway. Behavior problems at the bus stop can create hazardous conditions for children.

• When the bus arrives, your child should wait for the bus driver's hand signal before boarding in single file.

• Your child should sit quietly on the ride to and from school. Behavior problems could distract the bus driver and result in an accident. It is important that our drivers are able to concentrate on driving the route safely. If anything makes your child feel unsafe at the bus stop or on the bus ride, please contact us at (845) 225-3200 rather than trying to discuss it at the bus stop.

• Please read the attached "Danger Zone" safety tips with your children.

We are deeply committed to the safety of your child as well as our community's children. Thank you.

Sincerely,

Michael Klenotiz
Transportation Supervisor
TRANSPORTATION DEPARTMENT
DANGER ZONE SAFETY TIPS

What is the “danger zone”? It is the area surrounding the bus where children are hard to see. We want your children to be safe when they travel to and from school. Please help us by:

1. If your child misses the bus at their regular stop, do not follow the bus to the next stop and let your child walk/run beside the bus to get on. The driver cannot see the student in the danger zone, especially if it is dark and would possibly hit them as they pull away.

2. Take your student to the stop ahead of the bus (2 stops ahead of your stop) or take them directly to school.

3. Children should stay at least 10 feet away from the bus until they begin to enter. Children will be able to see the driver and the driver can see them.

4. If children cross the street to the bus, they should cross the street 10 feet (five giant steps) in front of the bus where they can see the driver and the driver can see them.

5. Warn children that, if they drop something, they should never pick it up. Instead, they should tell the driver to follow the driver's instructions. If they bend over to pick up a dropped object, they might not be able to see the driver and could be hurt if the driver pulls away from the stop.

6. Remind children to look to their right before they step off the bus. Car drivers, in a hurry, sometimes try to sneak by the bus on the right hand side.

7. Teach your child to secure loose drawstrings and other objects that may get caught in the handrail or door of the bus as they are exiting.
PUPIL TRANSPORTATION INFORMATION FORM

Your cooperation is requested in completing and returning this “PUPIL TRANSPORTATION INFORMATION FORM”. The form is designed to provide this School District with appropriate information for purposes of bus routing, scheduling, loading and general pupil safety. Every pupil should have a form completed regardless of whether he/she presently rides a school bus or not. Once completed and returned, this form will be kept on file as long as the pupil is attending school and lives in the Carmel Central School District. Please print when completing this form.

STUDENT’S NAME: __________________________________________

STUDENT’S DATE OF BIRTH: ____________________________________

MM/DD/YYYY

MAILING ADDRESS: __________________________________________

________________________________________

HOME TELEPHONE: (____) _______ - _________

SCHOOL CHILD WILL ATTEND: ___________________________ GRADE: _______

PARENT OR GUARDIAN NAME: ______________________________________

PERSON TO CALL IN EVENT OF EMERGENCY: ______________________________

EMERGENCY TELEPHONE NUMBER: (____) _______ - _________

CHECK APPROPRIATE BOX:

☐ STUDENT WILL RIDE BUS

☐ STUDENT WILL WALK TO AND FROM SCHOOL

☐ STUDENT WILL DRIVE OR BE DRIVEN TO AND FROM SCHOOL

LOCATION OF NEAREST ESTABLISHED BUS STOP (IF KNOWN): __________________________

________________________________________

PLEASE GIVE THE NEAREST INTERSECTING ROADS TO RESIDENCE: __________________________

________________________________________

NOTE: CHILD CARE MUST BE IN THE SAME ATTENDANCE AREA AS THE SCHOOL THE STUDENT WILL ATTEND.
APPLICATION FOR TRANSPORTATION TO / FROM DAYCARE LOCATIONS

Transportation Department
Office of the Supervisor

Tel: (845) 225-3200 1099 Route 52
Fax: (845) 225-5585 Carmel, NY 10512

NOTE: Completed forms must be submitted to the Transportation Department at the address above on or before April 1 preceding the next school year.

---PLEASE PRINT---

SCHOOL YEAR: ________________ DATE: ________________

NOTE: Consistent with N.Y.S. Education Law 3635.1.e, children in grades K-8 may be transported between the schools the child legally attends and before-and / or-after school child care locations under the following conditions:

1. The parent or legal guardian for the child must submit the request for transportation in writing no later than April 1st preceding the next school year. New residents must apply within 30 days.

2. The request for transportation must be from the same location each day in the morning, and to the same location each day in the afternoon. Transportation to and from different locations, depending on the day of the week cannot be permitted.

