Student Residency Questionnaire

Note: The Bethlehem Central School District uses this page to help identify students in homeless situations as required by the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C.11435. Answers to this residency information help determine the services the student may be eligible to receive. Assistance is provided by our Homeless Liaison, Mr. David F. Hurst. He can be reached at (518) 439-3102 or in the Educational Service Center at 700 Delaware Avenue.

Name of School: ____________________________________________________________

Name of Student: __________________________________________________________

Sex: Male

Female

Last
First
Middle

Birth Date ______/______/_______                 Grade: _________    Student ID #: ________________

Month    Day        Year
(optional)

Address: ____________________________________________________________ Phone: ________________________

Where is the student currently living? (Check one box.)

In a motel/hotel
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 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 the student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. The district’s LEA liaison is required to assist the student obtaining any necessary documents, including immunization or school records after the student has been enrolled.
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Dear Parents:

Welcome to Bethlehem Central School District. Enclosed are the registration forms to be filled out completely and neatly. Along with the forms enclosed, please bring the following documentation when registering your child, to Central Registration located at 700 Delaware Avenue, Delmar, NY 12054:

- **Proof of Residency**
  
  - A copy of a resident lease or proof of ownership of a house or condominium, such as a deed or mortgage statement; or
  
  - A statement by a third-party landlord, owner or tenant from whom the parent or person in a parental relationship leases or with whom they share property within the District, which may be sworn or unsworn; or
  
  - Such other statement by a third party relating to the parent or person in parental relation’s physical presence in the District; or
  
  - Other forms of documentation and/or information establishing physical presence in the District which may include but are not limited to:
    - Pay stub;
    - Income tax form;
    - Utility or other bills;
    - Membership documents (e.g., library cards) based upon residency;
    - Voter registration documents(s);
    - Official driver’s license, learner’s permit or non-driver identification;
    - State or other government issued identification; or
    - Documents issued by federal, state or local agencies (e.g., local social service agency, Federal Office of Resettlement).
- **Proof of Age**

  • A certified transcript of a birth certificate; or
  
  • A record of baptism confirming the date of birth for the child to be enrolled in the District (a foreign birth certificate of record of baptism will also be accepted).

If a certified transcript of a birth certificate or a record of baptism is not available, please submit a copy of the child’s passport. A foreign passport will be accepted.

In the event you cannot provide a passport, the District will consider an executed written affidavit of the child’s age or any of the following documents as long as it was issued two or more years ago:

1. Official driver’s license;
2. State or other government issued identification;
3. School photo identification with date of birth;
4. Consulate identification card;
5. Hospital or health records;
6. Military dependent identification card;
7. Documents issued by federal, state or local agencies, such as local social service agency or federal Office of Refugee Resettlement;
8. Court orders or other court-issued documents;
9. Native American tribal document; or
10. Records from non-profit international aid agencies and voluntary agencies.

- **Proof of Custody and/or Lawful Residence**

  In order for the District to confirm your custody of and/or lawful residence with your child, please submit either:

  • A written affidavit indicating that you are the parent(s) with whom the child lawfully resides; or

  • A written affidavit indicating that you are the person(s) in a parental relation to the child, over whom you have total and permanent custody and control and describing how you obtained total and permanent custody and whether it is through a guardianship or otherwise.

  • A judicial custody order or guardianship papers may, but need not be, submitted.

The District will also accept other proof of custody and/or lawful residence such as documentation which indicates that the child has been placed by a federal agency with a sponsor.

- **Current Immunization Record (official record signed by physician)**
The student’s recent report card, standardize test results, I.E.P., or any other information from the previous school would be helpful.

**Enrollment and Registration Process:**

Upon request, your child will be enrolled and permitted to attend school in the District the next school day, or as soon as practicable.

Within three (3) business days of the child’s initial enrollment, the Board of Education (“Board”), or its designee, will review all of the registration/enrollment documentation submitted and determine whether the child is entitled to attend school in the District. If it is determined that the child does not reside in the District, the Board, within two (2) business days, will issue a written notification confirming the basis for this determination and the date the child is to be excluded from the District. The written notification will also confirm the parent’s right to appeal the Board’s decision to the New York Commissioner of Education within thirty (30) days and advise that the instructions, forms and procedures for an appeal, including translated instruction forms and procedures can be found at the following:

- Online at the Office of Counsel, www.counsel.nysed.gov;
- Mail addressed to the Office of Counsel, New York State Education Department, State Education Building in Albany, New York 12234; or
- Calling the Appeals Coordinator at (518) 474-8927.

Thank you in advance for your cooperation with the District’s registration and enrollment process. I look forward to meeting you and if you have any questions, please feel free to call me at 439-2442.

Sincerely,

Melissa Haas,
Central Registrar
Have you been to Bethlehem Central’s website lately? Visit www.bethlehemschools.org to access all kinds of information about district activities, programs and announcements.

BC on Social Media

Follow us on Twitter! @BethlehemCSD
Get up-to-date district news, live-tweets of important district meetings, and answers to your questions.

Become a fan on Facebook! www.facebook.com/BethlehemSchools
View photos of what’s happening in our schools and receive updates on events and school activities.

Follow us on Instagram! @bethlehemschools
View photos and stories from our classrooms, athletics, the arts and from events across the district.

Aspen

www.bethlehemschools.org/aspen
Aspen is a password protected portal that offers parents and students online access to a secure site with personalized information about a student’s academic program and progress. Your contact information you share at registration is uploaded automatically to Aspen by our District Registrar.

Student report cards and bus schedules are posted to Aspen, as well as i-Ready progress reports K-8 and academic schedules for students in grades 6-12. Some teachers also use Aspen to post assignments and to communicate with individual students/families. Always be sure to keep your contact information up to date. When you have changes to your address, phone or email, please contact the District Registrar to make sure those changes are reflected in Aspen.

School Messenger

School Messenger is the mass notification system the district uses. Your contact information that is stored in Aspen is also used by the district to contact you in the event of an emergency using School Messenger. As long as the district has your correct contact information on file, you will receive these timely, important updates automatically.

The district also uses School Messenger to send updates to families about school-specific events, district news and announcements.

Messages are generally sent via email, from sender “Bethlehem CSD,” but when time is of the essence, the district will also use text messaging to reach staff, parents and guardians. You will receive emails automatically, but you must opt in to receive text messages. To do so, simply text “Y” to 67587 from the cell phone number you shared with the district when registering your child. When you do, you will receive a text confirmation that you are subscribed to receive text messages from BCSD. Please keep in mind that the district uses text messages for emergencies only or for when timely messages are essential such as when inclement weather causes a school closing or delay.

Welcome to Bethlehem Schools!

