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 #:____________ (optional)

Month       Day       Year

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?  (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
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!

**District Website**

www.bethlehemschools.org

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.

**Email us**

All faculty and staff in the Bethlehem Central School District can be reached by email. Most email addresses are the first initial of the first name and the full last name and the domain name bethlehemschools.org. Ex. Ann Roberts is aroberts@bethlehemschools.org. A searchable email directory is available on the district website.

**Follow your BC Eagles**

Be where the action is! The BCSD Athletics Departments posts all sports information regularly on Twitter @BCSDAthletics
**STUDENT ENROLLMENT FORM**

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

### Student Name
(First name, Middle initial, Last name)

### M or F  Grade
(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>
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</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 __________________________
KINDERGARTEN QUESTIONNAIRE

This questionnaire will help the kindergarten teachers get acquainted with your child and will assist the teacher in planning a program appropriate to your child and his/her classmates. All responses will be kept confidential, and the questionnaire will not become a part of your child’s records.

1. Name of child_______________________________________________ 2. Male_____ Female_____ 

3. Name child prefers/Nickname __________________________________ 4. Birthdate________________

5. Home telephone number __________________________

6. Child lives with: (check one)
   Mother and Father _________ Mother only _________ Other _____________
   Mother and Stepfather _______ Father only _________
   Father and Stepmother ______ Guardian ____________

7. Are there any health considerations/health history we should be aware of?

8. Are there any special situations, in your family that might affect the behavior or learning needs of your child (e.g., unemployment, illness, death)? No _____ Yes _______ Explain __________________________

9. Has your child had these educational experiences? (check those that apply)
   _____ nursery school (Name ____________________________ ½ day ___ full day ____) 
   _____ day care center (Name ____________________________ ½ day ___ full day ____) 

10. Is your child’s speech sometimes difficult to understand? 
    No ______________ Yes ______________

11. Please check items that your child has had experience with in the home:
    ________ books    _________ paints   ________ puzzles   _________ paste 
    ________ pencils   _________ scissors  ________ crayons  ___________ computers

12. Is a language other than English spoken in the home? No _________ Yes _________
    If so, what language? __________________________________

13. Please share with us any other information that you feel might help us to better understand your child this year.
    (Any special talents, needs, preschool experiences, fears and/or anxieties, and favorite activities.)
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

14. Please share goals you have for your child for this year (social, emotional, language, and cognitive).
    __________________________________________________________________________
    __________________________________________________________________________
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HEALTH HISTORY FOR NEW ENTRANTS
This form should be completed and signed by the parent or guardian

Home School (Please circle one)  EAG  ELS  GLE  HAM  SLI

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 __________________________

Home School (Please circle one)  EAG  ELS  GLE  HAM  SLI
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2021-22 School Year
New York State Immunization Requirements
for School Entrance/Attendance¹

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)²</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)³</td>
<td>Not applicable</td>
<td></td>
<td>1 dose</td>
<td></td>
</tr>
<tr>
<td>Polio vaccine (IPV/OPV)⁴</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)⁵</td>
<td>1 dose</td>
<td>2 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B vaccine⁶</td>
<td>3 doses</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></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox) vaccine⁷</td>
<td>1 dose</td>
<td>2 doses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal conjugate vaccine (MenACWY)⁷</td>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenza type b conjugate vaccine (Hib)⁸</td>
<td>1 to 4 doses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Conjugate vaccine (PCV)¹⁰</td>
<td>1 to 4 doses</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹NOTES: 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.

²Dose requirements MUST be read with the footnotes of this schedule.
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 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 can 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.

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. 
   (Minimum age for grades 6 and 7: 10 years; minimum age for grades 8 through 12: 7 years)
   a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
   b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2021-2022, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 and 7; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 8 through 12.
   c. 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 polio 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).
   e. Varicella: One dose is required for prekindergarten and kindergarten. Two doses are required for grades kindergarten 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 MenQuadri) 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 influenzae 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 caught 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 caught 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

New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433

New York State Department of Health/Bureau of Immunization
health.ny.gov/immunization

2370
4/21
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**


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)
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 can 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.

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) adolescent booster vaccine. (Minimum age for grade 6: 10 years; minimum age for grades 7 through 12: 7 years)
   a. Students 11 years or older entering grades 6 through 12 are required to have one dose of Tdap.
   b. In addition to the grade 6 through 12 requirement, Tdap may also be given as part of the catch-up series for students 7 years of age and older who are not fully immunized with the childhood DTaP series, as described above. In school year 2020-2021, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grade 6; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 7 through 12.
   c. 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 polio 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. Only trivalent OPV (tOPV) 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 grade 7: 10 years; minimum age for grades 8 through 12: 6 weeks)
   a. One dose of meningococcal conjugate vaccine (Menactra or Menveo) 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 influenzae 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 caught 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 caught 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

New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization,
42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 396-2433

New York State Department of Health/Bureau of Immunization
health.ny.gov/immunization
5/20
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

<table>
<thead>
<tr>
<th>Allergies</th>
<th>□ No</th>
<th>□ Yes, indicate type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type:</td>
<td>□ Medication/Treatment Order Attached</td>
<td>□ Anaphylaxis Care Plan Attached</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Asthma</th>
<th>□ No</th>
<th>□ Yes, indicate type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type:</td>
<td>□ Intermittent □ Persistent □ Other:</td>
<td>□ Asthma Care Plan Attached</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Seizures</th>
<th>□ No</th>
<th>□ Yes, indicate type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type:</td>
<td>□ Medication/Treatment Order Attached</td>
<td>Date of last seizure:</td>
</tr>
<tr>
<td>□ 1 □ 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diabetes</th>
<th>□ No</th>
<th>□ Yes, indicate type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type:</td>
<td>□ Medication/Treatment Order Attached</td>
<td>□ Diabetes Medical Mgmt. Plan Attached</td>
</tr>
</tbody>
</table>

