

Onteora Central School District Student Registration

Elementary School Grades K - 6

Registrar: (845) 657-6383 x1023

Students wishing to attend the Onteora Central School must be initially enrolled before entering school. All registrations are processed through the Registrar's office located in the Central Administration Offices in Boiceville (within the MS/HS complex). The student will be permitted to attend school the next school day, or as soon as practicable, pending a final determination by the District that the student is a resident of the District and is entitled to attend the schools of the District on a tuition free basis.

Registration is a multi-step process:

Obtain and Complete Registration Packet: Parents/legal guardians may obtain the appropriate registration packet online, in person at Central Administration or any Elementary building or they may call the Registrar's Office at (845)657-6383 X1023 to have the packet(s) mailed.

Registration Meeting: After the parents/legal guardians have completed the packet and collected the appropriate documentation, ***please call the Registrar's office at (845)657-6383 X1023 to set up an appointment*** to submit the registration forms. A parent/legal guardian must be present for the registration appointment and should show photo identification.

Placement Meeting (As Needed): Parents/legal guardians of students with an IEP or 504 accommodations will then call the Pupil Personnel Services Department at (845)657-3320 to set up a meeting to ensure appropriate placement of their child.

Residency Determination: Within three days of initial registration, the parents/legal guardians must have presented sufficient evidence of their residency in the District. The District will then make a final determination whether the parents/legal guardians are residents of the District and entitled to send the student to the District's schools.

Class Placement: The parent/legal guardian will receive a call from the Elementary building to inform them of the student's homeroom teacher and be given a start date.

Transportation: The Transportation Department will assign the student to a bus run and will inform the parent/legal guardian of the morning and afternoon bus stop location, time, and when transportation will take effect

Building Visit: Parents/Legal Guardians are encouraged to bring the student for a visit to the school and meet the building's Principal prior to the first day of attendance. Appointments may be set up with the Main Office of the building the student will be attending. Please be aware that there are situations that may cause a student to be placed in a school other than their homeschool. For this reason, it is recommended that the registration and placement meetings occur *prior* to bringing the child for a visit.

Documentation Checklist:

The following documents are required to register a student into the Onteora Central School District. It is the parent/legal guardian's responsibility to provide the documents before the student can be enrolled.

Identification:

The parent/guardian should show photo identification as proof of their identity.

Proof of Residency:

All students entering the Onteora Central School District must provide the proper documentation to establish residency. The documents provided must always state the student's physical address (where the student rests their head each night). A post office box is never an acceptable address for the purpose of determining residency. Please see the attached Residency Requirements to determine what documents you will need to register your child.

Proof of Age:

An original certified transcript of a birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) or, if neither is available, a passport (including foreign passport), will suffice to determine a child's age. Other acceptable documents include but are not limited to Consulate ID card; Court Order or other Court issued documents; Hospital or other health records; Military dependent ID card; Native American tribal document; Official driver's license; School photo ID with date of birth; State or other government issued documentation. These documents must be in existence for at least 2 years.

Proof of Immunization:

Must be signed or stamped by a New York State licensed health care provider. This document may be faxed directly from the physician's office for your convenience.

***School Records:**

The most current report card, if available. Most current Individualized Education Plan (IEP) or 504 Accommodation Plan, if applicable.

Special Circumstances:

If you are not the natural parent but have legal guardianship of the student, please provide us with any available relevant documents or complete a Custody Affidavit.

If there are any other special circumstances such as: Custody agreements, Orders of Protection, etc., please bring those documents with you. They will be copied and placed in the student's records. The school cannot refuse to release a child to a parent/legal guardian unless there are Court documents on file. A parent's written or verbal instructions are not sufficient.

*May be provided by student's previous school district.

For questions or to set up registration meeting, please contact the Registrar at 657-6383 X1023

Onteora Central School District – Registration Form

Confidential

Student #: _____

Student Information

Legal Name: <small>(as it appears on Birth Certificate)</small>		Nickname:	
Student <input type="checkbox"/> Both Parents at same address <input type="checkbox"/> Both Parents at separate addresses			
Resides with: <input type="checkbox"/> Parent A Only <input type="checkbox"/> Parent B Only <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent(s)			
Custody of Student: <input type="checkbox"/> Court appointed Sole Custody is with Parent/Guardian A listed below <input type="checkbox"/> Joint Legal Custody/Primary Physical Custody is with Parent/Guardian A listed below <small>(if not residing with both parents)</small> <input type="checkbox"/> Joint Legal Custody/Joint Physical Custody (Please note Primary Residence will be used for Transportation) <input type="checkbox"/> Informal, no court orders in effect			
Custody Papers (if applicable): Yes / No		Is the student Hispanic/Latino or of Spanish origin? YES / NO Race (check at least one, you may check all that apply): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White (Caucasian)	
Date of Birth: _____		If student was born in the US or its territories: Birth City: _____ Birth State/Territory: _____ <small>US Territories include: American Samoa, Guam, Northern Marianna Islands, Puerto Rico, US Minor Outlying Islands, US Virgin Islands</small>	
Gender: Male / Female			

Parent/Guardian A (Student's Primary Residence)

Full Name		Parent/Guardian A's relationship to student (check one): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Court Appointed Legal Guardian <input type="checkbox"/> Other _____	
Physical Address			
City/State/Zip			
Mailing Address (if different)		Student resides with this parent? Full time / Part time	
City/State/Zip			
Home Phone	Work Phone	Cell Phone	Email

Step Parent at this Address (if applicable)

Full Name	Work Phone
	Cell Phone

Parent/Guardian B

Full Name		Parent/Guardian B's relationship to student (check one): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Court Appointed Legal Guardian <input type="checkbox"/> Other _____	
Physical Address (if different)			
City/State/Zip	<input type="radio"/> Location Unknown		
Mailing Address (if different)		Same residence as Parent/Guardian A? Yes / No If No, Student resides with this parent? Part time / No	
City/State/Zip			
Home Phone	Work Phone	Cell Phone	Email

Step Parent at this Address (if applicable)

Full Name	Work Phone
	Cell Phone

Student's Educational Background
(Please list **ALL** previous schools, use separate sheet if necessary)

Previous School	Previous School's Address	Grades Attended	Dates of Attendance

Has your child been retained (repeated a grade)? Yes / No If yes, what grade(s)? _____
 Is your child currently receiving English as a New Language (ENL) services? Yes / No
 Has your child previously received ENL services? Yes / No If yes, when did services end? _____
 Has your child ever attended a school in the Ontario Central School District? Yes / No If yes, when? _____
 If applicable, when did your child enter 9th grade? _____

Special Education Services Information

Does your child currently have an IEP? Yes / No	Is your child currently receiving:
Does your child currently have a 504 Plan? Yes / No	Counseling Yes / No
District with current approved plan	Remedial Math Yes / No
Name of contact person	Remedial Reading Yes / No
Comments:	Speech Yes / No
	Other

Siblings / Other Children Living at Primary Address

Name (Include last name if different)	Gender	Birth Date	Grade	Present School	Relationship to Student

Other Adults Living at Primary Address

Name (Include last name if different)	Gender	Relationship to Student

Student's Previous Address if New to the Ontario Central School District

Street	City/ State/ Zip
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It is the policy of the District that the student will be initially enrolled and begin attending school the next school day, or as soon as practicable, pending a final determination by the District that the student is a resident of the District and is entitled to attend the schools of the District on a tuition free basis. Please be advised that, in the event that a family violates the residency requirement, the Ontario Central School District has the right to bill for back tuition for the period of time that the student(s) attended District schools as non-residents.