Stay connected to Bethlehem in many ways

For a large portion of the day, you leave your children in our care. The education of the students in our community is a responsibility we don’t take lightly, and something we know doesn’t stop when students leave school. Working together has always been a huge part of our process, so please stay connected!
STUDENT ENROLLMENT FORM

The information on this form is very important. **PLEASE PRINT CLEARLY.**

**Student Name** ___________________________________________ M or F Grade________

(First name, Middle initial, Last name) (Circle one)

Preferred Name____________________ Date of Birth________________ Home Phone ____________________________

Home Address_____________________________________________________________

(Number) (Street) (Town) (Zip Code)

Mailing Address (if different and/or P.O. box) ___________________________________________

Previous School District Attended: ___________________________________________

Has your child ever attended a Bethlehem school? YES or NO If Yes, When? _______________ Last Grade ____________

Name(s) of Brothers and Sisters residing with student: (Attach additional sheet if needed.)

<table>
<thead>
<tr>
<th>Name (First, Middle initial, Last)</th>
<th>M or F</th>
<th>Birth date (m/d/yy)</th>
<th>Grade</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Are there any restricted releases for this child? [Documentation required. Please attach.] ___________________________________________

**Parent 1 Name:** Dr. / Mr. / Mrs. / Ms. __________________________________________

(First name, Middle initial, Last name)

Relationship to student __________________________________________

Address (if different from student) __________________________________________

☐ Lives with Student ☐ Has Custody of Student ☐ Should Receive Student Mailings/Aspen

Home Phone ___________________________ Work Phone ___________________________ Cell Phone ___________________________

Primary Email Address: ___________________________________________

Employer’s Name: ___________________________ Position: ___________________________

**Parent 2 Name:** Dr. / Mr. / Mrs. / Ms. __________________________________________

(First name, Middle initial, Last name)

Relationship to student __________________________________________

Address (if different from student) __________________________________________

☐ Lives with Student ☐ Has Custody of Student ☐ Should Receive Student Mailings/Aspen

Home Phone ___________________________ Work Phone ___________________________ Cell Phone ___________________________

Primary Email Address: ___________________________________________

Employer’s Name: ___________________________ Position: ___________________________

(see backside)
If one (or both) parent(s) is/are currently on **active duty** in the U.S. Armed Forces, (active duty means full-time duty in the active military service of the Army, Navy, Air Force, Marine Corps or Coast Guard. It does **not** include full-time National Guard duty), please circle: **YES**

*If parent / guardian cannot be reached please contact:*

**Emergency Contact 1 Name:**  
Dr. / Mr. / Mrs. / Ms.  

*(First name, Middle initial, Last name)*

Relationship to student

Address

☐ Lives with Student  ☐ Has Custody of Student  ☐ Should Receive Student Mailings/Aspen

Home Phone  Work Phone  Cell Phone

Primary Email:

Employer’s Name: Position:

**Emergency Contact 2 Name:**  
Dr. / Mr. / Mrs. / Ms.  

*(First name, Middle initial, Last name)*

Relationship to student

Address

☐ Lives with Student  ☐ Has Custody of Student  ☐ Should Receive Student Mailings/Aspen

Home Phone  Work Phone  Cell Phone

Primary Email:

Employer’s Name: Position:

If your child has received special education services or accommodation through an Individualized Education Program (IEP) or a Section 504, please sign a consent for the release of special education records so that special education services can begin as soon as possible.

**Consent for release of special education records signed?**

☐ YES  ☐ NO

**Parent Statement:**

I certify the above information is true and correct. Any misinformation regarding residency may result in being billed to cover the cost of instruction and/or exclusion from attending the Bethlehem Central School District.

Parent Signature: ____________________________  Date: ____________________________

12/01/2016
HEALTH HISTORY FOR NEW ENTRANTS
This form should be completed and signed by the parent or guardian

Name ___________________________________________ DOB __________________________

Family Physician ___________________________ Phone __________________________

Last visit to M.D. (date, reason) ___________ Date of last physical _________ Next M.D. visit (date, reason) ___________

Dentist ___________________________ Phone __________________________

Pregnancy History (gestational diabetes, bed rest, medication needs)

Labor and Birth History (emergency delivery, premature labor, birth trauma, delayed discharge from hospital):

Gestation: _____ Full term  _____ Premature  Delivery:  _____ Normal  _____ Cesarean  Birth Weight: ________________

Growth and Development / Walked at age: ___________ Spoke first word at age: ___________ Spoke sentences at age: ___________

Health History
Serious illness:
Serious injury:
Surgery:

Check if your child has, or has had, any of the following and provide date when appropriate:

_______ Allergies  _______ Cystic Fibrosis  _______ Pneumonia
_______ Animals  _______ Diabetes  _______ Rheumatic Disease
_______ Bee sting  _______ Ear Infections  _______ Rubella Disease
_______ Food  _______ History of PE Tubes  _______ Scarlet Fever
_______ Medication  _______ Eye Conditions  _______ Seizure Disorder
_______ Seasonal  _______ Hearing Problem  _______ Speech Problem
_______ Other  _______ Heart Disease  _______ Strep Throat
_______ Anemia  _______ Hypotonia  _______ TB, date:
_______ Asthma  _______ Kidney Disease  _______ Chest X-ray, date:
_______ Cerebral Palsy  _______ Learning Disabilities  _______ Urinary Infections
_______ Chicken Pox (documentation)  _______ Leukemia  _______ Urinary Reflux
_______ Colds & Sore Throats  _______ Lyme Disease, date:  _______ Vision Problem
_______ Concussion, date:  _______ Measles  _______ Last Vision Exam:
_______ Convulsions  _______ Mononucleosis  _______ Vision Specialist:
_______ With fever  _______ Mumps  _______ Glasses Worn: YES NO
_______ Without fever  _______ Orthopedic Conditions  _______ Whooping Cough

Current Health Status (Please state if your child is, or has been, under treatment, or taking medication):

Health conditions under treatment:

Medical provider(s) providing treatment: ____________________________________________

Medication(s) Please list all over the counter and prescription medications, including dose and frequency: ____________________________

__________________________________________________________

Will medications need to be given while your child is at school?

_____ Yes  _____ No  * If restrictions or limitations, M.D. documentation is required

Are the any physical restrictions or limitations for physical education or other activities at school?

