REGISTRATION CHECKLIST FOR PARENTS

In order to complete the registration process as efficiently as possible, please bring the following items with you when you come to register. All items are required.

- ☐ **Registration Form**
- ☐ **Records Release Form**
- ☐ **School Health Policies, informational only**
- ☐ **Medication Authorization Forms**
- ☐ **Immunization Certificate**
- ☐ **Health Appraisal Form and HIPAA Form**

  Physical examinations are required for all students new to the district and must be done within one year of the date of entrance to school. Please let us know the date of your child's physical appointment if it is scheduled after school starts in September because of your child's date of birth.
- ☐ **Health History Form**
  - Student Health History Form must be completed before we are able to process a student's registration packet.
- ☐ **Dental Health Certificate**
- ☐ **Home Language Questionnaire**
- ☐ **Transportation Notification Form**
- ☐ **Current Year Meal Application Form**, *if applicable*
- ☐ **Consent to Release Free/Reduced Meal Eligibility Information**, *if applicable*
- ☐ **Acceptable Use Policy** *(for use of instructional electronic resources)*
- ☐ **Athletic Transfer Form**, *if applicable (grades 9-12 only)*
- ☐ **Proof of custody,** *if applicable.* (Please see Procedure for Verification of Parental Custodial Rights)
- ☐ **Proof of Age**
  - Birth certificate (including certified transcript of foreign birth certificate); or
  - Record of baptism (including certified of foreign baptism). If either of the above are available, no other evidence will be used to determine a child's age.

  If the documentation listed above are not available, the following may be provided:
  - Passport, including foreign passport.

If none of the above are available, the district may consider certain other documentary or recorded evidence that has been in existence for two years or more, except an affidavit of age, as follows:

- official driver's license; or
- state or other government-issued identification; or
- school photo identification with date of birth; or
- consulate identification card; or
- hospital or health records; or
- military dependent identification card; or
- documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement); or
- court orders or other court-issued documents; or
- Native American tribal document; or
- records from non-profit international aid agencies and voluntary agencies.

☐ **Proof of Residency**

- Proof of Tenancy - A verifiable lease agreement or mortgage/deed document **AND**
- Two forms of mail that include the updated address and parents names. This could include:
  - **Pay Stub**
  - **Income Tax Form**
  - **Voter Registration Documents**
  - **Official Drivers License**
  - **State or other government issued ID**
  - **Documents issues by a Federal, State or Local Agency**
  - **Utility Bill, including service address**
  - **Copy of Homeowners or Renters Insurance Declarations Page**
  - **Etc....**

It is also helpful if you can provide:

☐ Child's most recent report card

☐ Copy of most recent IEP for Special Ed Students or 504 Plan, if applicable

INSTRUCTIONS FOR COMPLETING REGISTRATION FORM

STUDENT INFORMATION:

- The address where student resides is the physical/legal street address where the student lives. In the case of joint custody, a primary address must be provided

PARENT/GUARDIAN INFORMATION:

- Please check who you wish to have identified as the primary and secondary call contact.
- Please be sure to indicate if mailing is needed for a parent not living with the student. If so, an address must be entered

CONFIDENTIAL CUSTODIAL INFORMATION:

- Court paperwork required for Custody Transfer, Foster Placement and Orders of Protection

EMERGENCY CONTACT INFORMATION:

- Emergency Contacts should be people, other than the parents, who may be called if an emergency occurs.

SIBLINGS (living in the home):

- List all individuals under 21 at this address (you should include only family members and step-siblings)

CONFIDENTIAL RESIDENCE INFORMATION:

- Please fill out the Confidential Residence Information, *only if applicable*.

.

REGISTRATION FORM

FOR: ENTRY OF NEW STUDENT - GRADES 1 -12

STUDENT INFORMATION

Name _____ Preferred Name *(if applicable)*_____

Home Address _____/_____/_____/_____/_____
Street **Apt# or Lot#** City State Zip

County of Residence _____ School District of Residence _____

Mailing Address _____/_____/_____/_____
(if different from home address) City State Zip

Birth Date ____/____/_____ Gender ☐ M ☐ F ☐ Non-Binary

Student's Previous Address _____/_____/_____/_____/_____
Street **Apt# or Lot#** City State Zip

Who does the child live with? ☐ Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Legal Guardian
☐ Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Legal Guardian

SCHOOL RECORDS

Name of School Last Attended _____ District _____

School Address _____/_____/_____/_____
Street City State Zip

Phone (____)_____ Guidance Office Fax No. (____)_____

STUDENT SERVICES

Has your child ever been identified as having an educational disability? ☐Yes ☐No

If yes, please describe _____

_____

Check which applies: ☐ Student has a current Individualized Education Plan (IEP)
☐ Student has a 504 Accommodation Plan

Please describe any Special Education Services that your child has received (i.e. speech, occupational therapy, physical Therapy, resource, special class, remedial instruction) _____

_____

Has your child received any other services (i.e. English as a Second Language)?
☐ Yes ☐ No If yes, please describe _____

_____

Student Name _____

PARENT/GUARDIAN INFORMATION

☐ Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Legal Guardian
☐ **Primary Contact** ☐ **Secondary Contact**

Name _____

Address _____
(include Apt # or Lot#)

Please indicate if phone is your Home (landline), cell or work
Please indicate the order in which you want to be contacted
Call Order Ranking for Emergency Closings (ex: Snow Day)
(Rank #1 will be called first, then #2 and lastly #3)

Phone Numbers:				Call Order Rank		
(___)_____	☐Home	☐Cell	☐Work	☐ 1	☐ 2	☐ 3
(___)_____	☐Home	☐Cell	☐Work	☐ 1	☐ 2	☐ 3
(___)_____	☐Home	☐Cell	☐Work	☐ 1	☐ 2	☐ 3

☐ Yes, I would like to receive Text Messages to:
(___)_____
☐ Yes, I would like to receive District Electronic Mailings

Email Address _____

Employer _____
☐ Check if Parent on Active Duty in the Armed Forces

☐ Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Legal Guardian
☐ **Primary Contact** ☐ **Secondary Contact**

Name _____

Address _____
(include Apt # or Lot#)

Please indicate if phone is your Home (landline), cell or work
Please indicate the order in which you want to be contacted
Call Order Ranking for Emergency Closings (ex: Snow Day)
(Rank #1 will be called first, then #2 and lastly #3)

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(___)_____	☐Home	☐Cell	☐Work	☐ 1	☐ 2	☐ 3

☐ Yes, I would like to receive Text Messages to:
(___)_____
☐ Yes, I would like to receive District Electronic Mailings

Email Address _____

Employer _____
☐ Check if Parent on Active Duty in the Armed Forces

PARENT/GUARDIAN INFORMATION

☐ Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Legal Guardian

Name _____

Address _____
(include Apt # or Lot#)

Please indicate if phone is your Home (landline), cell or work
Please indicate the order in which you want to be contacted
Call Order Ranking for Emergency Closings (ex: Snow Day)
(Rank #1 will be called first, then #2 and lastly #3)