I certify that I am a resident of the Ontario Central School District and all information provided above is accurate to the best of my knowledge.

Signature _____

Date _____

Onteora Central School District**Emergency Dismissal Form**

Confidential

Student Information

Student Name: _____

Early Dismissal Instructions (REQUIRED)

If school should be dismissed early unexpectedly, I have instructed my child to:

_____ Go directly home by his/her USUAL MEANS. If no one is at home, walk to the nearby home of

_____ at _____.

_____ Get a BUS PASS from the office to ride the bus to the home of:

_____ at _____.

_____ WALK directly from school to the home of:

_____ at _____.

Emergency Contacts

In the event of an emergency, the Onteora Central School District will first attempt to reach parents/legal guardians. If the parents/legal guardians are not reached, the district will attempt to contact the persons listed below. Please provide at least ONE contact who does not reside in your household.

Please note: Anyone listed is authorized to pick up your child.

# 1	Full Name	Relationship to Student
Home Phone	Cell Phone	Work Phone
# 2	Full Name	Relationship to Student
Home Phone	Cell Phone	Work Phone
# 3	Full Name	Relationship to Student
Home Phone	Cell Phone	Work Phone

Please use a separate sheet for any additional contacts.

Medical Care**Person(s) with notarized statement to authorize medical care in your absence:**

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me or the above emergency contacts, I hereby authorize the school district to arrange for emergency transport to a hospital emergency room, if in the judgment of the school district, emergency treatment is warranted. This authorization also includes authority to release pertinent, necessary medical records to the health care providers.

Parent/Guardian Signature (REQUIRED) _____

Date _____

Onteora Central School District

PO Box 300, Boiceville, NY 12412

Monica LaClair
Assistant Superintendent for Business

845-657-8499
Fax 845-657-8742

RESIDENCY REQUIREMENTS

Welcome! In order to be enrolled in the Onteora Central School District, you must reside within the boundaries of the District. **Proof of residency is required upon registration.**

HOMEOWNER

Please provide the following documentation:

- A copy of the deed or the most recent school tax bill, or
- A copy of a recent mortgage statement

and a copy of any two (2) required documents listed below.

If you just recently closed on a new home, please provide:

- The Settlement Statement from the closing or
- Certificate of Occupancy along with a homeowner's insurance policy

and a copy of any two (2) required documents listed below.

RENTER

If you rent a house/apartment you must provide an "*Affidavit of Property Owner in Support of Admission to Onteora Central School District Form*" completed and signed by the landlord and notarized along with a copy of the property owner's most recent school tax bill for the property you are renting.

You must also provide a copy of any two (2) required documents listed below.

REQUIRED DOCUMENTS

The name and address on these documents **must** match the name and address of the parent or legal guardian of the student being registered.

Utility bills
Homeowners/Renters Ins. Policy
Current N.Y.S. Driver's License
Income Tax Return
Bank Statement

Auto Insurance Card or Policy
Moving Company Receipt
Documents issued by federal, state or local agencies.

The District will not accept a P.O. Box as a physical address. The physical address must appear on all documents.

This documentation will substantiate your residency in the District. Thank you.

AFFIDAVIT OF PROPERTY OWNER

IN SUPPORT OF RESIDENCY IN THE ONTEORA CENTRAL SCHOOL DISTRICT

STATE OF NEW YORK)
) SS:
COUNTY OF ULSTER)

I, _____, property owner of the dwelling located at
(Name of Property Owner)

(Street Address/Apt. #)

(City, State, Zip)

hereby certify that I am renting space in this dwelling on a _____ basis beginning on _____
(Weekly/Monthly/Yearly) (Date)

The following person(s) are identified as tenants having the right to be occupants in the dwelling:

- Parent/Guardian: _____
- Parent/Guardian: _____

Name(s) of Child(ren):

	Last Name	First Name	MI		Last Name	First Name	MI
1				4			
2				5			
3				6			

List all persons residing in this dwelling:

	Last Name	First Name	MI		Last Name	First Name	MI
1				4			
2				5			
3				6			

The payment of Electric Utility Bill is included in rent: Yes _____ No _____

I certify that the information provided on this form is true and correct and that the statements made herein are being made under the penalties of perjury, knowing that the Onteora Central School District will rely upon them in determining whether the above-named child(ren) reside in the school district.

(Signature of Property Owner)

(Print Name)

Making a false statement regarding living arrangements is a violation of the law, to wit: a violation of section 210.35 and 210.45 of the NY Penal Law, which are Class A misdemeanors and may be punishable by a fine of up to \$1,000 and/or up to one year of imprisonment.

Sworn before me this _____ day of

_____ 20____

(Notary Public)

(Notary Public)

ONTEORA CENTRAL SCHOOL DISTRICT

PO BOX 300

BOICEVILLE, NY 12412

(845) 657-3320 (845) 657-8742 FAX

STUDENT RESIDENCY QUESTIONNAIRE

Name of School: _____

Name of Student: _____ Sex: __ M __ F
Last First Middle

Birth Date: ____ / ____ / ____ Age: _____ Student ID # _____

The answers 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 (Check one box.)

- ☐ In a shelter
☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as 'doubled-up')
☐ In a hotel/motel
☐ In a car, park, bus, train or campsite
☐ Other temporary living situation (Please describe): _____
☐ In permanent housing

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

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

DATE

Please provide address of temporary housing: _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.2002(3)(d).

Please send a copy to the PPS Department at Central Administrative Offices

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date

McKinney-Vento Liaison Signature

2/28/11



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

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

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

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

Home Language Questionnaire (HLQ)

Dear Parent or Guardian:

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.

Please write clearly when completing this section.

STUDENT NAME:

First Middle Last

DATE OF BIRTH:

GENDER:

Month Day Year

☐ Male

☐ 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?

☐ 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

specify

specify

☐ Guardian(s)

specify

4. What language(s) does your child understand?

☐ English

☐ Other

specify

5. What language(s) does your child speak?

☐ English

☐ Other

☐ Does not speak

specify

6. What language(s) does your child read?

☐ English

☐ Other

☐ Does not read

specify

7. What language(s) does your child write?

☐ English

☐ Other

☐ Does not write

specify

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? _____

Signature of Parent or of Person in Parental Relation

Month: Day: Year:

Date

Relationship to student: ☐ Mother ☐ Father ☐ Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____

POSITION: _____

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

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

NAME: _____

POSITION: _____

ORAL INTERVIEW NECESSARY: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

Mo

DAY

YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

☐ ADMINISTER NYSITELL

☐ ENGLISH PROFICIENT

☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____

POSITION: _____

DATE OF NYSITELL
ADMINISTRATION:

MO.

DAY

YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

☐ ENTERING

☐ EMERGING

☐ TRANSITIONING

☐ EXPANDING

☐ COMMANDING

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

**Onteora Central School District
Kindergarten Speech Form**

Student's Name _____ Date of Birth _____

Parent/ Guardian Name _____ Today's Date _____

Please answer the following questions to provide background information regarding your child's speech and language development.

