INSTRUCTIONS: BASIC INFORMATION FOR SCHOOL PRE-SCHOOL REGISTRATION FORM

1. All Applicants **MUST** complete Numbers 1, 2, 3, 4 and **sign and have notarized the bottom of page 3.**
   Attach the following:
   - Original Birth Certificate or Passport
   - Proof of residency
   - Child's physical and immunization record

2. **DIVORCED OR SEPARATED PARENTS with** current custody orders must submit the Court Order **or** divorce papers stating that registering parent has residential custody.

3. **FOSTER PARENTS** must complete Sections 1 through 6 and submit a copy of BSW-241 or DSS2999 form. The DDS social worker (legal guardian) **MUST SIGN THE APPLICATION.**

4. **LEGAL GUARDIANS OR LEGAL CUSTODIANS** must complete Sections 1 through 6 and attach a certified copy of the Court Order and Affidavit Forms C & D. (Persons other than natural parents claiming a custodial relationship without a Court Order, must complete Sections 1 through 6 and Affidavit Forms C & D). **Forms C and D must be requested.**

5. **RENTERS:** If you are renting a home, please sign and notarize the Renter's Affidavit and have the landlord sign and notarize the Owner's/Landlord's Affidavit. This would also apply if you are sharing a home or not paying rent.

6. If you own your home, you do **not** need to fill out the Landlord/Owner's Affidavit.

7. All applicants **MUST** complete the following forms: Housing Questionnaire, Home Language Questionnaire, Student Racial and Ethnic Identification form, Student Emergency form, and Health History form.

8. All applicants **MUST** read and sign the Internet Use Agreement and the Records Release form

9. **Please read instructions carefully.** Not all forms will apply.

RESIDENCY INFORMATION:*

HOMEOWNERS: If you own a home, you must attach the following; recent mortgage statement or deed, or county or school tax receipt, **AND** two utility bills. **DO NOT COMPLETE FORMS A OR B.**

RENTERS/LESSEES: If you are **Renting** or **Leasing** an apartment or home, submit your lease or rental agreement if available and complete Affidavit **Forms A & B**. Submit a recent utility bill. Have landlord complete **Form B** and provide a tax bill or a deed. If you do not have written rental or lease agreement, complete **Affidavit Forms A & B**, and submit a utility bill.

*Individuals who cannot provide any of the above documents must submit a written and notarized explanation as to why the document is unavailable.

CHECKLIST

HAVE YOU:	**YES**	**NO**	**N/A**
Completed Sections 1, 2, 3 and 4? **ALL REGISTRANTS**	____	____	____
Completed and had **NOTARIZED** all applicable Affidavit Forms A & B and/or C & D?	____	____	____
Attached the lease if you are leasing?	____	____	____
Obtained necessary **SIGNATURES** AND **NOTARIZATIONS** on **ALL** pertinent documents?	____	____	____
Include your child's **BIRTH CERTIFICATE WITH RAISED SEAL OR PASSPORT.**	____	____	____
Enclosed two utility bills (LIPA, Telephone) for proof of residence in the East Moriches School District?	____	____	____
Enclosed a divorce decree or custody papers, if applicable?	____	____	____
Completed child's physical examination. Physical must be performed by a New York State physician Up to 12 months prior to the commencement of the school year in which the examination is required	____	____	____

East Moriches Union Free School District

Special Education Office

523 Montauk Highway

East Moriches, NY 11940

631-878-0162 Fax 631-909-7515

CPSE REFERRAL

Child's Name: ________________________________DOB: ______________Date of Referral________

Address: ____

____

Parent/Guardian Name: ____

Current School or Services: ____

Teacher/Therapist: ____

Reason/s for Referral____

____

____

____

____

Attempts to Resolve the Situation: ____

____

____

____

Parent/Guardian Signature: ______________________**Date received by CPSE Chairperson**________

PLEASE PRINT USING BLACK INK

OFFICIAL USE ONLY
Application issued________
Complete application received______

EAST MORICHES UNION FREE SCHOOL DISTRICT
9 Adelaide Avenue
East Moriches, NY 11940
Tel: 631-878-0162 Fax: 631-909-1379

REGISTRATION FORM

BIRTH CERTIFICATE WITH RAISED SEAL OR PASSPORT MUST BE SUBMITTED WITH THIS REGISTRATION FORM

1. Today, ________________, I am requesting permission to have the following child admitted to:

East Moriches Union Free School District

Student's Name: (Last, First, Middle)	Date of Birth	Grade	Sex
________________________________	____________	_____	_____