Phone Numbers:				Call Order Rank		
(___)_____	☐Home	☐Cell	☐Work	☐ 1	☐ 2	☐ 3
(___)_____	☐Home	☐Cell	☐Work	☐ 1	☐ 2	☐ 3
(___)_____	☐Home	☐Cell	☐Work	☐ 1	☐ 2	☐ 3

☐ Yes, I would like to receive Text Messages to:
(___)_____
☐ Yes, I would like to receive District Electronic Mailings

Email Address _____

Employer _____
☐ Check if Parent on Active Duty in the Armed Forces

☐ Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Legal Guardian

Name _____

Address _____
(include Apt # or Lot#)

Please indicate if phone is your Home (landline), cell or work
Please indicate the order in which you want to be contacted
Call Order Ranking for Emergency Closings (ex: Snow Day)
(Rank #1 will be called first, then #2 and lastly #3)

Phone Numbers:				Call Order Rank		
(___)_____	☐Home	☐Cell	☐Work	☐ 1	☐ 2	☐ 3
(___)_____	☐Home	☐Cell	☐Work	☐ 1	☐ 2	☐ 3
(___)_____	☐Home	☐Cell	☐Work	☐ 1	☐ 2	☐ 3

☐ Yes, I would like to receive Text Messages to:
(___)_____
☐ Yes, I would like to receive District Electronic Mailings

Email Address _____

Employer _____
☐ Check if Parent on Active Duty in the Armed Forces

Student Name _____

CONFIDENTIAL CUSTODIAL INFORMATION (*reference the Procedure for Verification of Custodial Rights*)

**Please check all that apply and provide paperwork where asterisk indicates

☐ Two Parents in Home ☐ Single Parent ☐ *Joint Custody ☐ *Sole Custody
☐ *Custody Transfer ☐ **Foster Placement ☐ Emancipated

*Please provide Custody Agreement with Registration.
**Order of Protection – If there is a current "Order of Protection" or "No Contact Order" which concerns this student, documentation must be provided

EMERGENCY CONTACTS *(beyond parent/legal guardian)*

Name _____

Relationship to child:
☐ Grandparent ☐ Neighbor ☐ Sitter ☐ Other _____

Please indicate if phone is your Home (landline), cell or work
Please indicate the order in which you want to be contacted
(Rank #1 will be called first, then #2 and lastly #3)

Phone Numbers:				Call Order Rank		
(___)_____	☐Home	☐Cell	☐Work	☐ 1	☐ 2	☐ 3
(___)_____	☐Home	☐Cell	☐Work	☐ 1	☐ 2	☐ 3
(___)_____	☐Home	☐Cell	☐Work	☐ 1	☐ 2	☐ 3

Name _____

Relationship to child:
☐ Grandparent ☐ Neighbor ☐ Sitter ☐ Other_____

Please indicate if phone is your Home (landline), cell or work
Please indicate the order in which you want to be contacted
(Rank #1 will be called first, then #2 and lastly #3)

Phone Numbers:				Call Order Rank		
(___)_____	☐Home	☐Cell	☐Work	☐ 1	☐ 2	☐ 3
(___)_____	☐Home	☐Cell	☐Work	☐ 1	☐ 2	☐ 3
(___)_____	☐Home	☐Cell	☐Work	☐ 1	☐ 2	☐ 3

SIBLINGS (living in the home)

Name _____/_____ Name _____/_____
First Last First Last

Birth Date __/__/_____ Gender ☐ M ☐ F ☐ Non-Binary Birth Date __/__/____ Gender ☐ M ☐ F ☐ Non-Binary

Name _____/_____ Name _____/_____
First Last First Last

Birth Date___/__/_____ Gender ☐ M ☐ F ☐ Non-Binary Birth Date __/__/_____ Gender ☐ M ☐ F ☐ Non-Binary

Name _____/_____ Name _____/_____
First Last First Last

Birth Date __/__/_____ Gender ☐ M ☐ F ☐ Non-Binary Birth Date___/__/_____ Gender ☐ M ☐ F ☐ Non-Binary

LIVONIA CENTRAL SCHOOL
STUDENT RACIAL AND ETHNIC IDENTIFICATION FORM

To the Parent/Guardian: The U.S. Department of Education and the New York State Education Department require the collection and recording of the racial and ethnic identity of students. The information will be used to:

- Report required data to the State and Federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Analyze differences in academic performance, attendance and completion of school.

This information will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

STUDENT NAME: _____

DIRECTIONS TO PARENT/GUARDIAN

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

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

☐ Yes, Hispanic
☐ No, not Hispanic

2. Select one or more races from the following five racial groups. Check all groups that apply to your child; check at least ONE box:

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

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

☐ **BLACK:** A person having origins in any of the black racial groups of Africa.

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

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

_____ _____
Signature of Parent/Guardian Date

Relationship to Student *(please check one box below)*:
☐ Mother ☐ Father ☐ Guardian ☐ Other (specify): _____

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

Confidential Residence Information:

Please indicate below only if it (1) reflects your child's current living situation or (2) your living situation if you are a youth not living with a parent or guardian. Your answer will help school staff with school enrollment and may enable the student to receive additional services.

We are currently living:

☐	**with a relative or others due to lack of housing, similar situation due to the lack of alternative adequate housing or permanent foster care placement**
☐	**in a motel/hotel, camping ground or other setting**
☐	**in a shelter**
☐	**temporarily housed in a shelter awaiting a DCFS**
☐	**in an abandoned apartment/building / car or park**

RIGHTS OF HOMELESS STUDENTS

The Livonia Schools shall provide an educational environment that treats all students with dignity and respect. Every LCS homeless student shall have equal access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and youth not living with a parent or guardian, applies to all services, programs, and activities provided or made available by the LCS.

A student is considered ***"homeless"*** if he or she is presently living:
-in a shelter
-sharing housing with relatives or others due to lack of housing
-in a motel/hotel, camping ground, or similar situation due to lack of alternative, adequate housing
-at a train or bus station, park, or in a car
-in an abandoned building
-temporarily housed while awaiting foster care placement

All Homeless Students Have Rights To:
-Immediate school enrollment. A *school must immediately enroll students even if they lack health, immunization or school records, proof of guardianship, or proof of residency.*
-Enroll in:
-the school he/she attended when permanently housed (school of origin.
-the school in which he/she was last enrolled (school of origin)
-any school that non-homeless students living in the same attendance area in which the homeless child or youth is actually living and are eligible to attend.
-Remain enrolled in his/her selected school for as long as he/she remains homeless or if the student becomes permanently housed, until the end of the academic year. Academic success is helped when the student remains in the same school.
-**Priority** in certain preschool programs. Parents or guardians are encouraged to seek enrollment in these programs.
-**Participate** in a tutorial-instructional support program, school-related activities, and/or receive other support services.
-**Obtain** information regarding how to get fee waivers, free uniforms, and low-cost or free medical referrals.
-**Transportation services**: A homeless student attending his/her school of origin has a right to transportation to go to and from the school of origin as long as she/he is homeless or, if the student becomes permanently housed, until the end of the academic year. LCS staff shall inform homeless parents/guardians or youth of transportation services to and from school and school-related activities.