- | | | |
|---|-----|----|
| 1. Do you usually understand your child's speech? | YES | NO |
| 2. Do other people usually understand your child's speech? | YES | NO |
| 3. Does your child have a hearing loss? | YES | NO |
| 4. Has your child ever had a special speech evaluation? | YES | NO |
| 5. Is your child in a special speech program at this time? | YES | NO |
| 6. Does your child have difficulty expressing ideas and concepts? | YES | NO |
| 7. At what age did your child first begin to speak? _____ | | |

Please check any of the following that describe your child's speech.
If none apply, leave blank.

- ☐ Does not talk
- ☐ Talks very little
- ☐ Uses "baby talk"
- ☐ Substitutes speech sounds
- ☐ Omits speech sounds
- ☐ Talks through his nose
- ☐ Hesitates or stutters while speaking
- ☐ Has unusual breathing patterns while speaking
- ☐ Voice sounds strained, breathy or hoarse
- ☐ Speaks too high or too low
- ☐ Cleft-palate speech

Please circle Y for Yes or N for No to answer the following questions regarding your child's hearing.

Does your child seem to have difficulty hearing? Y N

Does your child turn up the TV louder than other members of the family? Y N

Does your child seem to favor one ear over the other? Y N

Does your child jump or appear more startled than others if there is a sudden noise? Y N

Does your child hear you if you talk in a whisper? Y N

Does your child make you talk loudly or repeat things frequently? Y N

Does your child become confused in following more than two verbal directions at a time? Y N

Do you suspect any hearing problems? Y N

Onteora Central School District
Elementary Development & Social History

Student Name: _____ Grade: _____

Developmental History

Did the child creep before walking?	___Yes	___No
At what age did the child walk alone?	_____	
At what age did the child say words clearly?	_____	
When did the child speak in sentences?	_____	
At what age was toilet training complete?	_____	
Were there any problems with toilet training?	___Yes	___No
Does the child tire easily?	___Yes	___No
Does the child take a regular nap?	___Yes	___No
Does the child follow simple directions?	___Yes	___No
Does the child stay with a task for a reasonable length of time?	___Yes	___No
Has the child been a particularly active child?	___Over	___Normal ___Under
Does the child usually dress him or herself without assistance?	___Yes	___No ___Sometimes
Can the child put his/her shoes on the proper feet?	___Yes	___No ___Sometimes
Can the child dress him or herself, including outerwear?	___Yes	___No ___Sometimes
Is the child consistently left or right handed?	___Left	___Right ___Neither

Check any of the following which apply to your child at the present time:

___Extremely shy	___Excessive storytelling
___Undue anxiety	___Thumb or finger sucking
___Bad dreams	___Bedwetting
___Fear of the dark or anything else	_____

At what hour does the child go to bed? _____

Approximately how much T.V. does the child watch during the week? _____

What are your child's favorite programs? _____

List places that your child has visited on a trip or vacation _____

Revised 8/2018

Social History

When at home, does your child have other children to play with? ☐ Yes ☐ No

Has your child attended nursery school? ☐ Yes ☐ No

If yes, name of nursery school _____

Does your child appear eager to start school? ☐ Yes ☐ No

Does your child like to read? ☐ Yes ☐ No

Have any members of your family had problems with reading or spelling? ☐ Yes ☐ No

What are your expectations for your child this year? _____

Do you feel that your child does as well as other children his/her age? Please explain any areas where you feel your child is ahead of or behind his/her peers. _____

Briefly comment on your child's personality: _____

List methods of comforting that you find most effective when your child is upset? _____

List methods of discipline that you find most effective when working with your child? _____

Have there been any circumstances in your child's life that you feel were hard for him/her which might help us understand him/her better? _____

Use the space below for any additional information you feel we should know: _____



ONTEORA CENTRAL SCHOOL DISTRICT

PO Box 300
4166 State Route 28
Boiceville, NY 12412
Telephone (845) 657-6383 Fax (845) 657-8742

Request for Student's Records

To: _____ Date of Request: _____

School Phone: _____

School Fax: _____

Re:	Student Name	Grade	Date of Birth

The above referenced student has been/will be enrolled in the Onteora Central School District effective ____/____/_____. Please forward the documents listed below (or indicate that they are not available).

Document	Sent	Not available
Birth Certificate		
Custody Documents if applicable		
Report Cards/Progress Report (Exit Grades)		
Standardized Test Scores		
Attendance Records		
Behavior/Disciplinary Records		
ESL Status/History if applicable		
Health Evaluation/Physical/Dental Records		
Immunization Records		
For MS/HS Students:		
Schedule		
Transcript		
Science Labs		
All Regents/RCT Assessments		
Grading Scale & Graduation Requirements		
For Students receiving services:		
IEP		
504 Plan		
Psychological Report		
Social History		
Other		

All documents should be sent to:

Registrar
Onteora Central School District
PO Box 300
Boiceville, NY 12412
(845) 657 - 8742 Fax

Registrar

(Signature of Parent / Guardian)*

* Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final rule on Education Records, Federal Register, June 17, 1976, Vol 41, No. 118, Page 24673.)

Revised 11/07/2016

SUBJECT: STUDENT ACCEPTABLE USE OF DISTRICT TECHNOLOGY

Students of the **Onteora Central School District** have access to vast amounts of information through the District's computer system (DCS). Text, photographs, and sound from local agencies, governments, universities, individuals and businesses in every corner of the globe are available for educational purposes through the Internet. All use of the DCS, including independent use off school premises, shall be subject to this policy. Further, all such use must be in support of education and/or research and consistent with the goals and purposes of the School District.

One (1) purpose of this policy is to provide notice to students and parents/guardians that, unlike most traditional instructional or library media materials, the DCS will allow student access to external computer networks not controlled by the School District where it is impossible for the District to screen or review all of the available materials. Some of the available materials may be deemed unsuitable by parents/guardians for student use or access. This policy is intended to establish general guidelines for acceptable student use. However, despite the existence of such District policy, it will not be possible to completely prevent access to computerized information that is inappropriate for students. Furthermore, students may have the ability to access such information from their home or other locations off school premises. Parents/guardians of students must be willing to set and convey standards for appropriate and acceptable use to their children when using the DCS or any other electronic media or communications. The District respects the right of each family to decide whether or not to apply for independent computer access.

Any student who is determined to have used District owned electronic devices (e.g., computers, laptops, iPads, Chromebooks, tablets, etc.), networked information resources and/or the Internet in violation of this Policy may have his/her user account suspended and/or revoked. Also, a breach of the terms of the Policy may result in disciplinary action consistent with District policy, the Student Code of Conduct and applicable laws and regulations. A breach of the terms of this Policy shall result in a referral to appropriate law enforcement officials where the breach involves suspected illegal or criminal activities. Further, the District may bring suit in civil court against the parents/guardians of any student who willfully, maliciously or unlawfully damages or destroys District property pursuant to General Obligations Law Section 3-112.

Generally, the same standards of acceptable student conduct which apply to any school activity shall apply to use of the DCS. This policy does not attempt to articulate all required and/or acceptable uses of the DCS; nor is it the intention of this policy to define all inappropriate usage.

District students shall also adhere to the laws, policies and rules governing computers including, but not limited to, copyright laws, rights of software publishers, license agreements, and student rights of privacy created by federal and state law.

Technology use in the school setting must be related to educational purposes consistent with course and District curricula and goals. Prior to establishing a user account, each student must directly
(Continued)

SUBJECT: STUDENT ACCEPTABLE USE OF DISTRICT TECHNOLOGY (cont'd)

take responsibility of adhering to this policy by the student and his/her parent or legal guardian signing an agreement.