STUDENT'S NAME: ____________________________________ DATE OF BIRTH: ________________

GRADE: ______

ADDRESS: ____________________________________________________________

HOUSE / BOX NO. STREET TOWN / CITY STATE ZIP

PARENT / GUARDIAN'S NAME: ____________________________________________

HOME PHONE: ( ) ___-________ WORK PHONE: ( ) ___-________

CONTACT PERSON IN EMERGENCY: _______________________________________

EMERGENCY TELEPHONE NUMBER: ( ) ___-________

A.M. TRANSPORTATION LOCATION

BABY-SITTER / DAYCARE PICKUP LOCATION: ____________________________

NAME OF PROVIDER: __________________ PHONE NO.: ( ) ___-________

NEAREST INTERSECTING ROADS: ______________________________________

SCHOOL OF ATTENDANCE: _____________________________________________

P.M. TRANSPORTATION LOCATION

SCHOOL OF ATTENDANCE: _____________________________________________

BABY-SITTER / DAYCARE DROP-OFF LOCATION: _______________________

NAME OF PROVIDER: __________________ PHONE NO.: ( ) ___-________

NEAREST INTERSECTING ROADS: ______________________________________

PARENT / GUARDIAN SIGNATURE ________________________________________

DATE (MM/DD/YYYY)
Dear Parents/Guardians:

The Carmel Central School District is dedicated to ensuring the safety of your child. In an effort to provide our Transportation Department with the necessary information they need should your child have a medical emergency while traveling on the school bus, we ask that you completely fill out the information below.

If your child has a condition that you would like the Transportation Department to be aware of, please complete this form below and return it to the Nurse's Office of the school your child attends.

These forms will be reviewed by the school nurse, and will then be shared with the Transportation Department, so that all necessary transportation personnel are aware of your child's medical needs. Please note that the information will be securely maintained in the Transportation Department Office, and is shared with those individuals driving and/or supervising on the bus.

Student's Name: ________________________________________________________________

School: ________________________________________________________________

Grade: ______________________

Parent's signature: __________________________________________________________

Date: ______________________

Information about your child that you would like to have shared with the Transportation Department:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Attach any additional information.

Sincerely,
Carmel Central School District Nurses
Welcome to Carmel Central Schools!

Our Food Service program has a computerized Point of Sale (POS) System in all school buildings. Students have a student identification number assigned to them upon registration into our district. This student identification number is also used as their cafeteria PIN #. Your child will input their PIN # into a PIN Pad located at each register when they purchase meals and/or snacks. I hope you find the following information useful in understanding how it works:

When making a deposit into your child's account, please make sure to have cash or a check (in any amount) in an envelope marked "Cafeteria". Include on the outside of the envelope your child’s name and PIN #.

Deposits can be made with a credit/debit card by using MySchoolBucks. To register for a free account, go to www.MyschoolBucks.com. With MySchoolBucks, you can set low balance alerts, view account activity and set up recurring/automatic payments.

Comments on Accounts - The POS System has the capability of putting a comment on your child’s account. This would be used if your child has a food allergy, diet restriction or if you would like to place a restriction on a la carte purchases. If the comment concerns a food allergy, please provide a note from a doctor’s office and submit it to the Nurse’s office at your child’s school. If it concerns a diet restriction or a daily dollar limit on a la carte items, please see the Lunch Account Restriction Form posted on the Food Services website.

Tracking a la carte purchases:
The POS System can place restrictions on your child’s account, particularly for a la carte purchases. We can place a comment on your child's account limiting spending on snack purchases to a specific day of the week.

Other important information to remember:
- Students CANNOT use the account of another student. (ie, siblings, friends, etc.)
- Cash and checks are still accepted on the lunch lines!
- Emails will be mailed home weekly with regard to negative balances in a student’s POS account. If you wish to receive an email for low balances, you can enroll in MySchoolBucks at www.myschoolbucks.com and request low balance email alerts.
- Separate checks are required for siblings in different buildings. Checks can be made payable to CCSD Cafeteria Account.
Children need healthy meals to learn. Carmel Central Schools offers healthy meals every school day. Children from households that meet federal income guidelines are eligible for free meals or reduced price meals. **Beginning July 1, 2019, students approved for reduced price meals will receive breakfast and lunch at no charge.**

**How to Apply:**
To get free or reduced price meals for your children, **you may carefully complete one current school year Application for Free and Reduced Price School Meals for your household** (applications are available at the main office of each school building, the Food Service website at [www.carmelschools.org/Departments/Food](http://www.carmelschools.org/Departments/Food) Services/Free and Reduced or in the school district calendar), or you may call the Food Service office at 845-878-2094, Extension 255 or 254 and request a copy. Households receiving SNAP, TANF or FDPIR can list a current case number on their application. The case number is provided on your benefit letter. Completed applications can be mailed to Carmel Central School District, Attention: Director of Food Services, P.O. Box 296, 81 South Street, Patterson, NY, 12563, emailed to carmelfoodservices@carmelschools.org, or faxed to 845-878-2568.
REQUEST FOR LUNCH ACCOUNT RESTRICTIONS

In order to improve the efficiency and accuracy of the lunch line, modifications are being made to the notes portion of your child’s lunch profile. If you would like to place restrictions on your child’s account, you may choose from the following options:

1-Daily lunch only
2-No a la carte purchases
3-A la carte items allowed on _____________ (specify day of week)
4-No second meal
5-Second meal allowed on _____________ (specify day of week)