For preschool through 6th grade, alternative transportation such as busing in parental "hardship" situations where documentation is provided. Examples of "hardship" situations are:
-parent employment, job training, or educational program
-mental and/or physical disability
-children need to be transported to/from schools at different locations
-rules of shelter or similar facility will not permit parent/guardian to leave to transport children to/from school

Dispute Resolution: If you disagree with school officials about enrollment, transportation or fair treatment of a homeless child or youth, you may file a complaint with the principal. The principal must respond and attempt to resolve it quickly. The principal must refer you to free and low cost legal services to help you, if you wish. During the dispute, the student must be immediately enrolled in the school and provided transportation until the matter in resolved. The Homeless Education Dispute Resolution Process Form is available at all Livonia Schools and offices, including the Homeless Education Program (773)553-2242.

Livonia School has a Homeless Education Program Liaison who will assist you in making enrollment and placement decisions, providing notice of any appeal process, and filling out dispute forms. If you have questions about enrollment in school, or want more information about the rights of homeless students in the Livonia Schools, call the Livonia Central School District at (585)346-4000.

LIVONIA CSD
RESIDENCY STATEMENT

The undersigned, being the Parent/Guardians of _____
(Herein after referred to as the "Student"), hereby acknowledge, state and agree as follows:

1. The undersigned are permanent residents of the Livonia Central School District (hereinafter referred to as the "District"), and have provided the appropriate documentation of their residence at:

_____
(Address)

2. The undersigned grant permission for the District to **verify residency** of the Student at the above address, at the time of registration, and from time to time in the future as the District deems necessary. If residence is rented or leased, the district reserves the right to re-verify residency at the expiration of the rented or leased property.

3. If the undersigned moves out of the District while the Student is still attending the District's schools, the undersigned will notify the District **in writing immediately**.

4. If the undersigned moves out of the District, the Student will no longer be considered a resident for school purposes, and the District will have no obligation to educate the Student. The undersigned shall be responsible for payment of non-resident tuition, in accordance with District policy and procedures, starting on the day after the date on which the undersigned move out of the District.

5. The undersigned may request that the District continue to educate the Student. If the District chooses to educate the student, its decision will be made based on criteria in Board Policy 7131 (Non-Resident Students) and will be dependent upon the undersigned complying with District policy and procedures relating to the education of non-resident students including, but not limited to, payment of tuition in advance.

6. If the tuition referred to above is not paid by the undersigned and the District is required to pursue collection, the undersigned shall pay, in addition to the unpaid tuition, all costs, fees and expenses,including reasonable legal fees, incurred by the District to collect the unpaid tuition.

Date: _____ _____ _____
Signature Please Print Name

Date: _____ _____ _____
Signature Please Print Name

LIVONIA
Central School District

P.O. Box E
Livonia, NY 14487-0489
www.livoniacsd.org

Dr. Jeremy Lonneville, *Superintendent of Schools*
jlonneville@livoniacsd.org
(585) 346-4000, ext. 4100
Fax: (585) 346-6145

PROCEDURE FOR VERIFICATION OF PARENTAL CUSTODIAL RIGHTS

In the event the parents of a child enrolled in the Livonia Central School District are divorced or legally separated, and there are any binding restrictions concerning the release of the child from school; parental access to the child during school; or access to the child's teacher, counselor, etc., or to the child's academic, health, discipline or other educational records, specific verification is required.

The District must receive a copy of the appropriate provisions of the Court Order, Divorce Decree, or Separation Agreement setting forth the custodial rights of the parents, and any specific restrictions concerning access to the child or the child's educational records.

In the absence of such documents, and pursuant to applicable laws and regulations, the District will presume that both parents have equal rights of access to the child while on school property, and to the child's educational records.

LIVONIA
Central School District

P.O. Box E
Livonia, NY 14487-0489
www.livoniacsd.org

Dr. Jeremy Lonneville, *Superintendent of Schools*
(585) 346-4000, ext. 4100
Fax: (585) 346-6145

RECORDS RELEASE FORM

Date:_____

I, _____ hereby give my permission to the Livonia Central School District to obtain information from or release information to:

Name of School:_____

Address:_____

Telephone:_____ **Fax:**_____

Those school records listed below as they relate to:

_____ _____ _____
Name of Student **Birth Date** **Entering Grade**

1. **BIRTH CERTIFICATE**
2. **ACADEMIC INFORMATION**
3. **HEALTH RECORDS**
4. **ATTENDANCE RECORDS**
5. **STATE ASSESSMENTS / STANDARDIZED TESTS**
6. **GRADES 3-8 SCIENCE INVESTIGATION VERIFICATIONS**
7. **PSYCHOLOGICAL REPORTS**
8. **CSE RECOMMENDATIONS**
9. **DISCIPLINE RECORDS**
10. **OTHER:** _____

Signed: _____ **Relationship to Student:**_____

Date of Request:_____ **Follow up Request:**_____

PLEASE FAX TO: _____ **(585)346-**_____
Name **Fax Number**

(Or, if SCANNING materials) Email To:_____

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

Elisa Alvarez, Associate Commissioner Office of
Bilingual Education and World Languages

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

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

Home Language Questionnaire (HLQ)

Dear Parent or Person in Parental Relation:
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.

STUDENT NAME:		
First	*Middle*	*Last*
DATE OF BIRTH:		**GENDER:**
		❑ Male ❑ Female
Month	*Day*	*Year*
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	*First Name*	*Relation to*

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?	❑ Parent 1 _____ *specify*		❑ Parent 2 _____ *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:*	

Home Language Questionnaire (HLQ)—Page Two

Educational History

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

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

Yes ***No*** ***Not sure***
❑ ❑ ❑ ***If yes,** please explain:_____

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

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

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

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

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

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

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

_____ Month: Day: Year:
Signature of Parent or of Person in Parental Relation ***Date***

Relationship to student: ❑ Parent ❑ 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:

TRANSPORTATION NOTIFICATION FORM

Please complete a ***total schedule*** for your child's transportation arrangements.
We must know a morning and evening destination for your child for every day of the week.

Name of Student: _____ **Grade:** _____

HOME: AM Bus Pick-Up BUS # _____

_____
House No. / Street

_____
Telephone Number

Day of the Week: ☐ ☐ ☐ ☐ ☐
M T W TH F

HOME: PM Bus Drop-Off BUS # _____

_____
House No. / Street

_____
Telephone Number

Day of the Week: ☐ ☐ ☐ ☐ ☐
M T W TH F

If attending YMCA, please note this in 'sitter' area.

SITTER: AM Bus Pick-Up BUS # _____

_____
Sitter's Name

_____
House No. / Street

_____
Telephone Number

Day of the Week: ☐ ☐ ☐ ☐ ☐
M T W TH F

SITTER: PM Bus Drop-Off BUS # _____

_____
Sitter's Name

_____
House No. / Street

_____
Telephone Number

Day of the Week: ☐ ☐ ☐ ☐ ☐
M T W TH F

My child gets dropped off in the AM

Day of the Week: ☐ ☐ ☐ ☐ ☐
M T W TH F

My child gets picked up in the PM

Day of the Week: ☐ ☐ ☐ ☐ ☐
M T W TH F

******Grades 4-12 Students Only******

My child walks to school in the AM _____

My child walks home in the PM _____

IMPORTANT

When your child is staying home from school:,

PLEASE CALL OR EMAIL YOUR CHILD'S NURSE

It is very IMPORTANT for us to account for each child..