Student data files and other electronic storage areas will be treated like school lockers. This means that such areas shall be considered to be School District property subject to control and inspection. The Superintendent and/or his/her designee may access all such files and communications to insure system integrity and that users are complying with the requirements of this policy and accompanying regulations. Students should NOT expect that information stored on the DCS will be private.

This policy does not attempt to articulate all required and/or acceptable uses of the DCS, nor is it the intention of this policy to define all inappropriate usage, however, following is a non-exhaustive list of expected behavior and use of the DCS:

1. Only authorized users may use District owned electronic devices and the Network. Students shall only access the school/District network with their own user identification and password. You and your parent/guardian must sign and you must return to the school an agreement to adhere to this policy before receiving a username and password. This form is available in your school's office.
2. Students are expected to adhere to school standards of appropriate behavior when using the Network and the Internet in accordance with the Student Code of Conduct and all applicable District policies.
3. Students shall not seek information on, obtain copies of, or modify the files, other data, or passwords belonging to others.
4. Students shall not disrupt the use of the Network by others nor damage or tamper with electronic devices, computer systems, networks, or other users' folders, work, or files. Students shall not hack into, vandalize, read, modify, edit, delete or otherwise engage in unauthorized use of any computer files, including other users' that are accessible over the District's computer network.
5. Due to the wide availability of services and information on the Internet, some of which may be potentially offensive to certain groups of users, the individual user must be responsible for his/her actions in navigating the network.
6. Students shall not save any type of inappropriate file on the network, electronic device/computer, or other district owned storage sites or devices.
7. Students shall not destroy, modify, copy, damage, or abuse hardware or software in any way. Students shall also not post, send, transmit, publish, download, upload, copy, print or otherwise disseminate information containing any advertising or solicitation of other students to use goods and services that are not for school-related purposes.
8. Students shall not use the Network or Internet to develop programs that harass others or infiltrate a computer, computer system, or network or knowingly introduce a virus, worm or any other harmful program into a computer system, device, or network.
9. Students using the Internet may not reveal any personal information over the Internet relating to him/herself or other individuals.

(Continued)

SUBJECT: STUDENT ACCEPTABLE USE OF DISTRICT TECHNOLOGY (cont'd)

10. Students shall not use school equipment, the Network or Internet for commercial or for non-school related purposes such as for-profit purposes, product advertisement, political lobbying, personal business, illegal activity or for any personal, charitable, religious, or not-for-profit purpose.
11. Students are expected to abide by the generally accepted rules of network etiquette and shall not use school equipment, the Network or the Internet for antisocial activities. Such activities include but are not limited to: hate mail, bullying/harassment, profanity, obscenity, misrepresentation, impersonation.
12. Students shall not use school equipment, the Network or Internet for illegal activities or to access or transmit pornographic or educationally inappropriate materials, or files, which are harmful to both students and the integrity of the Network.
13. Students shall use only school approved software or view material on the Internet that is related to the District's curricula or teacher approved project.
14. Students are not permitted to make copies of software found on school computers.
15. Students shall not incur any financial obligations on behalf of the District through the use of the Internet or District resources.
16. Web based email shall be only accessed for educational purposes (i.e. transfer of homework, reports etc.) from school to home or from home to school. No personal messages, instant messaging or text messaging are allowed.
17. No remote access to the internal network will be granted. The use of proxy servers is prohibited.
18. Students shall not utilize District equipment to upload any photographs of themselves or others to the Internet without permission from the course instructor/administration.
19. Students acknowledge that in the course of using the Internet, there may occur interruptions in service beyond the control of the District which may result in the loss of data, information or files. The District disclaims any and all responsibility for loss of data, information or files, caused by such service interruptions.
20. Students who have identified a security problem on the Internet must notify their building principal or network administrator.
21. Students acknowledge that a network administrator may periodically need to review on-line activities in the course of performing routine maintenance of the system.
22. Students who are suspected of having violated this policy or any other District policy, rule and/or regulation, or any law, in any manner may have their files accessed and on-line activities reviewed by a network administrator and/or appropriate school official. The District, and/or any of its agents and employees who review on-line activities of account holders suspected of having violated this policy, shall not be subject to any claims arising out of such review of on-line activities.
23. Students must respect all copyright issues regarding software and attributions of authoring. The unauthorized copying or transfer of copyrighted materials may result in the suspension or revocation of a user's account.

(Continued)

SUBJECT: STUDENT ACCEPTABLE USE OF DISTRICT TECHNOLOGY (cont'd)

24. It should be recognized that not all materials found on the Internet are appropriate for students. Although the District utilizes an Internet content filter, it is possible that some inappropriate content may not be properly filtered. If a user encounters material that is not acceptable, s/he should report it immediately to the teacher in charge or to the building administrator.
25. Any student who is suspected of using the Internet in a manner that would violate this policy or any other District policy, rule and/or regulation, or would violate any State or Federal law or regulation, will be notified of the alleged violation and provided with an opportunity to respond to and discuss the allegations.

Best Practices For Wi-Fi:

- Turn off the device when not in use and at the end of each day.
- If device is to stay on, turn Wi-Fi off when not in use (switch on side, or airplane mode on iPad).
- Always place the device on a solid surface
- Viewing distance should be a minimum of 12 inches from the screen.

Adopted 8/16/16

ONTEORA CENTRAL SCHOOL DISTRICT

Student Technology Acceptable Use Policy

(Use of Computers and Networked Information Systems)

STUDENT TECHNOLOGY USER AGREEMENT AND PARENT PERMISSION FORM

(Please Complete ALL Information and Provide the Two Signatures Requested)

While we believe our students will use our technology in a responsible manner, for those who do not do so, consequences may follow. Those consequences can range from the suspension of the use of the Internet and/or network, and/or computers within the school district, to a school Suspension.

As a user of the Onteora Central School District's computers and networked information resources (including the Internet), I hereby agree to comply with the terms and conditions provided for in the Student Technology Acceptable Use Policy and accompanying guidelines. I agree to communicate over the network in a responsible fashion while honoring all relevant State and Federal laws and restrictions, the Student Code of Conduct and all applicable District policies.

I further understand and agree to abide by the following policy regarding copyrighted material. I recognize that material received via a computer network is owned by the author or the person holding the copyright, and I will give credit to all materials received electronically. I recognize that software is protected by copyright laws.

Student's Signature _____ Date _____

Student's Name (Printed) _____

School (Printed) _____ Grade _____

Student's Homeroom #: _____ Student's Homeroom Teacher: _____

ONTEORA CENTRAL SCHOOL DISTRICT

Student Technology Acceptable Use Policy

(Use of Computers and Networked Information Systems)

As the **PARENT** or **LEGAL GUARDIAN** of the minor student signing above, I grant permission for my son/daughter to use district computers and to access networked computer resources including electronic mail and the Internet. I have read the attached Student Technology Acceptable Use Policy and understand that the individual student may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for setting and conveying strictly educational standards for my son/daughter to follow when selecting, sharing and/or exploring information and media.