Country/State of Birth: ________________

2. Are you: ______Natural /Adoptive parent(s) (if there has been a divorce, refer to instruction sheet)
______Legal guardian (Court Appointed)
______Person in parental relationship
______Foster parent(s)

Parent/Guardian/Person in Custodial Relationship (Circle One)
Last Name__________________ First Name__________________ Middle Initial_____
Address____
Mailing Address, if different ____
Phone Number: Home( )___________ Work( )__________ Cell( )______________
Date of Birth__________________ Beeper( )_____________
Name of Employer____
Address of Employer____
Days Worked_______________ Hours Worked: From__________ To_____________

Parent /Guardian/Person in Custodial Relationship (Circle One)
Last Name__________________ First Name__________________ Middle Initial_____
Address____
Phone Number: Home( )___________ Work( )__________ Cell( )______________
Date of Birth__________________ Beeper( )_____________
Name of Employer____
Address of Employer____
Days Worked_______________ Hours Worked: From__________ To_____________

3. If the student is living with someone other than a parent or legally appointed guardian, give the address and telephone number of any living natural parents/guardians in spaces below. If both parents are deceased, provide copies of death certificates.

NOT APPLICABLE __________(Check)

Name____________________________________ Relationship______________________

Address___________________________________ Zip________Phone # (   )______________

Name______________________________________ Relationship______________________

Address___________________________________ Zip________Phone# (   )______________

4. General Student Information:

Total years your child has been schooled in the United States________

Last School attended__________________________________ Last Date of Attendance____________

Address____

Phone Number________________________________

Is/was your child in Special Education: Yes________ No_______ (Check one)

If yes, please provide a copy of the current IEP (Individual Educational Program)

Student's last home address when in attendance at the previous school:

Street______________________________ Town________________ Telephone#____________

Name of Parent/Guardian at that previous address_____________________________________

HAS THE STUDENT EVER ATTENDED EAST MORICHES UNION FREE SCHOOL DISTRICT?

YES___________ NO____________

List the names of all children who live with you, whether in or out of school.

	Name	Date of Birth	School	Grade
1.				
2.				
3.				
4.				
5.				
6.				

5. If the student is a FOSTER CHILD, foster parents must have a social worker sign this document. In addition, complete forms BSW-241 or DSS-2999.

Type of Education: Academic____________ Occupational___________

Special Education_________ School District of Origin_____________________________________

6. **THE FOLLOWING QUESTIONS MUST BE ANSWERED WHEN APPLICATION FOR ADMISSION IS FILED BY PERSONS OTHER THAN A NATURAL PARENT. NOTE: The school retains the right to temporarily delay completion of this registration pending evaluation of the facts presented in this or any other portion of this application.**

   a) Why is the child not living with his/her natural or adoptive parent?______________________________

   ____

   b) Does the student live in your home exclusively? Yes No (Circle One)
   c) Is this a temporary or permanent relationship?______________________________________
   d) How often will the natural parents see the child?______________________________________
   e) What percentage of financial support will be made by the natural parents?______________________

   ____

   f) What percentage of financial support will be made by you?______________________________

****

Under PENALTIES OF PERJURY, the statements contained in this application are true. I understand that the statements in this application are subject to verification by the School District and that false statements could subject me to transportation and/or tuition charges where applicable. I also understand that it is my responsibility to notify the school of any changes or circumstances affecting this application. ANY FALSE STATEMENTS MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

______________________ **Date**	______________________ **Date**
______________________ **PRINT Name of Mother/Guardian**	______________________ **PRINT Name of Father/Guardian**
______________________ **Signature Mother/Guardian** **Sworn to before me** **this day of**	______________________ **Signature Father/Guardian** **Sworn to before me** **this day of**
______________________ **Notary Public**	______________________ **Notary Public**

NOTE TO SCHOOLS/LEAS: Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the **student is not required to submit proof of residency** and other required documents that may be part of the registration packet.

HOUSING QUESTIONNAIRE

Name of LEA: ____

Name of School: ____

Name of Student: ____

Last First Middle

Gender: ☐ Male ☐ Female

Date of Birth: _____/_____/_____ (*Month Day Year*)

Grade: ____ (*preschool-12*)

ID#: ____________ (*optional*)

Address: ______________________________

Phone: __________________

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (*Please check* ***one*** *box.*)

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

____

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

____

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

____

Date

If **ANY box other than "In Permanent Housing" is checked,** , then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled.** **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

NOTE TO SCHOOLS/LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

East Moriches Union Free School District

FORM
SREI

THIS FORM MUST BE COMPLETED
STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/Guardian: The *East Moriches Union Free School District* has adopted a policy which requires the collection and recording of the ethnic identity of students in the *East Moriches Union Free School District* in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Study the movement of students in different ethnic groups as they move from school to school.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check (√) in the box for the category or categories which best describe your child. The *East Moriches Union Free School District* understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student's permanent record as confidential information

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number

Please complete the form following this page.

