

Mount Pleasant Central School District

District Office
825 Westlake Drive
Thornwood, NY 10594
Telephone: (914) 769-5500

Dr. Susan Guiney
Superintendent of Schools

NEW STUDENT REGISTRATION

New Student Registration is by appointment only:

- For Kindergarten-12th Grade Registration, please call Lauren Gaudinier at 914-769-5500 x5110
- For CPSE Registration, please call 914-769-5500 x5122

All incoming students are required to provide the district with the following information upon registration:

- **All required forms contained in this packet:** Please complete a separate packet for each child you wish to register in to the school district.
- **Original Birth Certificate or Passport** (NOTE: For Kindergarten Registration students must turn five years of age on or before December 1st of the school year they enter Kindergarten.)
- **Proof of Residency:** Please bring all bulleted items listed for your current situation
 - If you OWN:
 - Closing statement or Deed or Latest Tax Bill
 - 2 recent bills indicating parent/guardian name and home address (for example: utility, car, phone bill) within the school district from two different companies
 - If you LEASE
 - Copy of your lease
 - 2 recent bills indicating parent/guardian name and home address (for example: utility, car, phone bill) within the school district from two different companies
 - If you RENT or LIVE WITH FAMILY MEMBERS OR FRIENDS
 - Residency Affidavit
 - 2 recent bills indicating parent/guardian name and home address (for example: utility, car, phone bill) within the school district from two different companies
- **Parent/Guardian Photo ID**
- **Proof of Guardianship or Custody:** If the child does not live with both parents please provide the following:
 - Custody Papers
 - Custodial/Guardian Affidavit
 - Parent Affidavit (if applicable)
 - Orders of Protection (if applicable)
- **School Records from your previous district:** Please include current report cards and/or progress reports, transcripts, state assessment results and any special education (IEP, 504, Early Intervention or Pre-School) information if applicable
- **Immunization Record and Current Physical**

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NEW STUDENT REGISTRATION CHECKLIST

Student Name: _____

Grade: _____

Birth Certificate or Passport

Proof of Residency

Own: <input type="checkbox"/> Closing Statement or Deed or Latest Tax Bill <input type="checkbox"/> Two Recent Bills	Rent or Lease: <input type="checkbox"/> Copy of lease <input type="checkbox"/> Two Recent Bills	Living with Friends or Family: <input type="checkbox"/> Residency Affidavit <input type="checkbox"/> Two Recent Bills
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Proof of Guardianship or Custody (If child does not live with both parents)

If formal agreement exists: <input type="checkbox"/> Court Ordered Custody Agreement	If no formal agreement exists: <input type="checkbox"/> Custodial/Guardian Affidavit <input type="checkbox"/> Parent Affidavit (one from each parent)
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Photo ID

School Records from Previous District

Immunization Records

Current Physical

Dental Form

Registration Packet

Registration Form

Request for Records

Residency Questionnaire

Home Language Questionnaire

Computer User Agreement

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STUDENT REGISTRATION FORM

Student Name: _____

Date of Birth: _____

Gender: _____

Entering Grade: _____

Household Address: _____ _____	Race/Ethnicity Information: Is the student Hispanic? Yes___ No___ Check one or more of the following (even if you selected "Yes" above): White___ American Indian/Alaskan Native___ Asian___ Black or African American___ Native Hawaiian/ Other Pacific Islander___
Mailing Address (if different): _____ _____	
Household Phone: _____	

Parent/Guardian #1: Lives with Student X

Name: _____

Relationship to Student: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Parent/Guardian #2: Lives with Student ____

Name: _____

Relationship to Student: _____

Address (if different from student): _____

Home Phone (if different from student): _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Are there any relevant Orders of Protection? Yes___ No___

(For Office Use Only)			
Student ID Number: _____	Date of Enrollment _____	Medical _____	
School Year _____	Residency _____	Records _____	Portal Account _____

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EMERGENCY CONTACTS: Please do not list Parents/Guardians already on the front of this form.

Name:		Relationship:
Address:		
Home Phone:	Cell Phone:	Work Phone:

Name:		Relationship:
Address:		
Home Phone:	Cell Phone:	Work Phone:

Name:		Relationship:
Address:		
Home Phone:	Cell Phone:	Work Phone:

Name:		Relationship:
Address:		
Home Phone:	Cell Phone:	Work Phone:

DOCTOR/DENTIST INFORMATION

Doctor's Name:	Phone:
Address:	

Dentist's Name:	Phone:
Address:	

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STUDENT REGISTRATION FORM

SPECIAL HOME CIRCUMSTANCES: (Complete if a Single Parent, Legal Guardian, Foster Parent or Agency)

If separated or divorced, other parent will have the right to visit student in school and have access to student's records unless we have a legal document indicating otherwise. Please indicate any restrictions in the area below and provide a copy of legal document, if applicable.