Parent/Guardian Signature _____ Date _____

Parent /Guardian Name (Please Print) _____

Your Home Address: _____

Town/State/Zip _____

Home Phone: _____ Work Phone: _____

*For children under eight years of age, parent signature
verifies that the parent has reviewed the policy with the student.*

Onteora Central School District
Onteora Central School District Acceptable Use Policy/User Guidelines for the
Infinite Campus Parent/Guardian Portal

Section I: User Expectations

The Internet and secure web access have changed the ways that confidential information may be obtained, communicated, and transferred by members of society. Those alterations are influencing teaching and student learning. The School Board supports access by parents/guardians, teachers, and administrators to informational resources that will advance participation in a child's education and strengthen communication between parents/guardians and the student's teacher(s). The Onteora Central School District manages student information electronically and will make student education records accessible for viewing only to authorized parents/guardians with a secure connection over the Internet. All eligible parents/guardians will comply with the District's Internet use regulations and all technology regulations/procedures, as well as all other District policies that may apply.

Electronic Access to Student Information Regulation

Onteora Central School District uses a protected Internet site to allow electronic access to student information; enhancing communication between our parents/guardians, teachers, and administrators.

A) Rights and Responsibilities

Access to the Infinite Campus Parent Portal is a free service offered to all current and active parents/guardians of the Onteora Central School District. Once a student withdraws or graduates from the Onteora Central School District, their account will be inactivated. Access to student information from the Internet is a privilege, not a right. Parents/guardians must practice appropriate and ethical use.

B) Information Accuracy Responsibilities

Information accuracy is the joint responsibility between schools, parents/guardians, and students. Each school will make every attempt to ensure that information is accurate and complete. If parent/guardians notice any inaccurate information, they will alert their school immediately. They may be required to present proof of the inaccurate information.

C) Information Accessible

Onteora Central School District reserves the right to add, alter or remove functions viewed via the Infinite Campus Parent Portal at any time without notice, including, but not limited to, the functions listed below.

- Attendance
- Class Schedule
- Progress Reports
- Report Cards/Grades
- Health/Immunization Records

D) Electronic Web Access Eligibility

Each parent/guardian of students who are currently enrolled in grades k - 12 are eligible to apply for access to the Infinite Campus Parent Portal. A parent/guardian of the household must complete a *Census Verification Form* and sign an

Electronic Web Access Agreement for Viewing Student Information Form. After verification of the information on these forms, the school will establish a parent/guardian account.

E) Use of the System

Parents/guardians are required to adhere to the following guidelines:

- 1) Parents/guardians will act in a responsible, ethical and legal manner.
- 2) Parents/guardians will not attempt to harm or destroy the school or the district's data or networks.
- 3) Parents/guardians will not attempt to access an account assigned to another user.
- 4) Parents/guardians will not use the information on this portal for any illegal activity, including violation of Federal and State Data Privacy laws. Anyone found to be in violation of these laws may be subject to Civil and/or Criminal prosecution.
- 5) Parents/guardians who identify a security problem within the portal must notify the Director of Technology or the District Superintendent immediately, without demonstrating the problem to anyone else.
- 6) Account holders are responsible for protecting their passwords. Parents/guardians will not share their password with anyone, including their own child/children.
- 7) Parents/guardians will not set their computer to automatically login to the Internet site.
- 8) Parents/guardians identified as a security risk will be denied access to the site.

F) Security Features

- 1) Access is made available with a secure Internet site.
- 2) Three unsuccessful login attempts will disable the user's account. Until the school has verified the assigned user to the locked account, the account will remain locked. In order to use the account again the user will need to email the district's Infinite Campus Help Line Manager.
- 3) Users will be automatically logged off if they leave their web browser open and inactive for a period of time.
- 4) The student's account will be deactivated when the student withdraws or graduates from Onteora Central School District.
- 5) The Parent/guardians account will be deactivated when they no longer have a child actively enrolled in the Onteora Central School District, or a court action denies the parent/guardian access to the student's information.

Section II: System Requirements and Support:

A) System Requirements

- 1) You may access the portal from any computer with Internet connectivity and an up to date browser.
- 2) The portal is best accessed from a PC computer with a Windows XP or newer platform. The company recommends Microsoft Internet Explorer 6.0 or higher for PCs and Mozilla Firefox for Macintosh computers. You will also need Adobe Acrobat Reader 7.0 or higher.

B) Parent Portal Help Desk

- 1) For portal assistance send an email to parentportalhelp@onteora.k12.ny.us. Include your name, username, and a description of the problem or your request. Please do not call the school district directly for telephone support. If you wish to be contacted by phone include your daytime phone number. Computer technical support is not available through the district Help Desk.

C) Limitation of School District Liability

This is a private network and is used as an educational tool by Onteora Central School District employees. User account activity is electronically recorded. The District reserves the right to limit or terminate the Internet site for viewing student information without notice. The Onteora Central School District will use reasonable measures to protect student information from unauthorized viewing. The District will not be responsible for financial obligations arising through unauthorized use of the District's system or Internet. The District will not be responsible for actions taken by the parent/guardian that would cause a breach in confidentiality of their child's information.

Section III: Parent Portal Access and use:

A) Initial Account Request and Setup

1) For Parents/Guardians new to the District:

- When parent/guardians are enrolling their child or children, the parent/guardians can complete the Electronic Web Access Agreement for Viewing Student Information. Each parent/guardian needs to complete one *Electronic Web Access Agreement for Viewing Student Information* form for all children in their household.

- After the student is enrolled into the student information system, the parent/guardians requesting the account will be provided by mail an activation key and "Person login ID".

(1) The activation key is used by the parent/guardians to create their secure account.

(2) The "Person Login ID" is used by the district to verify the identification of the person requesting an account to be unlocked.

2) For Parents/Guardians who have a child already enrolled:

- One parent/guardian needs to complete the *Census Update Verification Form* for their household.

- Each parent/guardian needs to sign one completed *Electronic Web Access Agreement for Viewing Student Information* form for all children in their household.

- The parent requesting the account will be given an activation key and "Person Login ID."

(1) The activation key is used by the parent to create their secure account.

(2) The "Person Login ID" is used by the district to verify the identification of the person requesting an account to be unlocked.

Note: Depending on the volume of requests and District/School workload, this process could take 2 weeks or longer during peak times.

Onteora Central School District

Electronic Web Access Agreement for Viewing Student Information
using the Onteora Central School District Infinite Campus Parent Portal

Parent Agreement

I am requesting access to my child/children's student information on the Onteora Central School District Infinite Campus Parent Portal website. I have read the *Onteora Central School District Acceptable Use Policy/User Guidelines for the Infinite Campus Parent Portal* located on the Onteora Bennett web site under Students Resources/Infinite Campus – Parent Portal and agree to follow and support the expectations.

I understand that for security purposes the District reserves the right to change user passwords or deny parent/guardian access at anytime. By signing this agreement I, as the parent/guardian, release the Onteora Central School District from any and all liability for damages arising out of the unauthorized access to my parent/guardian account. I agree that I will not share my password or permit anyone other than myself to use the account including my own child/children.

I understand that three unsuccessful logins will disable my account. If my account becomes locked I will email the district's Infinite Campus Help Line and request the account be unlocked. I will provide the "Personal Login ID" given to me at the time the account was created and answer questions to verify my identity. I recognize that it may take up to 5 schools days to have my account unlocked.

I have verified that the computer I will be using to access the Internet site for viewing student information meets or exceeds the minimum requirements as acknowledged in the user guidelines and that the school district is not responsible for helping with technical difficulties on my home computer.

List the names of your child/children currently enrolled in Onteora Central School District and residing at the address listed below. The information given on this form must match the enrollment information you provided on your Census Registration Form.