East Moriches Union Free School District

FORM SREI

STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School:

School District Student Identification Number:	Date of Birth (Month/Day/Year): / /

Student Name: Last, First, Middle:	Grade Level:

DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check (√) the box that best describes your child.] Check (√) only ONE box.

1. **Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

☐ **YES, Hispanic**

☐ **NO, not Hispanic**

2. **Select one or more races from the following five racial groups** [For question (2) Check (√) all groups that apply to your child; check (√) **at least** ONE box.]:

☐ **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

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

☐ **BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.

☐ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

______________________________ Signature of Parent/Guardian/Other

______________ Date

Relationship to Student (please check one box below):

☐ Mother ☐ Father ☐ Guardian ☐ Other (Specify): ______________

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:

Month | Day | Year

GENDER:
- ❑ 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.)

Question			
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 ________ specify ❑ Guardian(s) ________ specify	❑ Father ________ specify	
4. What language(s) does your child understand?	❑ English	❑ Other ________ specify	
5. What language(s) does your child speak?	❑ English	❑ Other ________ specify	❑ Does not speak
6. What language(s) does your child read?	❑ English	❑ Other ________ specify	❑ Does not read
7. What language(s) does your child write?	❑ English	❑ Other ________ specify	❑ Does not write

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

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

Home Language Questionnaire (HLQ)—Page Two

Educational History

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

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

*Yes** ☐ *No* ☐ *Not sure* ☐ *If yes, please explain: ____________

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

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

10b. **If referred for an evaluation,* has your child ever *received* any special education services in the past?
☐ No ☐ Yes – Type of services received: ____________

Age at which services received *(Please check all that apply):*
☐ Birth to 3 years (Early Intervention) ☐ 3 to 5 years (Special Education) ☐ 6 years or older (Special Education)

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

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

____

____

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

____________ *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 QUALIFIED 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:

RENTER'S/NON-OWNER'S AFFIDAVIT

FORM A-Page 1

____
STUDENT'S NAME (Print last name, first name)

STATE OF NEW YORK)
)ss:
COUNTY OF __________)

_______________________, being duly sworn, deposes and says:
(Name)

1. **I understand that this statement is being made UNDER THE PENALTIES OF PERJURY in order that my Child/Ward may be admitted to the East Moriches School Union Free School District as a district resident. I further understand that if my Child/Ward is found not to be a legitimate resident of the East Moriches Union Free School District that I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE SCHOOL DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE to the first day of admission. I also realize that theft of governmental services is a crime punishable under the State Penal Law and that a false statement made in connection with this application will make me liable to criminal prosecution. I have been informed that the school district will make unannounced home visits for purposes of residency verification.**

2. **I ______________________________ am the (PARENT/GUARDIAN/CUSTODIAL PARENT) of the above named Child/Ward. I reside at (state address and specify the exact nature of the space: basement apartment, second floor apartment, number of rooms, etc.) _______**

____
____
____

with my Child/Ward, and

1______________________________	**7**______________________________
2______________________________	**8**______________________________
3______________________________	**9**______________________________
4______________________________	**10**_____________________________
5______________________________	**11**_____________________________
6______________________________	**12**_____________________________

(LIST EACH AND EVERY OTHER PERSON LIVING AT THE ABOVE ADDRESS).

This is my actual and only permanent residence. My Child/Ward lives with me and said address is his/her actual and only permanent residence.

3. My last address was ____

where I lived with

1__________________________7__________________________
2__________________________8__________________________
3__________________________9__________________________
4__________________________10_________________________
5__________________________11_________________________
6__________________________12_________________________
(LIST EACH AND EVERY PERSON WHO LIVED AT THE ABOVE ADDRESS).

I began living at____

(CURRENT ADDRESS) on__________________(DATE). My living arrangement is governed by

(CHECK APPROPRIATE BOX):

- ☐ a formal lease (attach copy of lease and Owner's Affidavit – Form B)
- ☐ other (attach rental agreement or realtor's statement and Owner's Affidavit, - Form B).