_____ Yes  _____ No

Has your child ever received, or is currently receiving, the following services:

_____ OT  _____ PT  _____ Speech  _____ Other

__________________________________________________________

Parent/Guardian Signature ___________________________ Date __________

__________________________________________________________

11/13
# 2021-22 School Year
## New York State Immunization Requirements for School Entrance/Attendance

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

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Prekindergarten (Day Care, Head Start, Nursery or Pre-k)</th>
<th>Kindergarten and Grades 1, 2, 3, 4 and 5</th>
<th>Grades 6, 7, 8, 9, 10 and 11</th>
<th>Grade 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td)</td>
<td>4 doses</td>
<td>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</td>
<td>3 doses</td>
<td></td>
</tr>
<tr>
<td>Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap)</td>
<td>Not applicable</td>
<td></td>
<td>1 dose</td>
<td></td>
</tr>
<tr>
<td>Polio vaccine (IPV/OPV)</td>
<td>3 doses</td>
<td>4 doses or 3 doses if the 3rd dose was received at 4 years or older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps and Rubella vaccine (MMR)</td>
<td>1 dose</td>
<td>2 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B vaccine</td>
<td>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</td>
<td>3 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox) vaccine</td>
<td>1 dose</td>
<td>2 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal conjugate vaccine (MenACWY)</td>
<td>Not applicable</td>
<td></td>
<td>Grades 7, 8, 9, 10 and 11: 1 dose</td>
<td>2 doses or 1 dose if the dose was received at 16 years or older</td>
</tr>
<tr>
<td>Haemophilus influenzae type b conjugate vaccine (Hib)</td>
<td>1 to 4 doses</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Conjugate vaccine (PCV)</td>
<td>1 to 4 doses</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Demonstrated serologic evidence of measles, mumps or rubella antibodies or laboratory confirmation of these diseases is acceptable proof of immunity to these diseases. Serologic tests for polio are acceptable proof of immunity only if the test was performed before September 1, 2019 and all three serotypes were positive. A positive blood test for hepatitis B surface antibody is acceptable proof of immunity to hepatitis B. Demonstrated serologic evidence of varicella antibodies, laboratory confirmation of varicella disease or diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
   a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at 2 months, 4 months, 6 months and at 15 through 18 months and at 4 years or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
   b. If the fourth dose of DTaP was administered at 4 years or older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.
   c. For children born before 1/1/2005, only immunity to diphtheria is required and doses of DT and Td may meet this requirement.
   d. Children 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td or Tdap vaccine. If the first dose was received before their first birthday, then 4 doses are required, as long as the final dose was received at 4 years or older. If the first dose was received on or after the first birthday, then 3 doses are required, as long as the final dose was received at 4 years or older.
   e. Students who are 10 years old in grade 6 and who have not yet received a Tdap vaccine are in compliance until they turn 11 years old.

4. Inactivated poliovirus vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
   a. Children starting the series on time should receive a series of IPV at 2 months, 4 months and at 6 through 18 months, and at 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.
   b. For students who received their fourth dose before age 4 and prior to August 7, 2010, 4 doses separated by at least 4 weeks is sufficient.
   c. If the third dose of polio vaccine was received at 4 years or older and at least 6 months after the previous dose, the fourth dose of polio vaccine is not required.
   d. For children with a record of OPV, only trivalent OPV (OPV) counts toward NYS school polio vaccine requirements. Doses of OPV given before April 1, 2016 should be counted unless specifically noted as monovalent, bivalent or as given during a poliovirus immunization campaign. Doses of OPV given on or after April 1, 2016 should not be counted.

5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
   a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. Measles: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
   c. Mumps: One dose is required for prekindergarten. Two doses are required for grades kindergarten through 12.
   d. Rubella: At least one dose is required for all grades (prekindergarten through 12).

6. Hepatitis B vaccine
   a. Dose 1 may be given at birth or anytime thereafter. Dose 2 must be given at least 4 weeks (28 days) after dose 1. Dose 3 must be at least 8 weeks after dose 2 and at least 16 weeks after dose 1 and no earlier than age 24 weeks (when 4 doses are given, substitute “dose 4” for “dose 3” in these calculations).
   b. Two doses of adult hepatitis B vaccine (Recombivax) received at least 4 months apart at age 11 through 15 years will meet the requirement.

7. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
   a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (4 weeks) after the first dose to be considered valid.
   b. For children younger than 13 years, the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons 13 years and older, the minimum interval between doses is 4 weeks.

8. Meningococcal conjugate ACWY vaccine (MenACWY). (Minimum age for grades 7 and 8: 10 years; minimum age for grades 9 through 12: 6 weeks)
   a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadrix) is required for students entering grades 7, 8, 9, 10 and 11.
   b. For students in grade 12, if the first dose of meningococcal conjugate vaccine was received at 16 years or older, the second (booster) dose is not required.
   c. The second dose must have been received at 16 years or older. The minimum interval between doses is 8 weeks.

9. Haemophilus influenza type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)
   a. Children starting the series on time should receive Hib vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get catch up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
   b. If 2 doses of vaccine were received before age 12 months, only 3 doses are required with dose 3 at 12 through 15 months and at least 8 weeks after dose 2.
   c. If dose 1 was received at age 12 through 14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
   d. If dose 1 was received at 15 months or older, only 1 dose is required.
   e. Hib vaccine is not required for children 5 years or older.

10. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
   a. Children starting the series on time should receive PCV vaccine at 2 months, 4 months, 6 months and at 12 through 15 months. Children older than 15 months must get catch up according to the ACIP catch-up schedule. The final dose must be received on or after 12 months.
   b. Unvaccinated children ages 7 through 11 months are required to receive 2 doses, at least 4 weeks apart, followed by a third dose at 12 through 15 months.
   c. Unvaccinated children ages 12 through 23 months are required to receive 2 doses of vaccine at least 8 weeks apart.
   d. If one dose of vaccine was received at 24 months or older, no further doses are required.
   e. PCV is not required for children 5 years or older.
   f. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at www.health.ny.gov/prevention/immunization/schools

For further information, contact:
New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437
(347) 396-2433
IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRANCE/ATTENDANCE
2021 - 2022

Acceptable Proofs of Immunizations

Health care practitioner record, signed by practitioner licensed in New York State. 
*Records acceptable without a signature*: NYSIIS Record; Official registry from another State; Electronic health record; School health record, *(must be transferred directly from one school to another)*; Official record from a foreign nation

Diagnosis of Disease as Evidence of Immunity

ONLY allowed for varicella. Must be diagnosed by a physician, nurse practitioner, or physician’s assistant.