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

**BMI** ________ kg/m²

<table>
<thead>
<tr>
<th>Percentile (Weight Status Category):</th>
<th>□ &lt;5th</th>
<th>□ 5th-49th</th>
<th>□ 50th-84th</th>
<th>□ 85th-94th</th>
<th>□ 95th-98th</th>
<th>□ 99th and&gt;</th>
</tr>
</thead>
</table>

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

### PHYSICAL EXAMINATION/ASSESSMENT

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

Lead Level Required Grades Pre-K & K  Date  
□ Test Done  □ Lead Elevated >5 µg/dL

□ System Review and Abnormal Findings Listed Below

<table>
<thead>
<tr>
<th>□ HEENT</th>
<th>□ Lymph nodes</th>
<th>□ Abdomen</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Dental</td>
<td>□ Cardiovascular</td>
<td>□ Back/Spine</td>
</tr>
<tr>
<td>□ Neck</td>
<td>□ Lungs</td>
<td>□ Genitourinary</td>
</tr>
<tr>
<td>□ Extremities</td>
<td>□ Skin</td>
<td>□ Speech</td>
</tr>
<tr>
<td></td>
<td>□ Social Emotional</td>
<td>□ Musculoskeletal</td>
</tr>
<tr>
<td>□ Assessment/Abnormalities Noted/Recommendations:</td>
<td>Diagnoses/Problems (list)</td>
<td>ICD-10 Code*</td>
</tr>
</tbody>
</table>

□ Additional Information Attached

*Required only for students with an IEP receiving Medicaid
Name: DOB:

**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>
</tbody>
</table>

Notes

**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.

**Pure Tone Screening**

<table>
<thead>
<tr>
<th>Right</th>
<th>Pass</th>
<th>Fail</th>
<th>Left</th>
<th>Pass</th>
<th>Fail</th>
<th>Referral</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, Riffery, 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, prostetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

**MEDICATIONS**

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

**IMMUNIZATIONS**

☐ Record Attached ☐ Reported in NYSIIS

**HEALTH CARE PROVIDER**

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone: Fax:

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

( OVER )
Bethlehem Central School District
Dental Health Certificate

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>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
<tr>
<td>Sex: Male</td>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will this be your child’s first oral health assessment?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>School:</td>
<td>Name</td>
<td>Grade</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

Parent’s Signature | Date

Section 2. To be completed by the Dentist/ 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.

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

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

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

- Yes  No Dental Sealants Present

Other problems (Specify): ___________________________

II. Treatment Needs (check all that apply)

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

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

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

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?

_________________________________________________________________________________________

_________________________________________________________________________________________

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

_________________________________________________________________________________________

_________________________________________________________________________________________

from Davis, Dorinne. *Otitis Media: Coping with the Effects in the Classroom*. 
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.)

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

☐ English  ☐ Other

specify

2. What was the first language your child learned?

☐ English  ☐ Other

specify

3. What is the Home Language of each parent/guardian?

☐ Mother          ☐ Father

specify          specify

☐ Guardian(s)

specify

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

☐ English  ☐ Other

specify

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

☐ English  ☐ Other

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
**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

   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:

   Relationship to student:  ❑ Mother  ❑ Father  ❑ Other: __________________________

---

**OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>POSITION:</th>
</tr>
</thead>
</table>

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

---

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

<table>
<thead>
<tr>
<th>NAME:</th>
<th>POSITION:</th>
</tr>
</thead>
</table>

**ORAL INTERVIEW NECESSARY:**  ❑ No  ❑ Yes

**DATE OF INDIVIDUAL INTERVIEW:**

<table>
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<tr>
<th>MO</th>
<th>DAY</th>
<th>YR</th>
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**OUTCOME OF INDIVIDUAL INTERVIEW:**

   ❑ ADMINISTER NYSITELL

   ❑ ENGLISH PROFICIENT

   ❑ REFER TO LANGUAGE PROFICIENCY TEAM

**NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL**

<table>
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<tr>
<th>NAME:</th>
<th>POSITION:</th>
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**DATE OF NYSITELL ADMINISTRATION:**

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<tr>
<th>MO</th>
<th>DAY</th>
<th>YR</th>
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</table>

**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.

Child’s name ______________________ D.O.B. _________ Grade _________
Child’s name ______________________ D.O.B. _________ Grade _________
Child’s name ______________________ D.O.B. _________ Grade _________
Child’s name ______________________ D.O.B. _________ Grade _________

Parents/ Guardians

Mother’s name ______________________ Father’s Name ______________________

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) ___________ (Ciudad o Pueblo) (Código Postal)
(Dirección de la Calle) ___________ # de teléfono del trabajo o de Mensaje ___________
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.
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 __________
[This page is intentionally blank.]
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.

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>DOB</th>
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<tr>
<td>STUDENT'S PRIMARY ADDRESS</td>
<td></td>
</tr>
<tr>
<td>SCHOOL</td>
<td>GRADE</td>
</tr>
</tbody>
</table>

**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.*

**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.

<table>
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<tr>
<th>PARENT/GUARDIAN SIGNATURE</th>
<th>DATE</th>
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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
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**
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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)