<table>
<thead>
<tr>
<th>Daily Lunch</th>
<th>Daily lunch includes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• An entrée (contains 2 oz of protein)</td>
</tr>
<tr>
<td></td>
<td>• Two Servings of fruit and or vegetable (one fruit serving may be a 4-oz juice</td>
</tr>
<tr>
<td></td>
<td>• Bread or Roll</td>
</tr>
<tr>
<td></td>
<td>• 8 oz Milk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A La Carte Items</th>
<th>Snack options vary from school to school based on age, however, common snack items include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Baked Chips</td>
</tr>
<tr>
<td></td>
<td>• Fruit Snacks</td>
</tr>
<tr>
<td></td>
<td>• Yogurt</td>
</tr>
<tr>
<td></td>
<td>• String Cheese</td>
</tr>
<tr>
<td></td>
<td>• Cookies</td>
</tr>
<tr>
<td></td>
<td>• Ice Cream</td>
</tr>
<tr>
<td></td>
<td>• Specialty Drinks</td>
</tr>
</tbody>
</table>

If you would like your child to purchase a snack once per week, please indicate a specific day.

We cannot enforce a limited quantity of a la carte items purchased per day. Our computer system cannot recognize if a prior purchase has been made that day.

| Second Meal | Students with money in their account or cash may purchase a second entrée. |

You are not required to return this form, however, the absence of a note is indicative of no limitations on your child’s account and they will be allowed to purchase what they choose. It is important to have a discussion with your child regarding what and when they are allowed to purchase items in the cafeteria.

STUDENT'S NAME: ____________________________________________________  GRADE: ________________

SCHOOL: ___________________________________________________________  OPTION: ________________

PARENT'S SIGNATURE: _______________________________________________  DATE: ________________
NEW! Pay for Student Meals Online

The Carmel Central School District is excited to offer MySchoolBucks®! This online payment service provides a quick and easy way to add money to your student’s meal account using a credit/debit card. You can also view recent purchases, check balances, and set-up low balance alerts for FREE!

MySchoolBucks provides:

- **Convenience** - Available 24/7 on the web or with the Mobile App for your iPhone, Android or Windows phone!
- **Efficiency** - Make payments for all your students, even if they attend different schools within the district. Eliminate the need for your students to take money to school.
- **Control** - Set low balance alerts, view account activity, recurring/automatic payments & more!
- **Flexibility** - Make payments using credit/debit cards.
- **Security** – MySchoolBucks adheres to the highest security standards, including PCI and CISP.

Enrollment is easy!

2. You will receive a confirmation email with a link to activate your account.
3. Add your students using their school name and student ID.
4. Make a payment to your students’ accounts with your credit/debit card. A program fee will apply. You will have the opportunity to review any fees and cancel if you choose, before you are charged.

If you have any questions, contact MySchoolBucks directly:

- parentsupport@myschoolbucks.com
- 1-855-832-5226
- Visit myschoolbucks.com and click on Help/FAQ’s

Call CCSD Food Services Director Patrick Rodia at 845 878-2094, ext. 255
MY SCHOOL BUCKS

The Simple Way to Pay for School Meals

myschoolbucks.com

SIGN UP FOR YOUR FREE ACCOUNT IN

3 Easy Steps!

1. Go to myschoolbucks.com

2. Create your account

3. Pay with your credit/debit card

Download our FREE app today!

View account balances and meal purchases

Schedule automatic payments

Make payments anytime, anywhere from our mobile app
Home Access Center allows parents/guardians to monitor the progress of their students on a daily basis. The system could include the following information about your student:

- Student Registration Information
- Guardian/Parent/Emergency Contact Information
- Student Attendance Information
- Student Class Assignments & Progress (High & Middle School Only)
- Student Report Cards
- Student Transcript (High School Only)
- Student Schedule (High & Middle School Only)
- Student Course Request for Next Year (High School Only)
- Contact Teachers through email

If you are new to the district you can get your log on information from your child’s school registrar. If you are having difficulties logging into Home Access Center you can contact Denise Douchkoff at ddouchko@carmelschools.org or call 845-878-2094 ex. 282

Thank You

Director of Data Management & CIO
NOTES FROM THE NURSES

Our aim is to provide your children with the healthiest and safest environment possible here at school. We need your help with the following in order to accomplish this.

PHYSICAL EXAMINATIONS:

Starting 2018-2019 school year, a physical examination is required for grades kindergarten, first, third, fifth, seventh, ninth and eleventh, as well as those children who are new to the district. It is desirable to have your own physician perform the medical examination because he/she knows your child best. The school doctor will automatically examine students who do not have the required physical in order to comply with the New York State Education Law. The school nurse checks weight, height, vision and hearing as regulated by New York State guidelines, at school. Parents will be notified promptly of any problems found during an examination.