Thank you!

Roxanne Griffin (High School) - 346-4000 ext: 1003
rgriffin@livoniacsd.org

Debbie Sanderson (Middle School) - 346-4000 ext: 2003
dsanderson@livoniacsd.org

Lori Allen (Elementary School) – 346-4000 ext: 5003
lallen@livoniacsd.org

Stacey Dougherty (Elementary School) - 346-4000 ext: 5002
sdougherty@livoniacsd.org

To avoid a call, text and email home, calls / emails must be made to your child's school nurse prior to 9:30 am

All students who are absent from school will receive an attendance letter home at 5, 10 and 15 days of absences.

LIVONIA
Central School District

P.O. Box E
Livonia, NY 14487-0489
www.livoniacsd.org

Dr. Jeremy Lonneville, *Superintendent of Schools*
jlonneville@livoniacsd.org
(585) 346-4000, ext. 4100
Fax: (585) 346-6145

Dear Parent / Guardian:

Welcome to Livonia School District. **We ask that all medical paperwork is completed and returned to your child's school nurse prior to your child's first day of school**. Below is some important information regarding the distribution of medication here at school. Please familiarize yourself with this and don't hesitate to call your school nurse should you have questions or concerns.

The school recognizes that there are occasions when it is necessary for a student to take medication prescribed by his/her private physician during hours that school is in session. We are happy to cooperate with your physician in giving your child necessary medication. However, the Education Law requires that specific procedures be followed when medication is administered in school. **(This includes all over the counter medications such as Advil, Tylenol, cold medicine and ointments.)**

The procedure is as follows:

1. The school nurse must have a **written order** from your child's physician. Written orders for prescription and nonprescription medications should minimally include:
   a. Student's name and date of birth
   b. Name of medication
   c. Dosage and route of administration
   d. Frequency and time of administration
   e. For prn (as necessary) medications, conditions under which medication should be administered
   f. Date written
   g. Prescriber's name, title, signature and phone number

2. The school nurse must have a **written request** on file from the parent to administer the medication, a verbal or telephone request from the parent cannot be accepted.

3. Medication orders must be renewed annually or when there is a change in medication or dosage. The pharmacy label **does not** constitute a written order and ***cannot*** be used in lieu of a written order from a licensed prescriber.

4. The medication should be delivered to the nurse, by the parent, in the original prescription bottle. Over the counter medication must come in the original, unopened container/package with the students name affixed to the container. All medication will be kept in the school nurse's office. No medication should be sent to the school nurse with the child. **The only exception** would be if the student has an order, on file in the nurse's office, from their physician that they may self- administer and self-carry their asthma inhaler or their epi-pen due to the **severity** of the allergy. The temptation to share medication or the possibility that medication may be lost and fall into the hand of another student is a real danger.

5. Parents should report to the school nurse immediately if there has been a change in the course of treatment or in medication. A doctor order should also be sent to the school nurse with such change.

Thank you for your cooperation in the care of your child!

Sincerely,

Lori Allen RN --	Grades PK-5	(ext. 5003) (fax: 346-4038)
Stacey Dougherty RN--	Grades PK-5	(ext. 5002) (fax: 346-4038)
Debbie Sanderson RN --	Grades 6-8	(ext. 2003) (fax: 346-4059)
Roxanne Griffin, RN --	Grades 9-12	(ext. 1003) (fax: 346-4059)

Livonia Central School District
STUDENT HEALTH HISTORY

Student Health History Form must be completed before we are able to process a student's registration packet.

Name: _____ DOB:_____

Address: _____

Contact person in case of emergency: _____/_____/_____
Name Phone Relationship

E-mail address: _____

Child's Physician: _____/_____
Name Phone

Hospital to be called in case of emergency: _____

		YES	NO
1.	Ever hospitalized?	❒	❒
2.	Ever had major surgery?	❒	❒
3.	Ever had serious injury?	❒	❒
4.	Takes medication daily? (if yes, what?) Required medication at school? _____	❒ ❒	❒ ❒
5.	Ever had heart disease, murmur, irregular heart beat?	❒	❒
6.	Ever had seizures?	❒	❒
7.	Wears glasses or contact lenses?	❒	❒
8.	Ever had kidney/liver disease or enlarged organ?	❒	❒
9.	Ever had asthma or lung disease (carries inhaler?)	❒	❒
10.	Any bleeding tendency, blood disease, anemia?	❒	❒
11.	Any allergies (bee sting, food, latex, medication?) _____ Has allergy required any emergency treatment? _____ Do you carry an Epi-Pen?_____	❒ ❒ ❒	❒ ❒ ❒
12.	Ever had loss of eye, kidney, testicle, or other organ?	❒	❒
13.	Is diabetic or hypoglycemic?	❒	❒
14.	Ever had loss of consciousness, fainting, concussion, or frequent headaches?	❒	❒
15.	Ever have severe or recurrent chest pains?	❒	❒
16.	Ever have difficulty breathing?	❒	❒
17.	Wear braces, had teeth capped, or replaced artificially?	❒	❒
18.	Hearing impaired?	❒	❒
19.	Has impaired use of arms or legs?	❒	❒
20.	Has consulted with physician in past six months regarding any physical condition not listed above?	❒	❒
21.	Has any condition that may be worsened by playing sports or physical education?	❒	❒
22.	Any reason should not participate in all sports?	❒	❒
23.	Has any condition that would be considered life threatening?	❒	❒
24.	Has severe or chronic medical condition that requires special accommodations in a school setting?	❒	❒

Please explain **"Yes"** answers to above questions (give dates)

_____

_____

_____

_____

_____

Date of last physical: _____

PLEASE TURN OVER

Explain all **"Yes"** answers (give dates)

DISEASES	YES	NO		YES	NO
Chicken Pox	❒	❒	Rheumatic Fever	❒	❒
Ear Infections (frequent)	❒	❒	Rubella	❒	❒
Hepatitis A or B	❒	❒	Scarlet Fever	❒	❒
Measles	❒	❒	Strep Throat (frequent)	❒	❒
Mononucleosis	❒	❒	Tuberculosis	❒	❒
Mumps	❒	❒	Whooping Cough	❒	❒

CONDITIONS	YES	NO		YES	NO		YES	NO
Asthma	❒	❒	Ear Problems	❒	❒	Menstrual Problems	❒	❒
Arthritis	❒	❒	Eating Disorder	❒	❒	Muscular Dystrophy	❒	❒
Blood Disorder	❒	❒	Emotional Problems	❒	❒	Neurological Problems	❒	❒
Cystic Fibrosis	❒	❒	Eye Problems	❒	❒	Orthopedic Problems	❒	❒
Cerebral Palsy	❒	❒	Heart Defect	❒	❒	Rheumatic Fever	❒	❒
Chronic Illness	❒	❒	Hernia	❒	❒	Scoliosis	❒	❒
Dental Problems	❒	❒	Language Disorder	❒	❒	Sickle Cell Anemia	❒	❒
Diabetes	❒	❒	Loss of Paired Organ	❒	❒	Other (specify)	❒	❒

Difficulty with: ❒ Eating ❒ Hearing ❒ Speaking ❒ Swallowing ❒ Vision ❒ Walking

Please explain **"Yes"** answers to above questions (give dates)

_____

_____

_____

_____

Medication Information

PLEASE NOTE: Any medication given at school (prescription or non-prescription) requires a doctor's order, parent's authorization and parent has to deliver medication to the school nurse in a labeled prescription bottle.