Legal Custody of child is with_____. Is there a joint custody agreement?_____

List any restrictions other parent has regarding child_____

List type and date of legal document provided_____

If you are a Guardian please complete the following:

Name of child's natural parent(s)_____

Address or whereabouts of natural parent(s)_____

Official document indicating custody and restrictions, etc., if any_____

If you are a Foster Parent or Foster Care Agency you must complete the following or registration will be held until all missing information is provided. Also, a DSS-2999 Form and a letter verifying information below are required or registration will be held.

Name of Foster Parent(a)_____

Name of Agency_____ Agency Code #_____

Agency Address_____ Type of Agency_____

Case Worker and/or Social Worker_____ Phone No._____

DSS Case #_____ CIN #_____ CB#_____

Date child was placed at current location_____ Date at previous location_____

In accordance with the Individuals with Disabilities Education Act and New York State Education Law §4400 et. Seq., the parent or person in parental relation of any student may refer such student to the District's Committee on Special Education for an evaluation to determine the student's eligibility for special education programs and services. For further information concerning your rights, please refer to the Parent's Guide to Special Education in New York which may be obtained at <http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>. In addition, you may contact the Interim Director of Pupil Personnel and Student Services, Traci Holtz at (914) 769-5500 x5107 to make a referral to the Committee on Special Education, to obtain a copy of the Parent's Guide or to obtain further information concerning the referral process.

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STUDENT REGISTRATION FORM

Student Name: _____ Grade(s) Attended: _____

Name of Previous School: _____ Credentials Awarded: _____

Address: _____ Phone: _____

Original Date of Entry into 9th Grade: _____

Please check services your child received at their previous school:

IEP ___ 504 ___ Early Intervention ___ Reading ___ ENL ___

Resource Room ___ Counseling ___ Social Work ___ AIS/RTI ___

Does your child have a known or suspected disability that substantially impacts his/her learning?
___ Yes ___ No

If so, describe: _____

Has your child been evaluated for a disability?
___ Yes ___ No

If so, please describe: _____

Has your child been classified by a Committee on Special Education as a student eligible for Special Education Services?
___ Yes ___ No

If so, please describe: _____

Has your child received any special services (i.e.) Speech, OT, PT, AIS, ENL, etc.) in a previous school?
___ Yes ___ No

If so, Please describe: _____

I attest that the information that I have given herein is true and I understand that the District will seek restitution for tuition if it is determined that my child(ren) are not resident students of the Mount Pleasant Central School District.

Parent Name (Print)

Parent Signature

Date

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NEW REGISTRANTS: AUTHORIZATION FOR THE RELEASE OF STUDENT RECORDS

To Parents/Guardians/Eligible Students:

The Family Educational Rights and Privacy Act ("FERPA") and the Individuals with Disabilities Education Improvement Act ("IDEA") require schools and providers to have written consent from a parent or legal guardian before they can release student records or communicate about the student. In the case of students eighteen (18) years old or older, written permission of the eligible student must be obtained.

The form provided below will authorize the Mount Pleasant Central School District to release records and to communicate about your child. **The District shall keep all records and such releases, in accordance with FERPA and the IDEA, strictly confidential and not release any information to non-authorized individuals.**

Please complete the required information and sign this form.

Student Name: _____	Name and address of previous school: _____
Age: _____	_____
Date of Birth: _____	_____
Grade Level: _____	Telephone #: _____
	Fax #: _____

In accordance with FERPA and the IDEA, I hereby authorize the Mount Pleasant Central School District to communicate with and release the following records pertaining to the below-named student to the person or entity identified above (select one):

- All educational/clinical records, including but not limited to health records, grades, discipline records, dates of attendance, psychological and other evaluations, all diagnostic and state testing, psychiatric records and special education records.
- Only the specific records as follows: _____

Signature of Parent/Guardian or Eligible Student (if 18 or older)

Date

OFFICE USE ONLY:

Please forward academic records to(choose one):

Westlake High School 825 Westlake Drive Thornwood, NY 10594	Westlake Middle School 825 Westlake Drive Thornwood, NY 10594	Columbus Elementary School 582 Columbus Avenue Thornwood, NY 10594	Hawthorne Elementary School 225 Memorial Drive Hawthorne, NY 10532
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Please transfer any IEP electronically and forward all other special education records to:

Office of Pupil Personnel Services
Mount Pleasant Central School District
825 Westlake Drive
Thornwood, NY 10594



Lisette 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

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:
		<input type="checkbox"/> Male
Month	Day	Year
		<input type="checkbox"/> Female
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	_____	<input type="checkbox"/> Father
		<i>specify</i>	<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	_____ <input type="checkbox"/> Does not speak
			<i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not read
			<i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ <input type="checkbox"/> Does not write
			<i>specify</i>

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: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ MO. DAY YR.	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ MO. DAY YR.	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	

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RESIDENCY QUESTIONNAIRE

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: _____ / _____ / _____
Month Day Year Grade: _____
(K-12)

Address: _____ Phone: _____

This questionnaire is intended to address the McKinney-Vento Homeless Assistant Improvement Act. Your responses to this questionnaire will help our district determine which services your child may be eligible to receive.

1. Is your current address a temporary living arrangement? ____ Yes ____ No
2. If so, is this temporary living arrangement due to loss of housing or economic hardship? ____ Yes ____ No

If you answered **YES** please complete the remainder of this form.

If you answered **NO**, please **STOP HERE and SIGN** the bottom of this form.

Please check what best describes where this student is currently living:

- | | |
|---|--|
| <input type="checkbox"/> In a shelter | <input type="checkbox"/> in a rented garage due to loss of housing |
| <input type="checkbox"/> in a motel or hotel | <input type="checkbox"/> temporarily with an adult that is <u>not</u> the parent/legal guardian of child, due to loss of housing |
| <input type="checkbox"/> in a transitional housing program | <input type="checkbox"/> in a single room occupancy building |
| <input type="checkbox"/> in a car, trailer or campsite | <input type="checkbox"/> temporarily in another family's house or apartment due to loss of housing |
| <input type="checkbox"/> in a rented trailer/motor home on private property | <input type="checkbox"/> awaiting foster placement |
| <input type="checkbox"/> awaiting foster placement | <input type="checkbox"/> other place unfit for human habitation |
| <input type="checkbox"/> NONE OF THESE CHOICES APPLY | |

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

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

Date

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RESIDENCY AFFIDAVIT

Landlord/Owner Information:

Name: _____ Phone: _____

Address: _____

STATE OF NEW YORK
COUNTY OF WESTCHESTER

_____ (full name of property owner):

1. I own the following property located at:

which is within the Mount Pleasant Central School District.

2. I hereby attest that the following people reside at the above address (please list all adults and children at this address):

3. I make this affidavit to induce the Mount Pleasant Central School District to allow the above named children to enroll in or to continue to attend school in the District and acknowledge that if they do not actually live at this address or any address within the District, that they will not be allowed to continue attendance in the District. I further acknowledge that, if not residents, the parents or guardians of the children listed above may owe the District monies as tuition for their attendance. I understand that in the event this family relocates and is no longer living at the above mentioned address I should notify the Mount Pleasant Central School District immediately of said move.

4. I understand that statements made in this affidavit will be relied upon by the Mount Pleasant Central School District. I swear/affirm that these statements are true under the penalties of perjury, and I understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district may be crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution. False statements will be turned over to the New York State Police Department.

_____ (Property Owner's Signature)

_____ (Print Name)

_____ (Date)

THE DISTRICT RESERVES THE RIGHT TO INITIATE ANY AND ALL LEGAL PROCEEDINGS TO RECOUP TUITION PAYMENTS IN THE EVENT THE INFORMATION SWORN ABOVE IS FALSE.

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CUSTODIAL/GUARDIAN AFFIDAVIT

(To be completed by the parent/guardian the child lives with, if not both parents)

STATE OF NEW YORK
COUNTY OF WESTCHESTER

_____ (Name of Custodian) being duly sworn, deposes and says:

1. I reside at: _____

2. _____ is my _____
(name of child) (relationship)

And he/she has been living with me since _____

3. _____ intends to reside with me for _____

4. Statement explaining the duration of the living arrangement (permanent, indefinite, to be determined upon a specific date, action or event):

5. Statement of the reasons the child lives with the custodian:

6. Statement describing any other locations where the child lives. Indicate the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate:

7. Statement establishing who provides the child with food, clothing and all other necessities:

8. Custodial statement assuming full responsibility for all matters relating to the child's education and medical care:

9. Statement of any other relevant facts or orders of protection:

_____ (Signature of Custodian)

_____ (Print Name)

Sworn to before me this
_____ day of _____, 20____.