SPORTS PHYSICALS (FOR INTERSCHOLASTIC SPORTS ONLY):

If your child is interested in participating in interscholastic sports for Carmel Central School District, our policy regarding such participation states that your child must have a ‘sport physical’. Dr. Henry Rojas performs such physical examinations, free of charge, throughout the summer and periodically throughout the school year (usually just prior to the specific sport season). If your child is interested, please advise your son/daughter to sign up with the nurse in his/her building so that he/she may be scheduled for the sport physical exam. If your child does not take advantage of this service, in order to participate in a interscholastic sport, you will then have to take your child to Dr. Rojas’s office, at your expense. A physical examination form has been enclosed for your convenience. For more information regarding the procedure, please call the school nurse at your child’s specific building after September, or the Athletic Director at (845) 225 – 8441 x462 during the summer.

For grades 9 through 12: (845) 225 – 8441 Ext. 424
For grades 7 and 8: (845) 228 – 2300 Ext. 516
For grades 7 – 12 during Summer: Athletic Office at (845) 225-8441 Ext. 462 or 460

IMMUNIZATIONS:

When you register your child for the first time, a birth certificate and immunization record is required. The immunization record must include the date of all doses, as well as the doctor’s signature or the clinic’s stamp. See NYS Immunization Requirement Schedule for School Entrance/Attendance.

Proof of immunization must be in 1 of the 3 items listed below:
1. An immunization certificate signed by your health care provider
2. Immunization Registry Report (NYSIIS or CIR from NYC) from your health care provider or your county health department.
3. A blood test (titer) lab report that proves your child is immune to the diseases.
   • For varicella (chickenpox), a note from your health care provider (MD, NP, PA) which says your child had the disease is also acceptable

The Public Health Department provides free immunizations each month. A parent must call (845) 808-1332 to schedule an appointment and also must accompany the child to the clinic. Once your child has received the required immunizations, please notify the school nurse appropriately.

You registered your child on _____________________________. New York State allows 14 days from date of registration for students’ to provide proof of immunization. If the proof is not provided at the end of that time, your child may be excluded from school.
MEDICATION:
If your child takes daily medication, or needs to take a specific medication “when needed”, such as Tylenol, or an inhaler, the Nurse Practice Act, Article 139 - Nursing and provisions of Title VIII of the State Education Law states that “school nurses, principals, and other school personnel cannot dispense internal medications without proper documentation.” If a child needs to take medicine during the day, you must submit written orders from the doctor and a “Carmel Central School District Medication Permission Form’ must be signed by a parent. It is required that such medication be delivered directly to the school nurse by the parent in the original prescription bottle. This includes over-the-counter medication such as Tylenol or cough medicine.

DENTAL:
We also will be requesting a dental certificate. There is a sample certificate enclosed for you to take to your child’s dentist and once it is completed, should be returned to the School Nurse, as it will be filed in your child's Health Record.

MEDICAL EMERGENCY FORM:
At the beginning of the school year, parents are asked to fill out an emergency form listing the telephone numbers where each parent can be reached during the school day and two alternate numbers to be called in the event your child becomes ill or injured at school. Please remember to notify the school of any changes during the year. It is also a good idea to make arrangements with someone to be a contact person for your child should you be out of town for any length of time.

ACCIDENT OR ILLNESS:
When a child becomes ill in school, he/she is sent to the nurse’s office. If the school nurse feels that the child is not able to remain in school, the parents are contacted and asked to make arrangements to transport the child home. In case of any emergency, and if a parent cannot be contacted or cannot pick up the student, an ambulance will be called to take the student to the hospital.

If your child has a particular health problem, it is essential that you discuss it with the school nurse. In the event of a communicable disease such as chicken pox, or strep throat, it is important that the nurse be notified. Equally important, are those parents recognizing symptoms of illness and acting quickly to keep the sick child at home. Even when a child is not very sick but is uncomfortable or not feeling well, he/she cannot do well in class and more importantly is a source of infection to classmates and teachers. Please do not send your child to school with a fever over 100 degrees or with a harsh cough, suspicious rash or red, draining eyes; they will only have to be sent back home. Your child must be fever free for 24 hours without the use of fever reducing medication such as Tylenol, before returning to school.
GOOD HEALTH HABITS:

1. Get 11-12 hours of sleep for young children; get 8.5-9.25 hours of sleep for teens
2. Eat a well-balanced breakfast.
3. Have a clean body, hair and clothes.
4. Wash your hands before meals and after using the toilet.
5. Cover your mouth and nose when coughing and sneezing.
7. Dress properly: rain protection in wet weather, warm clothes in winter with boots on snowy days.

The children go out for recess every day in good weather. Fresh air and exercise are essential to good health. We require a doctor's note with a time limit and reason to keep a child indoors during recess. An exception to this rule may be made when the school nurse knows that a child has just returned from an illness, injury or surgical procedure.