This information may be shared with appropriate faculty/staff members ☐ Yes ☐No

_____

Parent Signature

REVISED
3:12 pm, May 17, 2017

LIVONIA
Central School District

P.O. Box E
Livonia, NY 14487-0489
www.livoniacsd.org

Dr. Jeremy Lonneville, *Superintendent of Schools*
jlonneville@livoniacsd.org
(585) 346-4000, ext. 4100
Fax: (585) 346-6145

Dear Parents/Guardians:

The New York State requirements for physical exams for students are as follows:
Each new student, within thirty days of his or her entrance into school, must submit to the school a report of a physical exam. Also, within 30 days of starting Pre-K or K, 1st, 3rd, 5th, 7th, 9th, and 11th grades, a report must be submitted. This report of a physical exam (Health Certificate / Appraisal Form) must be completed and signed by a New York State licensed physician, physician assistant, or nurse practitioner. The date of the physical exam is not to be more than twelve months prior to the beginning of the school year in which the examination is required.

A notice will be sent to the parents or guardians of any student who does not provide the school with the report of physical exam (Health Certificate / Appraisal Form). If the report is not turned in within 30 days of that notice, the school physician will examine your child at the school.

Immunizations:
Your child is also required by NYS Public Health Law, Section 2164, to provide a certificate of immunization from a physician that proves your child has all the required immunizations for his/her age or that the child is in the process of receiving the required immunizations. Your child will not be permitted to attend school without the necessary certification. Attached is the list of required immunizations for entry.

Dental Health:
A law was recently enacted that expands health screenings to include the dental health of students in New York State. Though not required to be included as part of the physical exam, we see the value in this new health endeavor. A sample certificate is available for you to take to your child's dentist, once completed; it will also be filed in your child's Health Cumulative Record.

***NOTE regarding school sports physicals:**
Students participating in school sports need to have had a physical exam within 12 months prior to the start of the sport season. **Until the school has received a report of the physical exam, the student will not be permitted to participate in the sport.**
Thank you for your cooperation and assistance. Our students benefit when we work together to promote the health and achievement of all students. Please contact your child's school nurse/health office with any questions or concerns.

Sincerely,

Lori Allen RN -- Grades PK-5 (ext. 5003) (fax: 346-4038)
Stacey Dougherty RN -- Grades PK-5 (ext. 5002) (fax: 346-4038)
Debbie Sanderson RN -- Grades 6-8 (ext. 2003) (fax: 346-4059)
Roxanne Griffin RN -- Grades 9-12 (ext. 1003) (fax: 346-4059)

2023-24 School Year
New York State Immunization Requirements for School Entrance/Attendance[1]

NOTES:
All children must be age-appropriately immunized to attend school in NYS. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine must be in accordance with the "ACIP-Recommended Child and Adolescent Immunization Schedule." 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 must meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

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

NEW YORK STATE | Department of Health

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. 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 through 9: 10 years; minimum age for grades 10, 11, and 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 2023-2024, only doses of Tdap given at age 10 years or older will satisfy the Tdap requirement for students in grades 6 through 9; however, doses of Tdap given at age 7 years or older will satisfy the requirement for students in grades 10, 11, and 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 (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, must 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 through 10: 10 years; minimum age for grades 11 and 12: 6 weeks).
   a. One dose of meningococcal conjugate vaccine (Menactra, Menveo or MenQuadfi) 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.
   f. For further information, refer to the CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.

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 CDC Catch-Up Guidance for Healthy Children 4 Months through 4 Years of Age.

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

LIVONIA CENTRAL SCHOOL DISTRICT
346-4000

Below is a list of required screenings (Scoliosis, Vision, and Hearing) and grade levels in which they will be completed on your child, if not completed and noted on your child's physical.
You will only be notified of any abnormal results at the time of your child's screening.

SCHOOL SCREENING OVERVIEW

	New Entrants and Pre K	K	Gr.1	Gr. 2	Gr. 3	Gr. 4	Gr. 5	Gr. 6	Gr. 7	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12
Scoliosis Screening							X Girls		X Girls		X Boys			
Vision Screening (Near & Distance)	X	X	X		X		X		X				X	
Color	X													
Hearing Screening	X	X	X		X		X		X				X	

HEALTH EXAMINATION REQUIREMENTS

***Any student in a school sport, grades 7-12, and the required grades as indicated below, need to have an updated physical, done by your physician, on file in the nurse's office.**

	New Entrants and Pre K	K	Gr.1	Gr.2	Gr.3	Gr.4	Gr.5	Gr.6	Gr.7	Gr.8	Gr.9	Gr.10	Gr.11	Gr.12
Health Examination (physical)	X	X	X		X		X		X		X		X	
Dental Certificate (requested, not required)	X	X	X		X		X		X		X		X	

If you have any questions or concerns, please contact your child's school nurse.
Lori Allen RN -- Elementary School ---Ext. 5003
Stacey Dougherty RN -- Elementary School --- Ext. 5002
Debbie Sanderson RN --Middle School ---Ext. 2003
Roxanne Griffin RN --Senior High School ---Ext. 1003

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM

TO BE COMPLETED BY PRIVATE HEALTHCARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

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

STUDENT INFORMATION

Name:	Affirmed Name (if applicable):	DOB:
Sex Assigned at Birth: ☐ Female ☐ Male	Gender Identity: ☐ Female ☐ Male ☐ Nonbinary ☐ X	
School:	Grade:	Exam Date:

HEALTH HISTORY

If yes to any diagnoses below, check all that apply and provide additional information.