The terms and conditions of my tenancy are as follows (specify rent, etc.):

MONTHLY RENT:____
DURATION OF TENANCY:______________________________________
____

____
Print Name

Sworn to before me
this________day of________, 200_

____
SIGNATURE OF RENTER/NON-OWNER

____
NOTARY PUBLIC

ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

LANDLORD'S/OWNER'S AFFIDAVIT

FORM B-Page 1

____
STUDENT'S NAME (Print last name, first name)

STATE OF NEW YORK)
)ss:
COUNTY OF __________)

Attach Deed or Mortgage Statement (or Tax Bill)

_____________________, being duly sworn, deposes and says:
(Name)

1. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that the above mentioned child/ward may be admitted to the East Moriches School Union Free School District as a district resident.

2. I am the legal owner of ____(ADDRESS)
A COPY OF DEED, MORTGAGE STATEMENT OR TAX BILL MUST BE ATTACHED
The terms and conditions of said tenancy are as follows: (Specify Rent, etc.)
(Attach copy of Lease). ____
____
____

3. To the best of my knowledge the above mentioned property is the current residence of __________________(NAME OF PARENT/GUARDIAN) and the Child/Ward named above.

4. The following names include ALL other persons living at this address:

1	______________________	7	______________________
2	______________________	8	______________________
3	______________________	9	______________________
4	______________________	10	______________________
5	______________________	11	______________________
6	______________________	12	______________________

____
Print Name

Sworn to before me
this________day of________, 200_

____
SIGNATURE OF OWNER

____
NOTARY PUBLIC

ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

2020-21 School Year
New York State Immunization Requirements for School Entrance/Attendance[1]

NOTES:
Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

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

NEW YORK STATE | Department of Health

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

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

STUDENT INFORMATION

Name:	Sex: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No ☐ Yes, indicate type	☐ Medication/Treatment Order Attached ☐ Food ☐ Insects ☐ Latex ☐ Medication	☐ Anaphylaxis Care Plan Attached ☐ Environmental
Asthma ☐ No ☐ Yes, indicate type	☐ Medication/Treatment Order Attached ☐ Intermittent ☐ Persistent ☐ Other : ________	☐ Asthma Care Plan Attached
Seizures ☐ No ☐ Yes, indicate type	☐ Medication/Treatment Order Attached ☐ Type: ________	☐ Seizure Care Plan Attached Date of last seizure: ________
Diabetes ☐ No ☐ Yes, indicate type	☐ Medication/Treatment Order Attached ☐ Type 1 ☐ Type 2 ☐ HbA1c results: ________	☐ Diabetes Medical Mgmt. Plan Attached Date Drawn: ________

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

BMI________kg/m2 **Percentile (Weight Status Category):** ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and>

Hyperlipidemia: ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

TESTS	Positive	Negative	Date	Other Pertinent Medical Concerns
PPD/ PRN	☐	☐		One Functioning: ☐ Eye ☐ Kidney ☐ Testicle
Sickle Cell Screen/PRN	☐	☐		☐ Concussion – Last Occurrence: ________
Lead Level Required Grades Pre- K & K			**Date**	☐ Mental Health: ________
☐ Test Done ☐ Lead Elevated ≥ 10 μg/dL				☐ Other:

☐ **System Review and Exam Entirely Normal**

Check Any Assessment Boxes *Outside* Normal Limits And Note Below Under Abnormalities

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

☐ Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code
	________	________
	________	________
	________	________
☐ Additional Information Attached	________	________

Name:				DOB:
SCREENINGS				
Vision	**Right**	**Left**	**Referral**	**Notes**
Distance Acuity	20/	20/	☐ Yes ☐ No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color ☐ Pass ☐ Fail				
Hearing	**Right** dB	**Left** dB	**Referral**	
Pure Tone Screening			☐ Yes ☐ No	
Scoliosis Required for boys grade 9	**Negative**	**Positive**	**Referral**	
And girls grades 5 & 7	☐	☐	☐ Yes ☐ No	
Deviation Degree:		Trunk Rotation Angle:		
Recommendations:				

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

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

☐ **Restrictions/Adaptations** Use the Interscholastic Sports Categories (below) for Restrictions or modifications

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

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

☐ **Other Restrictions:**

☐ **Developmental Stage for Athletic Placement Process ONLY**

Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports

Student is at **Tanner Stage:** ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ **Accommodations:** Use additional space below to explain

☐ Brace*/Orthotic ☐ Colostomy Appliance* ☐ Hearing Aids

☐ Insulin Pump/Insulin Sensor* ☐ Medical/Prosthetic Device* ☐ Pacemaker/Defibrillator*

☐ Protective Equipment ☐ Sport Safety Goggles ☐ Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: ______________________________

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School attached**

List medications taken at home:		

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS Received Today: ☐ Yes ☐ No

HEALTH CARE PROVIDER

Medical Provider Signature:	**Date:**
Provider Name: *(please print)*	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child's School When Entirely Completed.