Please keep this as a handy reference. If you ever have any question, please feel free to call:

<table>
<thead>
<tr>
<th>Kent Elementary School</th>
<th>Kent Primary School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lynn Annunziato, RN</td>
<td>Marian Breslin, RN</td>
</tr>
<tr>
<td>845-225-5029 Ext. 307/308</td>
<td>845-225-5025 Ext. 345</td>
</tr>
<tr>
<td>Matthew Paterson Elementary School</td>
<td>George Fischer Middle School</td>
</tr>
<tr>
<td>Tina Herrera, RN</td>
<td>Carol Burns, RN &amp; Nancy McCormack, RN</td>
</tr>
<tr>
<td>845-878-3211 Ext.274/273</td>
<td>845-228-2300 Ext. 514/516</td>
</tr>
<tr>
<td>Carmel High School</td>
<td></td>
</tr>
<tr>
<td>Stephanie Oster, RN &amp; Caroline Sullivan, RN</td>
<td></td>
</tr>
<tr>
<td>845-225-8441 Ext. 423</td>
<td></td>
</tr>
</tbody>
</table>

REMEMBER – HEALTHY KIDS MAKE BETTER LEARNERS
REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

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

<table>
<thead>
<tr>
<th>STUDENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Sex: □ M □ F</td>
</tr>
<tr>
<td>DOB:</td>
</tr>
<tr>
<td>School:</td>
</tr>
<tr>
<td>Grade:</td>
</tr>
<tr>
<td>Exam Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH HISTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies □ No</td>
</tr>
<tr>
<td>□ Yes, indicate type</td>
</tr>
<tr>
<td>Type:</td>
</tr>
<tr>
<td>□ Medication/Treatment Order Attached</td>
</tr>
<tr>
<td>□ Anaphylaxis Care Plan Attached</td>
</tr>
<tr>
<td>Asthma □ No</td>
</tr>
<tr>
<td>□ Yes, indicate type</td>
</tr>
<tr>
<td>□ Intermittent □ Persistent □ Other:</td>
</tr>
<tr>
<td>□ Medication/Treatment Order Attached</td>
</tr>
<tr>
<td>□ Asthma Care Plan Attached</td>
</tr>
<tr>
<td>Seizures □ No</td>
</tr>
<tr>
<td>□ Yes, indicate type</td>
</tr>
<tr>
<td>Type:</td>
</tr>
<tr>
<td>□ Medication/Treatment Order Attached</td>
</tr>
<tr>
<td>Date of last seizure:</td>
</tr>
<tr>
<td>□ Seizure Care Plan Attached</td>
</tr>
<tr>
<td>Diabetes □ No</td>
</tr>
<tr>
<td>□ Yes, indicate type</td>
</tr>
<tr>
<td>Type: □ 1 □ 2</td>
</tr>
<tr>
<td>□ Medication/Treatment Order Attached</td>
</tr>
<tr>
<td>□ Diabetes Medical Mgmt. Plan Attached</td>
</tr>
</tbody>
</table>

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

BMI _________ kg/m²

Percentile (Weight Status Category): □<5th □5th-49th □50th-84th □85th-94th □95th-98th □99th and>

Hyperlipidemia: □ No □ Yes □ Not Done

Hypertension: □ No □ Yes □ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

<table>
<thead>
<tr>
<th>Laboratory Testing</th>
<th>Positive</th>
<th>Negative</th>
<th>Date</th>
<th>List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB-PRN</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sickle Cell Screen-PRN</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lead Level Required Grades Pre-K & K Date

□ Test Done □ Lead Elevated >5 µg/dL

□ System Review and Abnormal Findings Listed Below

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

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

□ Additional Information Attached

*Required only for students with an IEP receiving Medicaid
<table>
<thead>
<tr>
<th>SCREENINGS</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vision (w/correction if prescribed)</strong></td>
<td>Right</td>
<td>Left</td>
<td>Referral</td>
<td>Not Done</td>
<td></td>
</tr>
<tr>
<td>Distance Acuity</td>
<td>20/</td>
<td>20/</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□</td>
</tr>
<tr>
<td>Near Vision Acuity</td>
<td>20/</td>
<td>20/</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□</td>
</tr>
<tr>
<td>Color Perception Screening</td>
<td>□ Pass</td>
<td>□ Fail</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hearing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not Done</td>
</tr>
<tr>
<td>Passing indicates student can hear 20dB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>all frequencies: 500, 1000, 2000, 3000, 4000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hz; for grades 7 &amp; 11 also test 6000 &amp; 8000 Hz</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pure Tone Screening</td>
<td>Right</td>
<td>Left</td>
<td>Referral</td>
<td>Not Done</td>
<td></td>
</tr>
<tr>
<td>□ Pass</td>
<td>□ Fail</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Scoliosis</strong></td>
<td>Negative</td>
<td>Positive</td>
<td>Referral</td>
<td>Not Done</td>
<td></td>
</tr>
<tr>
<td>Screen Boys in grade 9, and Girls in grades 5 &amp; 7</td>
<td>□</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

□ Student may participate in all activities without restrictions.
□ Student is restricted from participation in:
  □ Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
  □ Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball.
□ Other Restrictions:

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

Tanner Stage: □ I □ II □ III □ IV □ V  Age of First Menses (if applicable): ___________

□ Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain.  *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

**MEDICATIONS**

□ Order Form for Medication(s) Needed at School Attached

**IMMUNIZATIONS**

□ Record Attached  □ Reported in NYSIIS

**HEALTH CARE PROVIDER**

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone:  Fax:

Please Return This Form To Your Child’s School When Completed.
HEALTH HISTORY

STUDENT'S NAME: ___________________________________________ GRADE: ______________

There is some other information that will be helpful to the nurse in caring for your child. Please complete the following form and return it to your child's nurse.