Serological Evidence of Immunity

Allowed for measles, mumps, rubella, varicella, hepatitis B and poliomyelitis *(all three serotypes must be positive. Testing for all three polio serotypes is no longer available in the United States.)*

Medical Exemptions

A student may attend school without the required immunizations if they have a medical exemption. Bethlehem Central School District requests that the following form be completed by a physician licensed to practice medicine in NYS certifying that the immunization may be detrimental to the child’s health. It must contain sufficient information to identify a medical contraindication to a specific immunization, and specifying the length of time the immunization is medically contraindicated. [https://www.health.ny.gov/forms/doh-5077.pdf](https://www.health.ny.gov/forms/doh-5077.pdf)
This form will then be reviewed by the school physician to determine if additional documentation is required. **A medical exemption must be reissued annually.**

References

New York State Department of Health, Immunization Laws

New York State Immunization Requirements for School Entrance / Attendance

New York State Department of Health, Childhood and Adolescent Immunizations

Albany County Department of Health, Immunization Program
[https://www.albanycounty.com/departments/health/programs-services/immunization-program](https://www.albanycounty.com/departments/health/programs-services/immunization-program)
**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM**  
**TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR**  
**IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

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

### STUDENT INFORMATION

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

### HEALTH HISTORY

**Allergies**  
☐ No  
☐ Yes, indicate type

<table>
<thead>
<tr>
<th>Type:</th>
</tr>
</thead>
</table>
| □ Medication/Treatment Order Attached  
□ Anaphylaxis Care Plan Attached |

**Asthma**  
☐ No  
☐ Yes, indicate type

<table>
<thead>
<tr>
<th>Type:</th>
</tr>
</thead>
</table>
| □ Intermittent  
□ Persistent  
□ Other:  
□ Medication/Treatment Order Attached  
□ Asthma Care Plan Attached |

**Seizures**  
☐ No  
☐ Yes, indicate type

<table>
<thead>
<tr>
<th>Type:</th>
<th>Date of last seizure:</th>
</tr>
</thead>
</table>
| □ Medication/Treatment Order Attached  
□ Seizure Care Plan Attached |

**Diabetes**  
☐ No  
☐ Yes, indicate type

<table>
<thead>
<tr>
<th>Type:</th>
</tr>
</thead>
</table>
| □ 1  
□ 2  
□ Medication/Treatment Order Attached  
□ Diabetes Medical Mgmt. Plan Attached |

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

**BMI**________kg/m2

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

**Hyperlipidemia:**  
□ No  
□ Yes  
□ Not Done  
**Hypertension:**  
□ No  
□ Yes  
□ Not Done

### PHYSICAL EXAMINATION/ASSESSMENT

<table>
<thead>
<tr>
<th>Height:</th>
<th>Weight:</th>
<th>BP:</th>
<th>Pulse:</th>
<th>Respiration:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory Testing</td>
<td>Positive</td>
<td>Negative</td>
<td>Date</td>
<td>List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)</td>
</tr>
<tr>
<td>TB-PRN</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sickle Cell Screen-PRN</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead Level Required</td>
<td>Grades Pre-K &amp; K</td>
<td></td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>☐ Test Done</td>
<td>☐ Lead Elevated &gt; 5 µg/dL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**☐ System Review and Abnormal Findings Listed Below**

**☐ HEENT** | **☐ Lymph nodes**  
**☐ Dental** | **☐ Cardiovascular**  
**☐ Neck** | **☐ Lungs**  
**☐ Abdomen** | **☐ Back/Spine**  
**☐ Genitourinary** | **☐ Extremities**  
**☐ Skin** | **☐ Speech**  
**☐ Neurological** | **☐ Social Emotional**  
**☐ Musculoskeletal** | **☐ ICD-10 Code** |

**☐ Assessment/Abnormalities Noted/Recommendations:**  
**Diagnoses/Problems (list)**

**☐ Additional Information Attached**

*Required only for students with an IEP receiving Medicaid.
Name: [Redacted]  DOB: [Redacted]

**SCREENINGS**

<table>
<thead>
<tr>
<th>Vision (w/correction if prescribed)</th>
<th>Right</th>
<th>Left</th>
<th>Referral</th>
<th>Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distance Acuity</td>
<td>20/</td>
<td>20/</td>
<td>☐ Yes ☐ No</td>
<td>☐</td>
</tr>
<tr>
<td>Near Vision Acuity</td>
<td>20/</td>
<td>20/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Color Perception Screening</td>
<td>☐ Pass ☐ Fail</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hearing** Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.

<table>
<thead>
<tr>
<th>Pure Tone Screening</th>
<th>Right ☐ Pass ☐ Fail</th>
<th>Left ☐ Pass ☐ Fail</th>
<th>Referral ☐ Yes ☐ No</th>
<th>Not Done</th>
</tr>
</thead>
</table>

Notes

**Scoliosis** Screen Boys in grade 9, and Girls in grades 5 & 7

<table>
<thead>
<tr>
<th>Negative</th>
<th>Positive</th>
<th>Referral</th>
<th>Not Done</th>
</tr>
</thead>
</table>

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

☐ Student may participate in all activities without restrictions.

☐ Student is restricted from participation in:

☐ **Contact Sports**: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.

☐ **Limited Contact Sports**: Baseball, Fencing, Softball, and Volleyball.

☐ **Non-Contact Sports**: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.

☐ **Other Restrictions**:

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

**Tanner Stage**: ☐ I ☐ II ☐ III ☐ IV ☐ V  Age of First Menses (if applicable) : ____________

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

**MEDICATIONS**

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

**IMMUNIZATIONS**

☐ Record Attached ☐ Reported in NYSIIS

**HEALTH CARE PROVIDER**

Medical Provider Signature: [Redacted]

Provider Name: *(please print)* [Redacted]

Provider Address:

Phone: [Redacted]  Fax: [Redacted]

Please Return This Form To Your Child’s School When Completed.
Dear Parent or Guardian:

As a part of your child’s requirements for school, a physical examination has been required for students in Kindergarten and in Grades 1, 3, 5, 7, 9 and 11 and all new entrants. A law was recently enacted that expands health screenings to include the dental health of students in New York State.

After September 1, 2008, when we require that your child have a physical examination, we will be requesting a dental certificate as well. There is a sample certificate available for you to take to your child’s dentist and once it is completed, it should be returned to the School Nurse, as it will be filed in your child’s Cumulative Health Record.

Thank you for your cooperation in this new health endeavor. Our students’ benefit when we work together to promote the health and achievement of all students.

Please call the school’s Health Office if you have any questions or concerns.