THE DISTRICT RESERVES THE RIGHT TO SUE THE PARENT AND/OR CUSTODIAN FOR TUITION PAYMENT, IF INFORMATION SWORN ABOVE IS FALSE.

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PARENT AFFIDAVIT

(To be completed by the parent/guardian the child does not live with, if not both parents)

STATE OF NEW YORK
COUNTY OF WESTCHESTER

1. I reside at: _____
2. _____ is my _____
(name of child) (relationship)
3. Statement explaining the duration of the living arrangement (permanent, indefinite, to be determined upon a specific date, action or event):

4. Statement of the reasons why the child(ren) are not living with you:

5. Statement describing the reasons why the child lives with the custodian:

6. Statement describing any other locations where the child lives. Indicate the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate:

7. Statement establishing who provides the child with food, clothing and all other necessities:

8. Custodial statement assuming full responsibility for all matters relating to the child's education and medical care:

9. Statement of any other relevant facts or orders of protection:

10. In the event it is discovered that the applicant is not a resident of the Mount Pleasant Central School District, I agree to be responsible for the tuition costs for the child to attend the Mount Pleasant Central School District.

_____ (Signature of Parent)

_____ (Print Name)

Sworn to before me this
_____ day of _____, 20____.

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District Technology Acceptable Use Policy Acknowledgement and Web Page Permission

Important: Students will not have access to the internet or other forms of technology unless this form is turned into the principal's office prior to the start of the school year.

As the parent/guardian of a student in the Mount Pleasant Central School District, I have read the District's Acceptable Use Policy (AUP) which is available on the District's website. I understand that I can request a written copy from the building principal or the Office of the Superintendent.

I acknowledge receiving notice that the District technology and the District website will potentially allow my son/daughter/student access to external computer networks not controlled by the District. I understand that some materials available through these external computer networks may be inappropriate and objectionable; however, I acknowledge that it is impossible for the District to screen or review all of the available material. I accept responsibility to set and convey standards for appropriate and acceptable use to my son/daughter when using the District's or any other technology.

I hereby release the District, its operators and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, technology, including, without limitations, the types of damage identified in the District's policy and administrative regulations.

I also agree to release the District, the Board of Education, its agents and employees from any and all claims of any nature arising from my son/daughter's use of the District's technology, the District website and the internet in any matter whatsoever.

I agree that my son/daughter may have access to the District's technology, the District website and the Internet. I agree that this may include remote access from our home.

I also understand that in accordance with the District's policy the District may post online student work (including but not limited to essays, compositions, or reports, projects, student publication and media productions, video recordings of plays, sporting events or other events) or pictures of students and to announce activities and events that take place in the individual classrooms, at each school or at the District level.

I further understand that in accordance with that policy, I have the right to determine if I want samples of my child's work, as detailed above, a picture of my child, or my child's name displayed on the District website or on the internal network that teachers use for educational purposes or to facilitate professional discussions and I have indicated below whether I want to have my child's work, picture or name used on the District website in accordance with the guidelines included in the District's AUP policy.

I have discussed the District's Acceptable Use Policy with my child. Please print the following information:

Student's Name:

_____ Last _____ First

Grade: _____

Teacher: _____ Date: _____

I give permission to have my child's work, picture or name to be posted online in media outlets or social networking sites, including, but not limited to, Facebook and/or on the District's website or internal network publications, in accordance with the guidelines included in the Districts' Acceptable Use Policy.

Please choose one:

- I agree
- I do not agree

Parent/Guardian Name:

Parent/Guardian Signature

(Please print)

Date: _____

.....
Student Agreement:

I have discussed these guidelines with my parent/guardian and I understand and agree to follow these guidelines.

Please sign if you are entering grades 6-12:

Student Name:

Student Signature:

(Please print)

HEALTH CERTIFICATE / APPRAISAL FORM

Name: _____ Date of Birth: _____

School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal: _____

Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

Body Mass Index: _____ . _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Vision - without glasses/contact lenses</td> <td style="text-align: center;">R</td> <td style="text-align: center;">L</td> <td style="text-align: center;">Referral</td> </tr> <tr> <td style="text-align: center;">Vision - with glasses/contact lenses</td> <td style="text-align: center;">R</td> <td style="text-align: center;">L</td> <td></td> </tr> <tr> <td style="text-align: center;">Vision - Near Point</td> <td style="text-align: center;">R</td> <td style="text-align: center;">L</td> <td></td> </tr> <tr> <td style="text-align: center;">Hearing <input type="checkbox"/> Pass 20 db sc both ears or:</td> <td style="text-align: center;">R</td> <td style="text-align: center;">L</td> <td></td> </tr> </table>	Vision - without glasses/contact lenses	R	L	Referral	Vision - with glasses/contact lenses	R	L		Vision - Near Point	R	L		Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	
Vision - without glasses/contact lenses	R	L	Referral														
Vision - with glasses/contact lenses	R	L															
Vision - Near Point	R	L															
Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L															