Diseases your child has/had:

- Diphtheria  []  No  []  Yes. If yes, date:  
- Whooping Cough  []  No  []  Yes. If yes, date:
- Poliomyelitis  []  No  []  Yes. If yes, date:  
- Measles  []  No  []  Yes. If yes, date:
- German Measles  []  No  []  Yes. If yes, date:  
- Mumps  []  No  []  Yes. If yes, date:
- Chicken Pox  []  No  []  Yes. If yes, date:  
- Scarlet Fever  []  No  []  Yes. If yes, date:
- Rheumatic Fever  []  No  []  Yes. If yes, date:  
- Pneumonia  []  No  []  Yes. If yes, date:
- Tuberculosis  []  No  []  Yes. If yes, date:

Health Conditions your child has/had:

- Asthma  []  No  []  Yes
- Diabetes  []  No  []  Yes
- Heart Disease  []  No  []  Yes
- Seizures  []  No  []  Yes
- Ear Conditions  []  No  []  Yes
- Frequent Colds  []  No  []  Yes
- Frequent Sore Throat  []  No  []  Yes
- High Fever  []  No  []  Yes
- Convulsions  []  No  []  Yes
- Allergies (bees, food, medication, etc.)  []  No  []  Yes

If you answered **YES** to any of the above, please contact your child's school nurse to discuss his/her condition.

Glasses  []  No  []  Yes
Physical Handicap(s)  []  No  []  Yes
Hospitalizations  []  No  []  Yes

If you answered **YES** to fractures and/or hospitalizations/operations, please give further information along with dates:

Name of Medication: __________________________ Where Taken:  []  Home  []  School  []  How Often: ____________

Name of Medication: __________________________ Where Taken:  []  Home  []  School  []  How Often: ____________

Medication(s):

Is there any reason why your child should not participate in physical education?  []  No  []  Yes
Reason: __________________________________________

PARENT'S SIGNATURE: ___________________________ DATE: ____________
PERMISSION FORM FOR PRESCRIBED MEDICATION

Date form received by the school: ____________________________

Student’s Name: ___________________________________________ Grade: __________
Date of Birth: _______________ School: ______________________________

To be completed by the physician or authorized prescriber:

Reason for Medication: ___________________________________
Name of Medication: _______________________________________

Form of medication/treatment: □ Tablet/capsule □ Liquid □ Inhaler □ Injection □ Nebulizer
□ Other: ___________________________________________________

Instructions (schedule and dose to be given at school): ____________________________

Start Date: □ Date form received □ Other: _____________________________
Stop Date: □ End of school year □ Other date/duration: _________________

For episodic/emergency events only:
Restrictions and/or important side effects: □ None Anticipated □ If Yes, Please describe: ___________________________

Special storage requirements: □ None □ Refrigerate □ Other: _________________

This student is both capable and responsible for self-administering this medication:

PLEASE NOTE: ALL controlled medication must be kept & dispensed in the nurse’s office.
□ No □ Yes-Supervised □ Yes- Unsupervised once assessed by the R.N.

This student may carry this medication: □ No □ Yes

Please indicate if you have provided additional information: □ On the back of this form □ As an attachment

SIGNATURE: __________________________________ DATE: ________________
STAMP(include address, phone #,License #)

TO THE SCHOOL: Please report concerns about medication or disease to the above physician.

To be completed by parent/guardian

I give permission for (name of child) __________________________________ to receive the above medication at school according to standard school policy.

*medication must be brought to the school nurse by parent/guardian and be picked up at the end of the school year or it will be destroyed*

SIGNATURE: __________________________________ DATE: ________________

Relationship: ______________________________________________

Phone: ________________ Cell: ________________ Work: ________________
# 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)

<table>
<thead>
<tr>
<th>Child’s Last Name:</th>
<th>First Name:</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Date: / /</td>
<td>Sex: □ Male □ Female</td>
<td>Will this be your child’s first oral health assessment? □ Yes □ No</td>
</tr>
<tr>
<td>School: Name</td>
<td>Grade</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Dentist’s/Dental Hygienist’s name and address</th>
<th>Dentist’s/Dental Hygienist’s Signature</th>
</tr>
</thead>
</table>

### Optional Sections - If you agree to release this information to your child’s school, please initial here.

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

- □ Yes □ No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- □ Yes □ No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- □ Yes □ No **Dental Sealants Present**

Other problems (Specify): __________________________________________________

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

- □ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- □ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- □ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.
Dear Parent:

Our school district is concerned with all aspects of your child’s development. To insure that your child’s physical health is being monitored, the State of New York requires that each child in grades kindergarten, first, third, fifth, seventh, ninth and eleventh and new entrants have a physical examination. Your family physician is best informed about your child’s health, therefore, we encourage you to have him/her perform this examination. If you do not have a family physician or prefer the examination be done in school, we will arrange to have your child examined by our school physician.