Bethlehem Central High School
518-439-4921

Glenmont Elementary School
518-434-1246

Bethlehem Central Middle School
518-439-7705

Hamagrael Elementary School
518-439-8889

Eagle Elementary School
518-694-3953

Slingerlands Elementary School
518-439-8984

Elsmere Elementary School
518-439-3019
Dental Health Certificate

Bethlehem Central School District

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment in the following grades: K, 1, 3, 5, 7, 9, 11, and all new entrants. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

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

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Date:</td>
<td>/</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Sex:</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
</tbody>
</table>

Will this be your child’s first oral health assessment? Yes No

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

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

Parent’s Signature ______________________________ Date ____________

### Section 2. To be completed by the Dentist/Dental Hygienist

I. The dental health condition of _________________ on ____________ (date of assessment)

The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:

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

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

Dentist’s/ Dental Hygienist’s name and address

(please print or stamp) 

Dentist’s/Dental Hygienist’s Signature

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

- Caries Experience/Restoration History
  - Yes
  - No

- Untreated Caries
  - Yes
  - No

- Dental Sealants Present
  - Yes
  - No

Other problems (Specify):______________________________________________________________

II. Treatment Needs (check all that apply)

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

### Additional Notes

- 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.
- If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

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

- Other problems (Specify):______________________________________________________________

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

- Caries Experience/Restoration History
  - Yes
  - No

- Untreated Caries
  - Yes
  - No

- Dental Sealants Present
  - Yes
  - No

Other problems (Specify):______________________________________________________________

II. Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
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- Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

- Other problems (Specify):______________________________________________________________

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

- Caries Experience/Restoration History
  - Yes
  - No

- Untreated Caries
  - Yes
  - No

- Dental Sealants Present
  - Yes
  - No

Other problems (Specify):______________________________________________________________

II. Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.
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- Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.
Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated.
Thank you.

Home Language Questionnaire (HLQ)

Please write clearly when completing this section.

STUDENT NAME:

First
Middle
Last

DATE OF BIRTH:

Month
Day
Year

GENDER:

☐ Male
☐ Female

PARENT/PERSO IN PARENTAL RELATION INFO:

Last Name
First Name
Relation to
Student

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student’s home or residence? ☐ English ☐ Other
specify

2. What was the first language your child learned? ☐ English ☐ Other
specify

3. What is the Home Language of each parent/guardian? ☐ Mother specify ☐ Father
specify
☐ Guardian(s)

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

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

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

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

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

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

Home Language Questionnaire (HLQ)

Please write clearly when completing this section.

STUDENT NAME:

First
Middle
Last

DATE OF BIRTH:

Month
Day
Year

GENDER:

☐ Male
☐ Female

PARENT/PERSO IN PARENTAL RELATION INFO:

Last Name
First Name
Relation to
Student

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student’s home or residence? ☐ English ☐ Other
specify

2. What was the first language your child learned? ☐ English ☐ Other
specify

3. What is the Home Language of each parent/guardian? ☐ Mother specify ☐ Father
specify
☐ Guardian(s)

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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

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Thank you.

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Please write clearly when completing this section.

STUDENT NAME:

First
Middle
Last

DATE OF BIRTH:

Month
Day
Year

GENDER:

☐ Male
☐ Female

PARENT/PERSO IN PARENTAL RELATION INFO:

Last Name
First Name
Relation to
Student

Language Background
(Please check all that apply.)

1. What language(s) is(are) spoken in the student’s home or residence? ☐ English ☐ Other
specify

2. What was the first language your child learned? ☐ English ☐ Other
specify

3. What is the Home Language of each parent/guardian? ☐ Mother specify ☐ Father
specify
☐ Guardian(s)

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*  ☐  ☐  ☐  *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  ☐ 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  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 ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:
Eligibility Screen for Migrant Education Services

*** Migrant Education Program services are free of charge and may include tutoring, assistance with health needs, educational field trips, summer programs, parent involvement activities, adult education, emergency assistance and referrals to other services as needed. ***

Has your family moved to a different school district in the last 3 years? YES _____ NO _____

In the last three years, has the parent or guardian of the child enrolling done farm work as a paid job? (Did they work on a dairy farm, planting, picking/harvesting fruits or vegetables, food processing or packaging, logging or tree farming?) YES _____ NO _____

If yes, what farm did you work on? ___________ Where? ___________ When? ___________

If you can answer YES to BOTH of the above questions, your family MAY qualify for Migrant Education services. To be contacted by a Migrant Education recruiter, please complete the information below.

<table>
<thead>
<tr>
<th>Child’s name</th>
<th>D.O.B.</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s name</td>
<td>D.O.B.</td>
<td>Grade</td>
</tr>
<tr>
<td>Child’s name</td>
<td>D.O.B.</td>
<td>Grade</td>
</tr>
<tr>
<td>Child’s name</td>
<td>D.O.B.</td>
<td>Grade</td>
</tr>
</tbody>
</table>

Parents/ Guardians

<table>
<thead>
<tr>
<th>Mother’s name</th>
<th>Father’s Name</th>
</tr>
</thead>
</table>

Home Address ___________________________ Home Phone # ___________________________

(Street Address) ___________________________ Work or Message # ___________________________

(city, town or village) (Zip) ___________________________

School District ___________________________ School Building ___________________________

School Contact Person ___________________________ Contact Number ___________________________

Other Useful information (directions, farm names, best time to contact, etc.) ___________________________

______________________________

To submit this referral please fax to the Herkimer BOCES at (315) 867-2087 or mail to the address above. For more information please call the Migrant Program at (315) 867-2079. Thank you for your assistance.
Cuestionario de Elegibilidad para Servicios de Educación Migrante

*** Servicios del Programa de Educación Migrante son gratuitos y pueden incluir tutoría, ayuda con necesidades de salud, viajes educacionales, programas del verano, actividades de involucrar a los padres, educación para adultos, ayuda de emergencia y referidos a otros servicios como necesario. ***

¿Ha mudado su familia a un distrito escolar diferente en los últimos 3 años?  Sí _____ NO _____

¿En los últimos 3 años ha trabajado un padre o guardián en granja como: lechería, plantando, cosechando frutas o legumbres, el procesamiento o empacar de comida, corta de árboles o cultivo de árboles?  Sí____ NO _____

Si UD dijo que sí, ¿en que granja?  _______________ ¿Donde? _______________ ¿Cuándo? _______________

Si Usted contestó que Sí a AMBOS preguntas de arriba, su familia PUEDA calificar para servicios de Educación Migrante. Para estar contactado por una reclutadora del Programa de Educación Migrante, favor de llenar la información de abajo.