Mailing Address: _____

Physical Address: _____

Home Telephone Number: (____) _____ Cell Phone Number: (____) _____

Child's First and Last Name must be written as registered in the school's records. Please print clearly.

Child's First Name	Child's Last Name	School of Attendance/Grade Level

Please Print Parent/Guardian Name

Please Print Parent/Guardian Email Address

Parent/Guardian Signature

Date

Please Print Parent/Guardian Name

Please Print Parent/Guardian Email Address

Parent/Guardian Signature

Date

Onteora Central School District Health Services

Physical Examination

Dear Parent/Guardian:

A physical examination of each new entrant to the Onteora Central School District and for students in grades K, 1, 3, 5, 7, 9, and 11 is required by New York State Education Law. This includes students transferring from another district. New York State Law requires that a licensed physician certified to practice medicine in New York State conduct the physical examination. A nurse practitioner or physician's assistant, in collaboration with a physician, may also conduct the physical examination.

Your family doctor is best able to make this examination because:

- He/she is familiar with your child and his/her history.
- He/she has facilities in the office which are not available in the school including immunizations.
- He/she can advise you immediately regarding any condition that is found to need attention.

If your child is examined by your family physician, please have him/her record findings of the examination on the enclosed form.

Students in grades 7 through 12 considering participation in interscholastic activities, please note additional information on page 2 of the health appraisal form.

If this form is not returned to school by September 1st or 15 days after registration, the school reserves the right to request that the school practitioner conduct a medical appraisal of your child.

Dental Examination

A dental examination is recommended for students. If your child sees a dentist, please complete and return the enclosed optional Dental Health Certificate.

Medication Administration

If it becomes necessary for a student to take any form of medication at school, the following steps must be followed:

1. A written order from the physician must be obtained which includes the student's name, medication, dosage, and time to be given at school and route of administration.
2. Permission must be given in writing by you, the parent/guardian, in order for the medication to be given at school.
3. The medication must be delivered to the school in its original pharmacy container, properly identified with the student's name, date prescribed, name of medication, dosage, and instructions for administering.
4. The medication must be kept in the health office in a locked cabinet.
5. At no time should a student have prescription or non-prescription medication/drugs on them (i.e. Tylenol, aspirin, Advil, alcohol based hand sanitizer, etc.).

School personnel may not administer any medications including over-the-counter medications, unless the above conditions have been met.

Some conditions may necessitate that a child carry and self-administer his/her medication. Examples would be an inhaler for severe asthma or an Epi-pen for serious bee sting allergies. The school should have knowledge of these medications prior to a student bringing them into school. ADHD medication, anti-seizure drugs, and antibiotics are examples of non-emergency medications, and must be administered through the nurse's office. If you believe your child has potential emergency health needs, please consult with the school nurse to develop an emergency care plan. Students may not possess, consume, or distribute any type of medication without the approval of the school's administration and/or health office.

A medication administration order is included on the Health Appraisal Form for your child's physician to complete. You must also sign where indicated on the form in order for the prescribed medication to be administered at school.

These policies and procedures are necessary to ensure the health and safety of the entire student body. We appreciate your cooperation and compliance.

ONTEORA CENTRAL SCHOOL DISTRICT

High School/Middle School 657-2373
Bennett Elementary School 657-2354

Phoenicia Elementary School 688-5580
Woodstock Elementary School 679-2316

School Health Services

The district's School Health Services program supports your student's academic success by promoting health in the school setting. One way that we provide care for your student is by performing the health screenings as mandated by the State of New York.

During this school year, the following screenings will be required or completed at school:

Vision

- Distance acuity for all newly entering students and students in Kindergarten, Grades 1, 3, 5, 7 and 11.
- Color perception screening for all newly entering students.
- Near vision acuity for newly entering students, and students in Kindergarten, Grades 1, 3, 5, 7 and 11.

Hearing

- Hearing screening for all newly entering students and students in Kindergarten, Grades 1, 3, 5, 7 and 11.

Scoliosis

- Scoliosis (spinal curvature) screening for boys in Grade 9 and girls in Grades 5 and 7.

Health Appraisals

- A physical examination including Body Mass Index and Weight Status Category. A physical is required for all newly entering students and students in Kindergarten, Grades 1, 3, 5, 7, 9 and 11. If we do not receive a physical by your primary care physician by the first day of school, a school physical will be scheduled.

Dental Certificates

- A dental certificate is requested for all newly entering students and students in Kindergarten, Grades 1, 3, 5, 7, 9 and 11.

A letter will be sent home if there are any findings on the screening done at school that would cause concern or need medical follow-up. Please call the school's Health Office if you have any questions or concerns.

ONTEORA CENTRAL SCHOOL DISTRICT

Immunization Requirements for Entering Students

New York State Public Health Law, Section 2164, mandates that schools shall not permit a child to be admitted unless the person in parental relation provides the school with a certificate of immunization or proof from a primary care provider, nurse practitioner, or physician's assistant that the child has received or is in the process of receiving the required immunizations.

Vaccine	Kindergarten - 5	Grade 6 - 11	Grades 12
Diphtheria, Tetanus, Pertussis (DTaP, DPT, Tdap)	4 to 5 doses*	3 doses*	3 doses
Tetanus, Diphtheria, Pertussis (Tdap)		1 dose†	1 dose
Polio (IPV or OPV)	3-4 doses* last dose must be after 4 years old	3 to 5 doses*	3 doses
Measles, Mumps, Rubella (MMR)	2 doses*	2 doses*	2 doses
Hepatitis B	3 doses*	3 doses*	3 doses
Varicella (chickenpox)	2 doses*	2 doses*	1 dose
Vaccine	Grade 7- 10	Grade 12	
Meningococcal Vaccine Types A, C, W, Y	1 dose	2 doses or 1 dose if the dose was received at age 16 or older ^a	

†at age 11 *given at proper intervals ^asecond dose must be after age 16 or a third dose is required

Immunization records from a previous school must be signed by a health care provider. All documentation must specify the exact date the immunization was given. It is the responsibility of the parent or guardian to supply satisfactory evidence of immunization. A parental statement that a child's immunization record is lost or unobtainable, or that the child has had the disease is not acceptable.

A child may be exempted from the immunization requirements if the parent or guardian holds genuine and sincere religious beliefs contrary to the practice of immunizations. The proper forms can be obtained from your child's school office or health office.

Parent's Acknowledgment of Immunization Requirements (Please return this page to the Health Office)

Student Name: _____ Grade/Building: _____

I understand the immunization requirements as explained above and the penalty for non-compliance.

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____

ONTEORA CENTRAL SCHOOL DISTRICT

High School/Middle School - (845)657-2373
Bennett Elementary – 657-2354

Phoenicia Elementary – 688-5580
Woodstock Elementary 679-2316

*******MUST BE RENEWED ANNUALLY*******

The Onteora School District is utilizing a computerized student records management program that includes school health records. The health office will have the capability to provide your child's teacher(s) and other appropriate school personnel with medical information about your child. Information that is important to share includes such conditions as bee sting or food allergies, breathing problems, diabetes, attention problems, and any other health problems that could interfere with your child's learning. Additionally, alerting teachers to medications and treatments will help us meet your child's educational and health needs.

Please write all information you want shared and sign below, to give your school nurse permission to share health information about your child with school personnel. And if you have any questions or concerns, please call your school nurse.