If your child is in any of the grades listed above, please complete the form below with your preference, and return it to the school nurse in your child’s building by September 15.

If you elect to have the physical examination done by your child’s physician, please have the examination completed and return the attached physical form to the school by November 1.

Your cooperation in this matter is greatly appreciated.

Sincerely,

Eric Stark
Assistant Superintendent for Business

PARENT’S PREFERENCE FOR CHILD’S PHYSICAL EXAMINATION

Name of Child: ________________________________ Grade: ____________

Date of Birth: ________________________________

School: ________________________________ Teacher: ________________

I want my child’s physical examination done by: (check one)

_____ The school physician
_____ My child’s physician

Name of physician: ________________________________

Date of appointment, if scheduled: ________________

Parent’s Signature: ________________________________ Date: ________________
<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Prekindergarten (Day Care, Head Start, Nursery or Pre-k)</th>
<th>Kindergarten and Grades 1, 2, 3 and 4</th>
<th>Grade 5</th>
<th>Grades 6, 7, 8, 9 and 10</th>
<th>Grades 11 and 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine</td>
<td>4 doses</td>
<td>5 doses or 4 doses</td>
<td></td>
<td></td>
<td>3 doses</td>
</tr>
<tr>
<td>(DTaP/DTP/Td)</td>
<td></td>
<td>if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine</td>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>booster (Td)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio vaccine (IPV/OPV)</td>
<td>3 doses</td>
<td>4 doses or 3 doses</td>
<td>3 doses</td>
<td>4 doses or 3 doses if the 3rd dose was received at 4 years or older</td>
<td>3 doses</td>
</tr>
<tr>
<td>Moaslos, Mumps and Rubella vaccine (MMR)</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B vaccine</td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recombivax for children who received the doses at least 4 months apart between the ages of 11 through 15 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox) vaccine</td>
<td>1 dose</td>
<td>2 doses</td>
<td>1 dose</td>
<td>2 doses</td>
<td></td>
</tr>
<tr>
<td>Meningococcal conjugate vaccine (MenACWY)</td>
<td>Not applicable</td>
<td></td>
<td>Grades 7, 8 and 9: 1 dose</td>
<td>Grades 12: 2 doses or 1 dose if the dose was received at 16 years or older</td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae type b conjugate vaccine (Hib)</td>
<td>1 to 4 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Conjugate vaccine (PCV)</td>
<td>1 to 4 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. New York State Immunization Requirements for School Entrance/Attendance
2. DTaP = Diphtheria, Tetanus, and Pertussis
3. Td = Tetanus and Diphtheria
4. IPV = Inactivated Polio Vaccine
5. OPV = Oral Polio Vaccine
6. MMR = Measles, Mumps, and Rubella
7. B = Hepatitis B
8. MenACWY = Meningococcal Conjugate Vaccine
9. Hib = Haemophilus influenzae type b
10. PCV = Pneumococcal Conjugate Vaccine
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.

---

### Home Language Questionnaire (HLQ)

**Please write clearly when completing this section.**

**STUDENT NAME:**

First    Middle    Last

**DATE OF BIRTH:**

Month    Day    Year

**GENDER:**

- [ ] Male
- [ ] Female

**PARENT/PERSON IN PARENTAL RELATION INFO:**

Last Name    First Name    Relation to Student

---

### Language Background

(Please check all that apply.)

1. What language(s) is(are) spoken in the student’s home or residence?
   - [ ] English
   - [ ] Other
   - Specify:

2. What was the first language your child learned?
   - [ ] English
   - [ ] Other
   - Specify:

3. What is the Home Language of each parent/guardian?
   - [ ] Mother
   - [ ] Father
   - [ ] Guardian(s)
   - Specify:

4. What language(s) does your child understand?
   - [ ] English
   - [ ] Other
   - Specify:

5. What language(s) does your child speak?
   - [ ] English
   - [ ] Other
   - Specify:

6. What language(s) does your child read?
   - [ ] English
   - [ ] Other
   - Specify:

7. What language(s) does your child write?
   - [ ] English
   - [ ] Other
   - Specify:

---

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

**SCHOOL DISTRICT INFORMATION:**

---

**STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:**

---
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

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: ____________________________

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

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

Terms and Conditions for Student Use
Of the Internet, District Network, and Technology for Grades 5 - 8

CONTRACT FOR RESPONSIBLE COMPUTER USAGE
GEORGE FISCHER MIDDLE SCHOOL

While using the computer I will:
1. Use the computer equipment carefully and with respect, including hardware, software, and the network.
2. Use the computer equipment, information resources, and the school network for educational purposes only.
3. Protect the privacy of my username and password.
4. Only access my own files and/or folder when using online tools.
5. Show respect to others and for the things that people have on the computer.
6. Only use appropriate language, images, searches, and conversations.
7. Understand that the district reserves the right to access and view any material stored on district equipment or any materials used in conjunction with the district’s computer network.
8. Keep my password and access confidential at all times, even when not present at your computer screen.
9. Agree to obey copyright laws. I will properly cite material accessed or acquired through the Internet.