☐ **Allergies**	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ **Asthma**	☐ Intermittent ☐ Persistent ☐ Other: ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ **Seizures**	Type: Date of last seizure: ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ **Diabetes**	Type: ☐ 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: ☐ Yes ☐ Not Done **Hypertension:** ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

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

Laboratory Testing	Positive	Negative	Date	Lead Level Required for PreK & K	Date
TB- PRN	☐	☐		☐ Test Done ☐ Lead Elevated ≥5 µg/dL	
Sickle Cell Screen-PRN	☐	☐			

☐ **System Review Within Normal Limits**

☐ **Abnormal Findings – List Other Pertinent Medical Concerns Below** (e.g., concussion, mental health, one functioning organ)

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

☐ Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list) ICD-10 Code*
☐ Additional Information Attached	*Required only for students with an IEP receiving Medicaid

Name:	Affirmed Name (if applicable):	DOB:

SCREENINGS

Vision & Hearing Screenings Required for PreK or K, 1, 3, 5, 7, & 11

Vision Screening	**With Correction** ☐Yes ☐ No	**Right**	**Left**	**Referral**	**Not Done**
Distance Acuity		20/	20/	☐ Yes	☐
Near Vision Acuity		20/	20/	☐ Yes	☐
Color Perception Screening	☐ Pass ☐ Fail				☐

Notes

Hearing Screening: 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.				**Not Done**
Pure Tone Screening	**Right** ☐ Pass ☐ Fail	**Left** ☐ Pass ☐ Fail	**Referral** ☐ Yes	☐

Notes

Scoliosis Screening: Boys grade 9, Girls grades 5 & 7	**Negative**	**Positive**	**Referral**	**Not Done**
	☐	☐	☐ Yes	☐

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

☐ ***Family cardiac history reviewed –** required for Dominick Murray Sudden Cardiac Arrest Prevention Act

☐ **Student may participate in all activities without restrictions.**

If Restrictions Apply – Complete the information below

☐ **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

☐ **Other Accommodations*:** Provide Details (e.g., brace, insulin pump, prosthetic, sports goggles, etc.):

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

MEDICATIONS

☐ Order Form for medication(s) needed at school attached

COMMUNICABLE DISEASE	**IMMUNIZATIONS**
☐ Confirmed free of communicable disease during exam	☐ Record Attached ☐ Reported in NYSIIS

HEALTHCARE PROVIDER

Healthcare Provider Signature:	
Provider Name: *(please print)*	
Provider Address:	
Phone:	Fax:

Please Return This Form to Your Child's School Health Office When Completed.

LIVONIA
Central School District

P.O. Box E
Livonia, NY 14487-0489
www.livoniacsd.org

Dr. Jeremy Lonneville, *Superintendent of Schools*
jlonneville@livoniacsd.org
(585) 346-4000, ext. 4100
Fax: (585) 346-6145

Livonia Central School District
Dental Health Certificate

NY State Consolidated Law Article 19 § 903 has been amended. Beginning 9/1/2008, a Dental Health Certificate is ***requested but not required*** to be furnished by the student at the same time that a Health Certificate is required (K,2,4,7,10 and all new entrants).

- Must be signed by a licensed Dentist.
- Must be no older than the 12 months prior to the beginning of the current school year; therefore the certificate must be dated after September 1, previous school year.
- Must describe the Dental Health Condition at the time of the exam.
- Must state whether student is in fit condition of dental health to permit attendance in school.

SCHOOL: _____ GRADE: _____

TO BE FILLED IN BY PARENT/GUARDIAN BEFORE EXAMINATION BY DENTIST

I authorize my child's dental care provider(s) to release the dental information requested on this form per NY State Consolidated Law Article 19 § 903 to the school nurse and district medical officer and authorize the school nurse/district medical officer to contact the dental provider regarding information on this form for one calendar year from the date I signed.

Parent Signature: _____ **Date:** _____

Student Name _____/_____Birthdate _____/_____/_____ Gender: ☐M ☐F ☐Non-Binary
Last First
Address:_____/_____/_____
Street City Zip
Parent/Guardian _____Primary Phone _____
(Home Address if different from above)

Dentist's Name _____Dentist's Phone _____
Physician's Name _____Physician's Phone _____

DENTAL HEALTH INFORMATION (to be completed by Dentist)

Assessment Date: _____

- Visible fillings and/or restoration(s) present: ☐ Yes ☐ No
- Untreated caries present: ☐ Yes ☐ No
- Treatment Urgency:
  - ☐ No obvious problem found _____
  - ☐ Dental care recommend _____
  - ☐ Urgent care needed _____

Student is in fit condition of dental health to attend school ☐ Yes ☐ No
If No, Plan of Action _____

Dental Professional Signature: _____ **Date:** _____

_____ Or Office Stamp
Print Name

PARENTS PLEASE RETURN THIS FORM TO THE SCHOOL TO BE RETAINED IN STUDENT'S HEALTH RECORD

LIVONIA
Central School District

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jlonneville@livoniacsd.org
(585) 346-4000, ext. 4100
Fax: (585) 346-6145

Since April 2003, HIPPA (Health Information Proliferation Privacy Act) requires you to complete the form below for your healthcare provider to share protected health information with the school district. Please complete, sign and give the form to your healthcare provider and/or to your school nurse to avoid delays.

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, _____authorize my child's healthcare provider(s) listed below to release the medical records of my child_____ DOB: _____ , to the District's:

☐ Medical Officer, ☐ School Nurse, ☐ Occupational Therapist (OT), ☐ Physical Therapist (PT), ☐ Speech Therapist (ST),
☐ Athletic Trainer (AT), ☐ Psychologist, ☐ Social Worker, ☐ Counselor, ☐ Other (specify) _____

Parent; list all your child's healthcare providers below:

Name: _____Phone: _____ Fax: _____
Name: _____Phone: _____ Fax: _____
Name: _____Phone: _____ Fax: _____
Name: _____Phone: _____ Fax: _____

The healthcare provider may disclose the following protected health information: PARENT/SCHOOL: check all that apply

☐ Immunizations
☐ HealthAppraisals
☐ Past/Current Medical Condition and Its Impact on Attendance, Athletics, or School Programming or Therapy(ies)
☐ Other: _____

The Protected Health Information may be used, disclosed or received for the following purpose(s): PARENT/SCHOOL: check all that apply

☐ To develop care or therapy plans for routine and emergent school management
☐ To design appropriate educational, school, or athletic programs
☐ To assess the impact of the medical condition(s) on school programming and/or attendance
☐ To share school observations/concerns surrounding behavior
☐ To assess a medical basis for modification of transportation and/or home tutoring
☐ Medication delivery or therapy prescriptions
☐ At patient's request with no specified purpose
☐ Other: _____

PARENT: Please select one (Note: If you do not sign for the complete academic year, you may need to complete another form)

☐ This authorization is valid for the entire academic school year 20_____-20_____
☐ This authorization shall expire on ___ /___ /___ (MM/DD/YY)

I acknowledge that I have the right to revoke this authorization at any time by sending written notification to the Privacy Officer at my healthcare provider's office and to the District Administration Building. I understand that the revocation of this authorization is not effective if the Healthcare Provider or District has used the authorization for disclosure of the Protected Health Information before receiving my written revocation notice. I understand that any Protected Health Information disclosed as a result of this Authorization to anyone not covered by the state and federal privacy laws and regulations may be subject to re-disclosure and may no longer be protected by federal or state law. I understand that my child's treatment is not dependent on my agreement to release or withhold information. I acknowledge that the district will share relevant school information with my healthcare providers and when applicable with those governmental agencies as required for reimbursements. I give permission for the school representatives above to share and disclose information as indicated above with the healthcare providers listed.