Nombre del niño(a) __________________________ Fecha de Nacimiento ___________ Grado ___________
Nombre del niño(a) __________________________ Fecha de Nacimiento ___________ Grado ___________
Nombre del niño(a) __________________________ Fecha de Nacimiento ___________ Grado ___________
Nombre del niño(a) __________________________ Fecha de Nacimiento ___________ Grado ___________

** Padres/ Guardianes **

Nombre de la Mamá __________________________ Nombre del Papá __________________________

Dirección de la Casa __________________________ Numero de teléfono en casa __________________________
(Dirección de la Calle) __________________________ # de teléfono del trabajo o de Mensaje __________________________
(Ciudad o Pueblo) (Código Postal) __________________________

Distrito escolar __________________________ edificio escolar __________________________
Persona para contactar __________________________ numero para contactar __________________________
Otra información Útil (direcciones, nombres de granjas, mejor hora de llamar, etc.) __________________________

__________________________
__________________________
__________________________

Para someter este referido, favor de mandarlo por fax al Herkimer BOCES a (315) 867-2087 o mandar por correo al dirección de arriba.
Para más información, favor de llamar al Programa Migrante a (315) 867-2079. Gracias.

jun 3/23/15
Child's Name ____________________________________ Date of Birth __________ Date __________

Parent/Guardian ____________________________ Child’s Age ___________

Please help us better understand your child by answering the following questions:

1. Does your child have normal hearing (when ears are clean and healthy)? __________________________

2. Did your child ever have ear infections? If so, how many total? __________________________

   Between birth to 1 year old _______ 3 to 4 years old _______
   1 to 2 years old _______ 4 to 5 years old _______
   2 to 3 years old _______ 5+ years old _______

   How long did the ear infections last? __________________________

   How often did they re-occur? __________________________

3. Has your child had myringotomies and PE tubes inserted? __________________________

   If so, how many times and at what ages? __________________________

4. Has your child ever been seen by an ear, nose, and throat doctor? __________________________

5. Has your child ever been seen by an audiologist for hearing testing? __________________________

6. Has your child received speech/language therapy? __________________________

   If so, at what ages and for how long? __________________________

   Therapy was for: articulation __________________________
   language or other __________________________ (please explain) __________________________

7. Has your child received amplification during periods of not hearing? __________________________

8. Is there anything else in your child’s ear health history that may be helpful in understanding your child’s educational needs?

   __________________________
   __________________________
   __________________________

   Therapy was for: articulation __________________________
   language or other __________________________ (please explain) __________________________

9. What concerns do you have about your child and school? __________________________

   __________________________
   __________________________
   __________________________

from Davis, Dorinne. *Otitis Media: Coping with the Effects in the Classroom.*
[This page is intentionally blank.]
Authorization for the Release or Transfer of Information

Student Name:__________________________________________________________

Name and address of school last attended:

School:_________________________________________________________________

Address:_________________________________________________________________

_________________________________________________________________

Phone and /or Fax:_______________________________________________________

The above student has enrolled in our school district. Please forward all school records including health, psychological, discipline including records of suspension, academic and other data. Thank you for your assistance.

MAIL TO:

Bethlehem Central School District
Office of Central Registration
700 Delaware Avenue
Delmar, New York 12054
(518) 439-2442
(518) 475-0352 fax

Signature of Parent or Guardian ___________________________ Date ______________
Please fill out the Student Bus Registration Form to indicate your child’s general bus transportation needs for the 2021-22 school year below. Eligibility for bus transportation at BC has not changed.

Your child is eligible for school bus transportation if:

- **ELEMENTARY SCHOOL**: All children
- **MIDDLE SCHOOL**: More than 1/2 mile from school
- **HIGH SCHOOL**: More than 1 mile from school

Important: If you have a child entering grade 6 or grade 9, please be aware that they may not be eligible for transportation based on the criteria listed above.

Thank you for your cooperation.

---

**STUDENT NAME** ___________________________ **DOB** ______

**STUDENT’S PRIMARY ADDRESS** ________________________________________________

**SCHOOL** ___________________________ **GRADE** ______

**MORNING (TO SCHOOL)**
- [ ] YES, my child is eligible for transportation and WILL need transportation in the a.m.
- [ ] NO, my WILL NOT need transportation in the a.m.

**AFTERNOON (FROM SCHOOL)**
- [ ] YES, my child is eligible for transportation and WILL need transportation in the p.m.
- [ ] NO, my WILL NOT need transportation in the p.m.

*Please note: Students at BCHS and BCMS who participate in afterschool activities will still be able to take the late afternoon transfer buses that run during the school year even if that student does not need regular afternoon transportation from school.*

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**ADDITIONAL INFORMATION REGARDING STUDENT TRANSPORTATION**

- Information provided above will be entered in Aspen, the district’s Student Information System (SIS). Information can only be changed by request of a parent or guardian.
- If you answer “no” to either question listed above, your child will still be able to request transportation at a later date, if they meet the eligibility criteria listed above.
- To request a transportation change for your child, please email the BCSD Transportation Department at transportation@bethlehemschools.org. Please allow up to two (2) business days for confirmation of the change request.

**PARENT/GUARDIAN SIGNATURE** ___________________________ **DATE** ____________
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This summary of the Bethlehem Central School District Code of Conduct has been developed as required by the New York State SAVE Act for distribution to parents prior to the beginning of the school year. Information on the Code of Conduct will also be shared with students at the beginning of the school year. A complete copy of the Code of Conduct is available upon request by contacting your child’s school principal. This Code has been adopted by the BC Board of Education and submitted to the New York State Education Department as required by law. The Code applies to all students, school personnel, parents, and other visitors when on school property (including school buses and vehicles) or attending a school-sponsored function.

The Code contains the following provisions:

- Appropriate conduct, dress, and language when on school property, including a school function.
- Acceptable civil and respectful treatment of teachers, administrators, other school personnel, students, and visitors on school property or at a school function.
- Appropriate range of disciplinary procedures that may be imposed for violations of the Code.
- Roles of students, teachers, administrators, other school personnel, the Board of Education, and parents.
- Standards and procedures to ensure the security and safety of students and school personnel.
- Provisions for the removal from the classroom and/or school property (including school functions) of students or other persons who violate the Code.
- Disciplinary measures for possession or use of illegal substances or weapons, the use of physical force, vandalism, violation of another student’s civil rights, threats of violence, physical and verbal bullying, cyberbullying and other forms of harassment.
- Provisions for detention, suspension, and removal from the classroom of students, including plans to ensure continued educational programming and activities for such students.
- Procedures by which violations are reported and determined, discipline measures imposed, and such measures carried out.
- Provisions which ensure that enforcement of the Code are in compliance with state and federal laws relating to students with disabilities.
- Procedures for notifying local law enforcement agencies of Code violations which constitute a crime.
- Provisions for notifying persons in parental relation to the student of Code violations by the student.
- Provisions and procedures by which a complaint in criminal court, a juvenile delinquency petition, or person in need of supervision petition as defined in article three and seven of the Family Court Act will be filed.
- Circumstances under and procedures by which referral to appropriate human services agencies will be made.
- A minimum suspension period for students who repeatedly are substantially disruptive to the educational process or substantially interfere with the teacher’s authority over the classroom, provided that the suspending authority may reduce such period on a case-by-case basis to be consistent with any other state or federal laws.
- The Code of Conduct shall be developed in collaboration with students, teachers, administrators, parent organizations, school safety personnel, and other school personnel and shall be approved by the Board of Education. The Code shall be reviewed and updated annually and re-approved by the Board only after at least one public meeting.
- The Code of Conduct shall be filed with the Commissioner of Education no later than thirty days after adoption.