STUDENT AGREEMENT

I have read these rules with my parents and we have discussed them together. I promise to follow the rules. If I do not, I am prepared to be held accountable for my actions and the loss of privileges if I violate these rules.

Student: ___________________________ Grade: _______ Date: ____________

Social networks, in general, are on the rise with new ones created all the time. As we regulate and monitor sites at the school, please be aware of where your children are going when on the Internet at home. Social networking sites provide opportunities for children to demonstrate many levels of negative behavior. These behaviors have far-reaching effects and can lead to disciplinary issues when all the children arrive at school the next day. Your vigilance and attention to this issue will protect our children, help maintain the proper educational tone in our schools, and demonstrate that we all have to remain responsible for our behavior wherever we go.

PARENT(S)/GUARDIAN(S) AGREEMENT

I (we) have read the Responsible Use Policy. As a parent(s) or guardian(s) of the above-named students, I (we) understand that the Internet access in the school is intended for educational purposes only. If not followed, disciplinary actions will be taken based on the school’s Code of Conduct.

Parent’s Signature: ___________________________ Date: __________________

I (we) have read the Responsible Use Policy. As a parent(s) or guardian(s) of the above-named students, I (we) understand that the Internet access in the school is intended for educational purposes only. If not following the terms, disciplinary actions will be taken based on the school’s Code of Conduct.

Parent’s Signature: ___________________________ Date: __________________
<table>
<thead>
<tr>
<th></th>
<th>Respect</th>
<th>Organize</th>
<th>Cooperate</th>
<th>Keep Safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom</td>
<td>Listen and respond to adult directions</td>
<td>Be on time and prepared for class</td>
<td>Put forth maximum effort</td>
<td>Maintain personal space</td>
</tr>
<tr>
<td></td>
<td>Actively listen when a speaker is talking</td>
<td>Use your planner daily</td>
<td>Participate in class lessons</td>
<td>Sign out and obtain a pass to leave the classroom</td>
</tr>
<tr>
<td></td>
<td>Accept the differences of others</td>
<td>Gather belongs before leaving</td>
<td>Focus and remain on task</td>
<td></td>
</tr>
<tr>
<td>Cafeteria</td>
<td>Listen and respond to adult directions</td>
<td>Remain in seats except to purchase food, clean up area or use the restroom</td>
<td>Keep area clean</td>
<td>Sign out and obtain pass to leave the cafeteria</td>
</tr>
<tr>
<td></td>
<td>Use please and thank you</td>
<td>Gather belongs before leaving</td>
<td>Use conversational tone and voice volume</td>
<td>Sign in and return the pass when coming back</td>
</tr>
<tr>
<td></td>
<td>Accept the differences of others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>hallway</td>
<td>Listen and respond to adult directions</td>
<td>Plan ahead to bring required material to class</td>
<td>Keep locker locked and hallways clean</td>
<td>Move efficiently to next class</td>
</tr>
<tr>
<td></td>
<td>Keep hands and feet to self</td>
<td>Use time wisely at locker</td>
<td>Stay to the right and keep moving</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accept the differences of others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>recess</td>
<td>Listen and respond to adult directions</td>
<td>Return equipment</td>
<td>Practice good sportsmanship</td>
<td>Remain in supervised area</td>
</tr>
<tr>
<td></td>
<td>Accept the differences of others</td>
<td>Gather belongs before leaving</td>
<td>Resolve conflicts peacefully</td>
<td>Notify an adult if assistance is needed</td>
</tr>
<tr>
<td>bus</td>
<td>Listen and respond to adult directions</td>
<td>Follow your assigned bus route</td>
<td>Use school-appropriate language</td>
<td>Maintain personal space</td>
</tr>
<tr>
<td></td>
<td>Accept the differences of others</td>
<td>Gather belongings before leaving</td>
<td>Use conversational tone and voice volume</td>
<td></td>
</tr>
</tbody>
</table>

We R.O.C.K. everywhere in the school!
CARMEL CENTRAL SCHOOL DISTRICT

Graduate Profile

CRITICAL THINKING
- Analyze & synthesize information
- Employ divergent thinking
- Practice self-reflection

CITIZENSHIP
- Demonstrate civic responsibility & pride
- Embrace diversity
- Engage in the community

COMPASSION
- Consider others' viewpoints
- Demonstrate empathy
- Show kindness

CREATIVITY
- Explore artistic opportunities
- Identify & pursue passions
- Think innovatively

COLLABORATION
- Work productively with others
- Develop partnerships
- Navigate social environments

COMMUNICATION
- Actively listen & speak
- Articulate ideas & knowledge
- Practice digital responsibility

Cultivating Opportunities

EACH STUDENT WILL BE ENGAGED IN MAKING APPROPRIATE CHOICES THAT DEMONSTRATE UNDERSTANDING AND EMPATHY TOWARD OTHERS.

EACH STUDENT WILL PROACTIVELY SET AND PURSUE CHALLENGING GOALS.