Please share my child's health information with his/her teacher and other school personnel. This release of information is in effect for the 20____-20____ school year. I will inform the health office of any changes in my child's condition, medication, or treatment.

Additional health conditions, medications, and treatments to share with teachers and other school personnel: *(Please write all information you want shared on the lines below.)*

Child's Name

Parent's Signature

Grade

Date

*******PLEASE RETURN TO YOUR SCHOOL NURSE*******

Revised 8/20/18

ONTEORA CENTRAL SCHOOL DISTRICT
HEALTH AND DEVELOPMENTAL INFORMATION

Student's Name: _____ Sex: M F

Date of Birth: _____ Place of Birth (City/State/Country): _____

Parents/Guardians: 1. _____ 2. _____

Family Doctor/Health Care Provider: _____ Phone: _____

Family Dentist: _____ Phone: _____

Primary language spoken in the home: _____

Health and Developmental History:

Please describe any problems during the pregnancy with this child: _____

Was this infant premature? ☐ yes ☐ no Birth weight? _____ Type of delivery? _____

Did this infant have any problems at birth (e.g. jaundice)? _____

At what age did this child roll over? _____ sit alone? _____ creep/crawl? _____ walk? _____

say single words? _____ say sentences? _____ complete toilet training? _____

HEALTH HISTORY Please give the date this child has had any of the following:									
Condition	Date	Condition	Date	Condition	Date	Condition	Date	Condition	Date
Anemia		Chickenpox		Frequent colds/URI		Mononucleosis		Scarlet fever	
Asthma		Diabetes: Type <input type="checkbox"/> 1 <input type="checkbox"/> 2		Heart disease		Nephritis/UTI		Seizure disorder	
Bronchitis		Ear infections		Hepatitis: Type _____		Pneumonia		Whooping cough	
Other (explain): _____				Serious injury (explain): _____					
				Surgery (explain): _____					
PPD	Date:	Results:	Date:	Results:	Date:	Results:	Date:	Results:	Lead
									Date: Results:

Medical Conditions: Please check YES or NO and explain any "YES" briefly in the space provided.

Condition:	Explanation:
Allergies	YES <input type="checkbox"/> NO <input type="checkbox"/> _____
Vision	YES <input type="checkbox"/> NO <input type="checkbox"/> _____
Hearing/Ear Conditions	YES <input type="checkbox"/> NO <input type="checkbox"/> _____
Asthma/Breathing Problems	YES <input type="checkbox"/> NO <input type="checkbox"/> _____
Speech Difficulties	YES <input type="checkbox"/> NO <input type="checkbox"/> _____
Bleeding Problems	YES <input type="checkbox"/> NO <input type="checkbox"/> _____
Behavior Problems	YES <input type="checkbox"/> NO <input type="checkbox"/> _____
Seizures/Nerve Problems	YES <input type="checkbox"/> NO <input type="checkbox"/> _____
Kidney Problems	YES <input type="checkbox"/> NO <input type="checkbox"/> _____
Diabetes	YES <input type="checkbox"/> NO <input type="checkbox"/> _____
Eating Problems	YES <input type="checkbox"/> NO <input type="checkbox"/> _____
Frequent Colds/Sore Throats	YES <input type="checkbox"/> NO <input type="checkbox"/> _____
Heart Problems	YES <input type="checkbox"/> NO <input type="checkbox"/> _____
Other	YES <input type="checkbox"/> NO <input type="checkbox"/> _____

Is your child taking any medications currently? YES ☐ NO ☐

If yes, medication and dosage? _____

Will medication need to be administered at school? YES ☐ NO ☐

Has your child ever had a vision examination? YES ☐ NO ☐ Has your child ever had a hearing evaluation: YES ☐ NO ☐

Does your child wear glasses or a hearing aid? YES ☐ NO ☐ Reason: _____

Has your child been seen by any of the following Health Care Professionals?

Specialty	Name/Phone Number of Specialist	Date seen	Reason
Allergist			
Audiologist			
Cardiologist			
Endocrinologist			
Ear, Nose, and Throat			
Nephrologist/Urologist			
Neurologist			
Nutritionist			
Occupational Therapist			
Optometrist/Ophthalmologist			
Orthopedist			
Physical Therapist			
Psychiatrist			
Psychologist/Therapist			
Social Worker/Counselor			
Speech Pathologist			
Other			

Comments (please use additional sheet if necessary): _____

If your child has an allergy, please describe what happens when your child has an allergic reaction. Is medication needed to treat this allergy? If so, please list the medication(s): _____

If your child has a chronic illness (e.g. asthma, reactive airway, diabetes) or physical limitations, please describe. Does this condition limit participation in physical education, physical activities, or recess? _____

Is there any other information that the school should know in order to safeguard your child's health? _____

Have there been any recent changes in your child's life? YES ☐ NO ☐ Explain: _____

Describe anything else concerning the health, behavior, or development of this child which the school should know that might interfere with your child's educational experience: _____

If sharing any of the above information will enhance your child's academic experience, do you give permission for it to be communicated to the classroom teacher and other appropriate school personnel? YES ☐ NO ☐*

Parent/Guardian Signature: _____ Date _____

*If, in the nurse's professional judgment, the safety or health of your child would be compromised by not sharing specific information with key personnel, the nurse will act to protect your child.

Revised 12/20/17

Onteora Central School District Health Appraisal Form

STUDENT HEALTH EXAMINATION FORM (To be completed by private health care provider or school medical director)

Note: NYSED requires a physical exam for new entrants and students in Grades K, 1, 3, 5, 7, 9 & 11, interscholastic sports and working papers.

Name: _____ DOB: _____ Gender: ☐ M ☐ F
 School: _____ Grade: ☐ No Grade

IMMUNIZATIONS

- | | |
|--|--|
| <input type="checkbox"/> Immunization record attached
<input type="checkbox"/> Immunizations reported on NYSIIS
<input type="checkbox"/> No immunizations received today | <input type="checkbox"/> Immunizations received today:

<input type="checkbox"/> Will return on: _____ to receive: _____ |
|--|--|

HEALTH HISTORY

- ☐ **Asthma:** ☐ Intermittent ☐ Persistent ☐ Asthma Action Plan Attached
☐ **Diabetes:** ☐ Type I ☐ Type 2 ☐ Hyperlipidemia ☐ Hypertension ☐ Diabetes Medical Mgmt Plan Attached
☐ **Seizures** Type: _____ Last Occurrence: _____ ☐ Emergency Care Plan Attached
☐ **Allergies:** ☐ Non Life-Threatening ☐ Life-Threatening ☐ Emergency Care Plan Attached
 Type: ☐ Food ☐ Insect ☐ Latex ☐ Medication ☐ Seasonal/Environmental ☐ Other:
 Allergen(s): _____
☐ Hx of Anaphylaxis: Last occurrence: _____ Previous symptoms: _____
 Treatment prescribed: ☐ None ☐ Antihistimine ☐ Epinephrine Autoinjector

Significant Medical/Surgical Information:	Diagnostic Tests	Positive	Negative	Not Done	Date
	Sickle Cell Screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	PPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Elevated Lead:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

☐ Vision one eye only ☐ One functioning kidney ☐ One testicle ☐ Concussion - Last occurrence: _____