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed Yes No Student may self carry and self administer medication Yes No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
 ___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

Restrictions: _____ Please monitor

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____

OPTIONAL INFORMATION, if known

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Other: _____

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

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Telephone: (914) 769-5500

Dr. Susan Guiney
Superintendent of Schools

DENTAL HEALTH FORM

Student Name: _____ Today's Date: _____

Date of Birth: _____ Gender: _____ Entering Grade: _____

This is to certify that I have examined the above named child and the following applies:

_____ Full exam done and no treatment is necessary

_____ Full exam done and currently under treatment

_____ Full exam done and all dental work completed

Date of Exam _____

Dentist Name: _____ Phone: _____

Address: _____

Dentist Signature

Date Withdrew _____

F ___ R ___ D ___

2017-2018 Application for Free and Reduced Price School Meals/Milk

To apply for free and reduced price meals for your children, read the instructions on the back, complete **only one** form for your household, sign your name and **return it to Stefanie Flynn, Mount Pleasant CSD, District Office, 825 Westlake Drive, Thornwood, NY 10594**. Call (914) -769-5500 x 5133, if you need help. Additional names may be listed on a separate paper.

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	Homeless Migrant, Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. **Skip to Part 4, and sign the application.**

Name: _____ CASE #: _____

3. Report all income for ALL Household Members (Skip this step if you answered 'yes' to step 2)

All Household Members (including yourself and all children that have income).

List all Household members not listed in Step 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any other source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

Total Household Members (Children and Adults)

*Last Four Digits of Social Security Number: XXX-XX-__ __ __ __

I do not have a SS#

*When completing section 3, an adult household member must provide the last four digits of their Social Security Number (SS#), or mark the "I do not have a SS# box" before the application can be approved.

4. Signature: An adult household member must sign this application before it can be approved.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school will get federal funds; the school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____ Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Home Address: _____

5. Ethnicity and Race are optional; responding to this section does not affect your children's eligibility for free or reduced price meals.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Island White

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster

Income Household: Total Household Income/How Often: _____ / _____ Household Size: _____

Free Meals Reduced Price Meals Denied/Paid

Signature of Reviewing Official _____ Date Notice Sent: _____

APPLICATION INSTRUCTIONS

To apply for free and reduced price meals complete only one application for your household using the instructions below. Sign the application and return the application to **Stefanie Flynn, Mount Pleasant CSD, District Office, 825 Westlake Drive, Thornwood, NY 10594.**

If you have a foster child in your household, you may include them on your application. A separate application is no longer needed. Call the school if you need help: 914-769-5500 x 5133. Ensure that all information is provided. Failure to do so may result in denial of benefits for your child or unnecessary delay in approving your application.

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE APPLICATION FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one application.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, or if you believe any child meets the description for homeless, migrant, runaway (a school staff will confirm this eligibility).

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP, TANF or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. The case number is provided on your benefit letter.
- (2) An adult household member must sign the application in PART 4. SKIP PART 3. Do not list names of household members or income if you list a SNAP case number, TANF or FDPIR number.

PART 3 ALL OTHER HOUSEHOLDS MUST COMPLETE THESE PARTS AND ALL OF PART 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.
- (3) Enter the total number of household members in the box provided. This number should include all adults and children in the household and should reflect the members listed in PART 1 and PART 3.
- (4) The application must include the last four digits only of the social security number of the adult who signs **PART 4** if Part 3 is completed. If the adult does not have a social security number, check the box. **If you listed a SNAP, TANF or FDPIR number, a social security number is not needed.**
- (5) An adult household member must sign the application in PART 4.

OTHER BENEFITS: Your child may be eligible for benefits such as Medicaid or Children's Health Insurance Program (CHIP). To determine if your child is eligible, program officials need information from your free and reduced price meal application. Your written consent is required before any information may be released. Please refer to the attached parent Disclosure Letter and Consent Statement for information about other benefits.

USE OF INFORMATION STATEMENT

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs.

We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

DISCRIMINATION COMPLAINTS

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.
This institution is an equal opportunity provider.