A copy of the full Code of Conduct is available online at

https://www.bethlehemschools.org/boe/policies/students-series-5000/#p5300
Policy 4526-R | Acceptable Use Regulation

This Acceptable Use Regulation (AUP Regulation) establishes the general rules for use of District Technology pursuant to the Acceptable Use Policy No. 4526 (AUP or Policy No. 4526) of the Bethlehem Central School District (the District).

Capitalized terms in this Regulation have the same meaning as the same terms set forth in Policy No. 4526.

1. Notice of User Rights and Limitation of District Obligations

   A. No Expectation of Privacy. Users have no expectation of privacy regarding use of District Technology or storage of Data on District Technology, including, but not limited to, Data contained in any User account, on the District’s computer network or authorized cloud computing solution, or on any device issued by the District to any student.

   B. Access Is a Privilege. Access to District Technology and Data is a privilege, not a right. The District reserves the right to prohibit or limit any use that is not for educational purposes; interferes with the normal operation of the District; or violates any law, policy, or regulation.

   C. No Warranties. The District makes no warranties of any kind, express or implied, relating to access to, or use of, District Technology or Data. Further, the District assumes no responsibility for the quality, availability, accuracy, nature, or reliability of the service and/or information provided. Users of District Technology use such technology at their own risk. Each User is responsible for verifying the integrity and authenticity of all information obtained through use of District Technology, including any information obtained from the Internet. The District is not liable for any claims, losses, damages, suits, expenses, or costs of any kind incurred, directly or indirectly, by any user or his/her parents and/or guardians arising out of the use of District Technology.

   D. Limits on Filtering Technology. No Internet filtering/blocking software is 100 percent effective. The District is not responsible for failure of such software to block or prevent access to all potentially objectionable content.

   E. Limits on Security Controls. No security controls are 100 percent effective to eliminate all threats. The District is not responsible for failure of any reasonable security controls to preserve the confidentiality, integrity, and availability of District Technology or Data.

2. Use of District Technology

   A. Educational and District Uses. District Technology is provided to support student learning and manage the District’s operations. All Users are expected to use District Technology for educational and other District purposes. Educational purposes include academic or classroom instruction, research, and other learning opportunities consistent with the District’s educational mission.

   B. Prohibited Uses. The following uses are specifically prohibited.

      1. Any use that violates this Regulation or any other District Regulation or Policy, including but not limited to the Code of Conduct [see Policy # 5300];

      2. Any use that violates applicable law;

      3. Posting any material or information that may result in disruption of normal school operations;

      4. Cyberbullying and/or harassing other Users [See Policy # 5810 (Cyberbullying) and Policy # 5300 (Code of Conduct)];

      5. Accessing, uploading, downloading, creating, or distributing pornographic, obscene, or sexually explicit material;

      6. Copyright infringement;

      7. Gambling;

      8. Vandalizing the account or Data of another User;

      9. Accessing another User’s account or confidential records without permission;
10. Attempting to read, delete, copy, or modify the electronic mail of other system Users and deliberately interfering with the ability of other system Users to send and/or receive email;

11. Using another person’s account name, with or without permission;

12. Revealing the personal address, telephone number, or other personally identifying information of a student unless written permission has been given by a parent or guardian;

13. Sharing your personal ID or password with another User;

14. Using any methods or means to bypass the District’s Internet filtering system, including, but not limited to, use of a Virtual Private Network (VPN);

15. Intentionally or knowingly disrupting or damaging District Technology or Data, including creating, installing, sharing, or distributing a computer virus or similar damaging code, application, or program;

16. Using District Technology for personal financial gain;

17. Downloading, installing, or using software without permission;

18. Email broadcasting or spamming;

19. Using District Technology to send anonymous messages or files;

20. Using a false/fictitious identity in any electronic communication; or

21. Forging or attempting to forge email messages.

C. Personal Devices. Personal Devices owned by Users may be used to connect to the District’s computer network, including wireless Internet access points maintained by the District. Personal Devices that may be used include, but are not limited to, laptop computers, smartphones, and tablets. All activities conducted while connected to the District computer network are subject to monitoring, copying, review, access, and storage by the District. The District is not liable for any damages, expenses, or costs associated with the use of a Personal Device to access District Technology, or in the event such a Personal Device is lost, damaged, or stolen.

D. District-Issued Devices. The District may issue devices to Students or Staff for use in school and outside of school. Parents and/or guardians, students, and Staff will receive (and must acknowledge receipt of and agree to follow) the specific guidelines regarding rights and responsibilities relating to use of these District-owned, leased, or controlled devices. The District reserves the right to inspect or examine all District-issued devices to ensure compliance with this Regulation and other applicable policies and regulations.

E. Internet Safety. In accordance with the Children’s Internet Protection Act of 2001 and the Protecting Children in the 21st Century Act of 2008, the District has adopted an Internet Safety Policy and a Regulation that specifically govern use of District Technology to access the Internet (4526.1/4526.1-R). All Users are required to abide by the requirements of the District’s Internet Safety Policy and Regulation.

F. Social Media. The District has adopted Social Media Guidelines that specifically govern use of Social Media relating to the District and District activities (1130.1). All Users are required to abide by the requirements of the District’s Social Media Guidelines.

G. Data Storage. The District uses a variety of approved solutions for storing Data. Some Data may be stored on servers located in the District, while other Data may be stored by third party vendors (for example, remote cloud storage). The District’s director of Technology (DOT) is responsible for communicating to Users how and where Data should be stored.

H. Security Incidents. If a User identifies a security problem involving District Technology or Data, the User must notify the District’s Information Technology (IT) staff or other responsible school official immediately. Under no circumstances should the User demonstrate the security issue to another User or encourage any other User to exploit or replicate the security problem.

3. Violations
A. Violations of the Acceptable Use Policy and this Regulation shall be reported to the building principal, who shall take appropriate action in accordance with authorized disciplinary procedures set forth in the District’s Acceptable Use Policy or other applicable policies.

B. Penalties for students may include, but are not limited to, the restriction or revocation of computer access privileges, suspension, and other discipline consistent with the Code of Conduct.

C. Penalties for staff and other authorized Users may include, but are not limited to, revocation of computer access privileges and other discipline allowed pursuant to contract and/or law up to and including termination.