PHYSICAL EXAMINATION *****EXAM DATE _____*****

Height:	Weight:	BP:	Active Pulse:	Resting Pulse:	Respirations:		
Scoliosis: <input type="checkbox"/> Negative <input type="checkbox"/> Positive Degree of deviation: Angle of trunk rotation via scolliometer: Weight Status Category (BMI Percentile): BMI _____ Percentile _____ <input type="checkbox"/> <5 th <input type="checkbox"/> 5 th —49 th <input type="checkbox"/> 50 th —84 th <input type="checkbox"/> 85 th —94 th <input type="checkbox"/> 95 th —98 th <input type="checkbox"/> 99 th & higher			Vision	Right	Left	Referral	
			Distance acuity			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Distance acuity with lenses			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Vision - near vision			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Vision - color perception	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Hearing	Right	Left	Referral	
			<input type="checkbox"/> 20 db sweep screen both ears or			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Check developmental stage (ONLY for Athletic Placement Process for 7th & 8th graders): Tanner: ☐ I ☐ II ☐ III ☐ IV ☐ V

Hernia check ☐ WNL ☐ Abnormal Specify any abnormalities: _____

☐ SYSTEM REVIEW AND EXAM ENTIRELY NORMAL ☐ Additional information attached
 Specify any abnormalities: _____

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

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

☐ **Restrictions/Adaptations.** Please base restrictions/modifications on the following Interscholastic Sports Categories.

☐ **No Contact Sports** includes: basketball, baseball, field hockey, ice hockey, lacrosse, soccer, football, softball, volleyball, competitive cheerleading and wrestling

☐ **No Non-Contact Sports** includes: archery, bowling, cross-country, golf, gymnastics, rifle, swimming and diving, skiing, tennis, track & field, fencing, badminton

☐ **Other Specific Restrictions:**

Accommodations /

☐ Athletic Cup

☐ Insulin Pump/Insulin Sensor

☐ Pacemaker

Protective

☐ Brace/Orthotic

☐ Medical /Prosthetic Device

☐ Sports Safety Goggles

Equipment:

☐ Hearing Aides

☐ Other:

MEDICATION HISTORY (optional)

Please list names of prescribed or OTC medications used on a routine basis at home

_____	_____
_____	_____
_____	_____

PROVIDER REQUEST FOR MEDICATION REQUIRED DURING SCHOOL/SCHOOL SPONSORED EVENTS - VALID 1 YEAR

Diagnosis	ICD Code	Medication Name	Dose	Route	Time

Independent Carry and Use Option: NYS law requires both provider attestation that the student has demonstrated they can effectively self-administer inhaled respiratory rescue medication, epinephrine autoinjector, insulin, glucagon and diabetes supplies, or other medications requiring rapid administration along with parent/guardian permission to allow this option in schools.

☐ **Required Independent Carry and Use Attestation documentation is attached.**

REQUIRED PARENT/GUARDIAN PERMISSION FOR MEDICATION USE AT SCHOOL

Parent/Guardian Permission: I request the school nurse give the medications listed on this plan; or after the nurse determines my child can take their own medications, trained staff may assist my child to take their own medications. I will provide the medication in the original pharmacy or over the counter container. This plan will be shared with staff caring for my child

Parent/Guardian Signature: _____

HEALTH CARE PROVIDER

All information contained herein is valid through the last day of the month for 12 months from the date of exam.

Medical Provider Signature: _____

Date: _____

Provider Name: (please print): _____

Phone #: () _____

Provider Address: _____

Fax #: () _____

Return to:

School Nurse: _____

School: _____

Phone #: () _____

Fax: () _____

Date: _____

ONTEORA CENTRAL SCHOOL DISTRICT

High School/Middle School – (845)657-2373, Bennett Elementary - 657-2354, Phoenicia Elementary - 688-5580, Woodstock Elementary 679-2316

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: new entrant and students in Grades K, 1, 3, 5, 7, 9 & 11. 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 dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

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

Child's Name:			Last	First	Middle
Birth Date:	/	/	Sex: <input type="checkbox"/> Male	Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Month	Day	Year	<input type="checkbox"/> Female	
School: Name				Grade	

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

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

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

Parent's Signature _____ Date _____

Section 2. To be completed by the Dentist

I. The Dental Health condition of _____ on _____ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

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

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

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

Dentist's name and address (please print or stamp) _____ Dentist's Signature _____

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

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

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

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

☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

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

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

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

Middle/High 657-2373
Woodstock 679-2316

Provider and Parent Permission to Administer Medication at School/School Sponsored Events

To Be Completed By Parent:

Student Name: _____		DOB: _____
Grade: _____	Teacher/HR: _____	School: _____
<p>I request the school nurse give the medication listed on this plan; or after the nurse determines my child can take their own medications, trained staff may assist my child to take their own medications. I will provide the medication in the original pharmacy or over the counter container. This plan will be shared with school staff caring for my child. I understand that the school nurse may be in touch with my health care provider to clarify medication orders.</p>		
_____ Parent/Guardian Signature		_____ Date
_____ Email	_____ Phone Where We Can Reach You	
	<input type="checkbox"/> Check if Cell	

To Be Completed By Health Care Provider (Valid for 1 Year):

Diagnosis: _____

Medication: _____

Dose _____ Route _____ Time(s) _____

Recommendations _____ ICD Code _____

****Note:** Medication will be given as close to the prescribed time as possible, but may be given up to one hour before or after the prescribed time. Please advise if there is a time-specific concern regarding administration.

☐ **Independent Carry and Use Attestation Attached (Required for Independent Carry and Use)**

NYS law requires both provider attestation that the student has demonstrated they can effectively self-administer inhaled respiratory rescue medications, epinephrine auto-injector, Insulin, carry glucagon and diabetes supplies or other medications which require rapid administration along with parent/guardian permission delivery to allow this option in school. Check this box and attach the attestation to this form to request this option.

Name/Title of Prescriber (Please Print)		Date	Stamp
Prescriber's Signature		Phone	

Return to:

School Health Office: _____ School Address: _____
Phone: (845) _____ Fax: (845) _____ Email _____

Onteora Central School District

Bennett 657-2354
Phoenicia 688-5580

Middle/High School 657-2373
Woodstock 679-2316

PROVIDER AND PARENT PERMISSIONS REQUIRED FOR INDEPENDENT MEDICATION CARRY AND USE

Directions for the Health Care Provider: This form may be used as an addendum to a medication order which does not contain the required diagnosis and attestation for a student to independently carry and use their medication as required by NYS law. A **provider order** and **parent/guardian permission** is needed in order for a student to carry and use medications that require rapid administration to prevent negative health outcomes. These medications should be identified by checking the appropriate boxes below.

Student Name: _____ **DOB:** _____

Health Care Provider Permission for Independent Use and Carry:

I attest that this student has demonstrated to me that they can self-administer the medication(s) listed below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency. This order applies to the medications checked below:

This student is diagnosed with:

- ☐ Allergy and requires Epinephrine Auto-injector
- ☐ Asthma or respiratory condition and requires Inhaled Respiratory Rescue Medication
- ☐ Diabetes and requires Insulin/Glucagon/Diabetes Supplies
- ☐ _____ which requires rapid administration of _____
(State Diagnosis) (Medication Name)

Signature: _____ **Date:** _____

Parent/Guardian Permission for Independent Use and Carry:

I agree that my child can use their medication effectively and may carry and use this medication independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency.

Signature: _____ **Date:** _____

Please return to:

School Health Office:	Building:
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