Date: _____ Signature of Patient (over 18), Parent, or Guardian:_____ Relationship: _____

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION
A SIGNED COPY OF THIS AUTHORIZATION MUST BE GIVEN TO THE ADULT PATIENT OR PARENT OF THE MINOR CHILD
REQUIRES MEDICATION IN SCHOOL, PLEASE SIGN THE PERMISSION BELOW

I give permission for my child to receive medication or therapy in school as prescribed by my healthcare provider

Name: _____ Date: _____

This exam complies with NYSED requirements above and is valid for twelve (12) months, with the exception of any illness or injury lasting more than five (5) days that will require review by private healthcare and the school medical director

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MEDICATION INFORMATION AND POLICIES

Livonia Central School District

If you wish your child to receive ANY medication at school, the New York State regulation requires written permission from your health care provider and parent. This includes all prescriptions and/or over-the-counter medications.

• Nurses may administer medication only at the time(s) (with a variance of one hour before and one hour after) and the dosage specified by the healthcare provider.

• Medication must be properly labeled with specific directions and dose, **in the original container.**

• **New forms are required at the beginning of each school year and whenever the dosage changes.**

• All medication must be brought in and picked up at the end of the school year **by an adult**. Any medication not picked up will be discarded on the last day of school.

• If half pill dosage is required, please bring pills to school cut in half. Childproof caps are not required.

• Mid-day medications are not administered on school half days unless specifically requested by the parent.

Please Note: The New York Board of Pharmacy requires schools to send medications on extended field trips in a pharmacy labeled bottle. Please ask your pharmacist for an extra empty bottle when the prescription is being filled (i.e. one bottle for home, two for school).

Grade Level: _____

MEDICATION AUTHORIZATION FORM

Livonia Central School District

For School Year 20__ - 20__

(Parent and Prescriber's Authorization for Administration of Medication in School)

Orders For: _____/_____/_____

Name DOB Weight

Medication/Food Allergies:_____

If you wish your child to receive **ANY** medication at school, the **New York State regulation requires written permission from your health care provider and parent**. This includes all prescriptions and/or over-the-counter medications. This written permission must be renewed annually. **All non-prescription medications MUST be in new un-opened bottles. Prescription medications must have actual prescription labels on them, as well as Epi-pens and inhalers with the sticker on them for safety reasons.** Administration of over-the-counter medications will be "per label" directions for age/weight unless otherwise indicated by provider.

Drug Name	Provider Order	Drug Name	Provider Order
Neosporin (antibiotic ointment)	☐Yes ☐No	Throat Lozenges (throat irritation)	☐Yes ☐No
Benadryl (allergies) or generic	☐Yes ☐No	Tums (heartburn, stomach upset)	☐Yes ☐No
Cortisone Cream (topical) for skin irritation	☐Yes ☐No	Visine (regular and allergy) for eye irritation	☐Yes ☐No
Cough Drops	☐Yes ☐No	Other:	☐Yes ☐No
Ibuprofen (fever/discomfort)	☐Yes ☐No	Other:	☐Yes ☐No
Tylenol	☐Yes ☐No	Other:	☐Yes ☐No

Prescription Medications to be Given in School

Drug Name	Dose	Directions	Reason

Physician please check if applicable:

☐ If morning dose is missed at home, RN may administer morning dose of _____with parent permission
☐ Medication **should be** taken on field trips
☐ Medication **should be** given during school sponsored aftter school and/or weekend activities/sports

ALL MEDICATION MUST BE PROVIDED BY PARENT

PARENT/GUARDIAN AUTHORIZATION REQUIRED

Signature:_____

Phone Number: _____

Date: _____

DOCTOR'S AUTHORIZATION REQUIRED

Signature:_____

Phone Number: _____

Date: _____

Lori Allen, RN -	Grades PK – 5	School Fax (585)346-4038
Stacey Dougherty, RN -	Grades PK – 5	School Fax (585)346-4038
Debbie Sanderson, RN -	Grades 6-8	School Fax (585)346-4059
Roxanne Griffin, RN -	Grades 9-12	School Fax (585)346-4059

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PROVIDER ATTESTATION AND PARENT PERMISSIONS
REQUIRED FOR INDEPENDENT MEDICATION CARRY AND USE

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

Student Name:_____ **DOB:** _____

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

This student is diagnosed with:

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

Physician Signature: _____ **Date:** _____

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

Signature: _____ **Date:** _____

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LIVONIA CENTRAL SCHOOL

Parent Access to the Schooltool Parent Portal

The goal of the Parent Portal is to provide seamless communication between teachers and parents in an efficient and effective manner. The parent portal is a component of the Schooltool student database program and provides parents and legal guardians with the ability to see their students' academic information from anywhere an internet connection is available. We hope you will find the portal a useful tool to assist their child or children as they progress through the school system and that teachers find the portal to be an easy to use system of communication. Below is some information in regard to what you might expect to see on the Parent Portal for the different grade levels.

1) **Elementary School Students.** Elementary teachers provide communication to parents in many ways. Often times there are newsletters, information that is sent home in a child's folder and, of course, there is a report card that goes home every 10 weeks. As part of the Parent Portal you will find additional information:
    a. Basic Contact information for the child and their family
    b. Attendance information
    c. State Test information
    d. Report Cards

2) **Middle and Senior High Students.** Middle and secondary school teachers will also be using the Parent Portal. You can expect to find:
    a. Basic Contact information for the child and their family
    b. Attendance information
    c. State Test information
    d. Report Cards
    e. Assignment grades

Note: For Middle and Senior High students, different subjects and different assignments for the same subject have different time frames for when assignments are graded. When assignments are graded and handed back to the students, they will be available on the Parent Portal. The teacher determines what this timeframe will be. Please communicate with your child's teacher(s) if you have any questions. You can even use the Parent Portal to email the teacher(s).

Parents:
To sign up for access to the Parent Portal, email at lcshelp@livoniacsd.org
or call LCS Tech Help Desk at (585) 346-4000 x1233.
Parents must have a valid email to access Parent Portal

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Parents Bill of Rights
Regarding Student Information and Educational Records

Under provisions of the Family Educational Rights and Privacy Act (FERPA), the Protection of Pupil Rights Amendment (PRPA) and the No Child Left Behind Act (NCLB), parents and guardians must be notified of their rights annually with regard to student records and information.

Educational Records:

Parents/guardians have a right to inspect and review any educational records related to their child. Student education records include their cumulative health folder. Requests should be made in writing to the building principal.

- If a parent/guardian believes that information contained in the educational records is inaccurate, misleading or otherwise in violation of their student's privacy rights, he/she may make a request in writing to the building principal. The request must specify the records to be amended and the reason the amendment is requested.
- Parents/guardians may file a complaint with the U.S. Department of Education if they feel the district has failed to comply with FERPA and its regulations.
- Upon request, the district will disclose educational records without consent to officials of another school district in which a student seeks or intends to enroll.

Student Directory Information:

- Personally identifiable information contained in a student's educational records will not be disclosed without parental consent, except to the extent that FERPA authorizes, without parental consent.
- Under the provisions of FERPA, the District may release student directory information without parental consent. Directory information is designated as student name, address, telephone number, date and place of birth, most recent school attended, or participation in officially recognized activities and sports; height and weight of athletic team members, dates of attendance; honors, degrees and awards received; photograph, and e-mail address. Release of directory information is not permitted if such information is to be used for solicitation, fundraising, political or commercial purposes.
- If a parent/guardian does not wish to have some or all of the directory information described above released without prior consent, he/she must notify the building principal in writing within 30 days after this notice.