D. In addition, the District may pursue legal options for damage to District Technology or Data, or for other damages suffered by the District.

E. Violations that appear to be criminal in nature will be reported to the appropriate law enforcement authorities.

Adoption date: August 9, 2017

Policy 4526.1 | Internet Safety Policy

It is the policy of the Bethlehem Central School District (the “District”) to comply with the Children’s Internet Protection Act of 2001 and the Protecting Children in the 21st Century Act of 2008 (collectively, the “Internet Safety Laws”).

The District recognizes that the Internet Safety Laws require the District to undertake reasonable efforts to:

• Block or filter access to certain material, including obscene pictures, child pornography, and other material harmful to minors;
• Monitor online activities of minors; and
• Educate minors concerning appropriate online behavior.

In addition, all use of District Technology to access the Internet must comply with the District’s Technology Resources and Data Management Policy and Regulation (8630/8630-R) and Acceptable Use Policy and Regulation (4526/4526-R).

As set forth in the District’s Acceptable Use Regulation, the District cannot guarantee that technological measures will prevent minors from accessing inappropriate content. The District will educate students about appropriate online behavior. Parents and guardians are expected to supervise and monitor students’ use of the Internet when children are using District Technology outside of school.

The superintendent of the District is hereby directed to establish a Regulation setting forth appropriate procedures and procure appropriate technology to comply with the Internet Safety Laws and the District’s Acceptable Use Policy. These procedures and technology shall include:

• Acquisition and deployment of Internet blocking and/or filtering software;
• Monitoring of online activities facilitated by District Technology;
• Restrictions on disclosure of students’ personal information online;
• Restrictions on unauthorized online access by students, including hacking and other unlawful activities; and
• Education and training on safety and security of minors relating to the use of email, chat rooms, and other online communications.

• Consistent with the Internet Safety Laws, the superintendent’s Regulation also shall establish appropriate procedures to allow exceptions to this Internet Safety Policy for adults conducting bona fide research or other lawful activities.

Cross-Reference
• 1130.1 Social Media Guidelines
• 4526 Acceptable Use
• 8630 Technology Resources and Data Management
• 8635 Information Security Breach & Notification

Adoption date: August 9, 2017

Policy 5810 | Cyberbullying and Cyberthreats

View the PDF version of the Cyberbullying and Cyberthreats Policy here.
The Bethlehem Central School District Board of Education is committed to providing a safe and nurturing environment within the school district free from cyberbullying and cyberthreats. The increasing frequency of internet predatory practices necessitates that the District take proactive measures to secure the educational process.

**Cyberbullying** means being cruel to others by sending or posting harmful materials using the Internet or a cellular phone.

**Cyberthreat** means online material that threatens or raises concerns about violence to others, or to one's self. There are two (2) kinds of cyberthreats: direct threats or distressing material. Direct threats are actual threats to hurt another person. Distressing material is online material that provides clues indicating that the person is emotionally upset, and that the person is contemplating hurting another person, one's self or committing suicide.

Cyberbullying or cyber threatening material, either in the form of text or images, posted on personal web sites, blogs or transmitted via email, discussion groups, message boards, chat rooms, instant messages, or via cellular phones is prohibited.

The use of the District's internet system, cellular devices on school district property, cellular devices not on district property or the use of an internet system not owned or operated by the District to bully or harass other students, faculty and staff is prohibited.

Off-campus cyberbullying or cyberthreats – regardless of the form in which the message is transmitted – endangering the health, welfare or safety of students, faculty or staff within the District or adversely affecting the educational process is prohibited. Students engaging in this type of conduct will be disciplined according to the District’s Code of Conduct or as outlined within this policy.

Any student or anyone who believes a student has been subjected to cyberbullying or to cyberthreats within the meaning of this policy shall report the bullying or threats to a teacher or an administrator immediately. The building principal shall immediately take the appropriate disciplinary actions pursuant to the District’s Code of Conduct, or as outlined within this policy.

Consequences

1. Disciplinary actions regarding cyberbullying or cyberthreats shall be consistent with the District’s Code of Conduct.
2. Violations can result in, but may not be limited to, loss of District internet/email access privileges, restitution for expenses incurred by the District to investigate and/or suspension.
3. If a suicide threat is included, appropriate support services will be implemented by school administrators.
4. When applicable, law enforcement agencies may be contacted.

Cross-Ref:

- Computer Use Policy 4526
- Instructional Technology 4526.1
- Instructional Technology Regulations 4526.1-R
- Code of Conduct 5300

Ref:

- Education Law §3214.
- Appeal of K.S., Decision No. 15,063 (June 18, 2004).
- Appeal of S.W., Decision No. 15,226 (May 12, 2005).

*Adopted: March 5, 2008*
DISTRICT TECHNOLOGY USER AGREEMENT AND PARENT PERMISSION FORM
THIS FORM, WHICH DOES NOT REQUIRE A STUDENT SIGNATURE, IS FOR ELEMENTARY STUDENTS K-5

_____________________________________
Student’s Name

AGREEMENT BY PARENT OR GUARDIAN
To be read and signed by parents or guardians of elementary students K-5:

As the parent or legal guardian of the above student, I have read, understand and agree that my child shall comply with the terms of the District’s Acceptable Use Policy (4526/4526-R), Internet Safety (4526.1/4526.1-R), Code of Conduct (5300), and Cyberbullying (5810). I understand that access to the District Network and Internet is being provided to students for educational purposes only. I hereby give permission for my child to access and use the District’s Network and the Internet.

I understand that all messages, communication and information created, sent or retrieved on the District Network are the property of the District and should not be considered private or confidential. I understand that the District may monitor, inspect, copy, review, access or store, at any time and without prior notice, any and all files, information and communications transmitted or received in connections with my child’s access and usage of the District Network, and I hereby consent to such actions by the District.

I understand and agree that the District makes no warranties of any kind, neither expressed nor implied, in connection with my child’s access and use of the District Network and the Internet. I also understand and agree that use of the District Network and Internet is at the user’s own risk and that the District is not liable for any claims, losses, damages, suits, expenses or costs of any kind incurred, directly or indirectly, arising out of my child’s access and use of the District Network or the Internet. I further understand and agree that the District is not liable for any damages, expenses or costs associated with the use of my child’s personal device to access the District Network or in the event my child’s personal device is lost, damaged or stolen.

I hereby agree to indemnify and hold harmless the District against all claims, losses, damages, suits, expenses or costs of any kind that may result from my child’s access to and use of the District’s Network and Internet or violation of the policies listed above.

_____________________________________
Parent or Guardian Signature

_____________________________________
Date

Parent or Guardian Name (PRINT CLEARLY)