The district may disclose personally identifiable information from student records, without consent, to other school officials within the district whom the district has determined to have legitimate educational interests. A school official is a person employed by the district as an administrator, supervisor, instructor or support staff member (including health or medical staff and law enforcement unit personnel; a member of the Board of Education; a person or company with whom the district has contracted to perform a special task – such as an attorney, auditor, medical consultant, or therapist, or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official performing his or her tasks). Personal identifiable information may also be disclosed to officials in another school in which the student seeks or intends to enroll; authorized representatives of certain designated Federal and State agencies pursuant to a lawfully issued court order or subpoena; and persons who need to know in case of a health and safety emergency.

A school official has a legitimate educational interest if the official needs to review a student record in order to fulfill his or her professional responsibilities.

Parents have the right to opt their child out of participation in the following activities: those in which student personal information will be gathered and used for marketing purposes; non-emergency invasive, medical examinations; and any survey containing items about political affiliations or beliefs, psychological problems of student or family, illegal behaviors, religious practices or beliefs of student or family, income, critical appraisals of close family members, or legally recognized privileged relationships.

Livonia Central School

Acceptable Use Agreement
Use of Computer Technologies and the Internet

The incredible spread of telecommunications in recent years has led the Livonia Central School District to recognize that there are new ways to share ideas, transmit information, and add to the educational opportunity of students and staff alike. To that end, the District is offering connection to the global community by use of the Internet. The Board of Education has adopted Policy No. 6179 which mandates that the District adopt an Acceptable Use Agreement to ensure that everyone who accesses the Internet does so knowledgably and responsibly. Accordingly, the District has established these regulations for the use of the system. Students and staff should read these regulations and procedures and complete the attached Agreement form (or in the case of students under the age of 18, their parent or legal guardian should complete the Agreement form). Internet access and computer use in the District is a privilege and not a right. All users should understand that violation of these regulations and procedures could result in loss of access as well as other disciplinary actions, as detailed below.

Some Internet systems may contain inappropriate or objectionable material for a minor. Parents of minors having access to the Internet should be aware of the existence of such material and the ability of a student to access this material through the Internet (either at school or at home). As a result, the District disclaims any responsibility for inappropriate or objectionable materials which a student may obtain through school use of the Internet.

Communication over networks should not be considered private. Network supervisors and maintenance of the system may require review and inspection of directories and messages. Privacy in these communications is not guaranteed. The District will not intentionally inspect the contents of electronic mail sent by a user to an identified addressee or disclose such contents to other than the sender unless required to do so by law, policies of the District or to investigate complaints regarding electronic mail which is alleged to contain defamatory, inaccurate, obscene, profane, sexually-oriented, threatening, offensive or illegal materials.

Procedures for Use

The District will allow staff and students access to the Internet provided that the Internet Use Agreement is signed with appropriate signatures. The procedure is as follows:

Step 1: For students, the Internet use Agreement will be signed by a parent or legal guardian and will be kept on file until the student graduates. By signing this agreement, the parent or legal guardian agrees to allow the student access to the Internet for curricular purposes, under the direction of school personnel, even if a parent or legal guardian denies access. Revoking a student's Internet access must be done in writing by the parent and submitted to the appropriate building administrator. Parents will sign the Internet Use Agreement the first year their student enters each building on our campus. For school personnel, the Internet Use Agreement will be signed and kept on file.

Step2: On a yearly basis, students and school personnel will receive information regarding the responsible use of the Internet.

Step 3: Each year, students in grades 4-12 will sign the Internet Use Agreement at the end of this document. If a signature is not on file the student will not be given access to the Internet.

Rule of Conduct

Usage will be in support of education and research and be consistent with the goals of Livonia Central School. If the Internet is being used for a purpose other than classroom assignments, a form must be signed stating the intended purpose.

Only appropriate language will be used while using the computer systems. Language which is vulgar, profane, obscene, offensive, abusive, sexually oriented, racist, sexist, threatening, inaccurate, defamatory, or illegal is strictly prohibited.

Entry into shopping areas and fee-bases services is prohibited. Disciplinary actions will be taken and all costs will be paid by the user.

All work should be saved and the user should take care to exit the system properly. The District will not be held responsible for loss or theft of information.

No one should enter another user's e-mail account or personal files except as noted in the first section of this Agreement.

A system administrator should be notified immediately if a security problem is identified. No other person should be informed of the security problem.

The computer network should not be used to develop programs that harass or infiltrate a computer or computer system. Harassment is defined as a persistent annoyance of other users or interference with another user's work. It includes, but is not limited to the sending of offensive or inappropriate mail or chain letters.

When using the Internet, a user should not write in capital letters since this is considered shouting.

There must be proper acknowledgement given if a user uses programs or parts thereof of another user. As like any other resource tool, the information on the Internet is authored by others. Therefore, use without acknowledgement is plagiarism.

Copyrighted or proprietary materials should not be distributed without the written consent of the copyright holder. All federal copyright and patent laws concerning computer software, documentation, and other tangible assets must be adhered to. Unless it is indicated within the document by the author, a user should assume that software is copyrighted.

A user should not present false identification or misleading information to gain access to computing resources for which the user is not authorized.

A user should not prevent other users from accessing the system, or slowing down the system by deliberately running wasteful jobs. Prohibited activities include disabling or crashing the system, playing games, sending mass mailings or chain letters, creating unnecessary multiple jobs or process names and failing to delete unnecessary e-mail messages.

The network should not be used for commercial, religious, or political lobbying purposes.

There should be no vandalism of other user's work and/or information found on the Network. Vandalism is defined as any malicious attempt to alter, harm or destroy data of another user, the Internet or other networks. This includes, but is not limited to creating and/or upholding computer viruses.

Staff will not share confidential information about students and other employees through e-mail or on the Internet.

Students will not transmit personal information without parental consent.

Users shall not access "chat" servers, other than for teacher-supervised sessions of instructional programs, i.e., governor's address, legislator's meeting, etc.

Users shall not receive or transmit information pertaining to dangerous instrumentalities such as bombs, automatic weapons, or other illicit firearms, weaponry, or explosive devices.

.

Parent Permission Form for Internet Use and Website Publishing

Name of Student _____ Grade _____
(Print Name)

School _____

Parent/Guardian Name _____
(Print Name)

As a parent, I have read the attached acceptable use policy and the website publishing policy. I understand that my child will be exposed to and allowed supervised use of the Internet. I understand that my child's picture or original work may be published on the World Wide Web as a part of the district's website. No student last names, home addresses, or telephone numbers will appear with the picture or work. I further understand that the original work will appear with a copyright notice prohibiting the copying of such work without written permission. In the event that someone requests such permission, those requests will be forwarded to me as a parent/guardian.

Internet Access Permission -Please check one of the options below

☐ Yes, I give permission for my child to have supervised use of the Internet.

☐ No, I do not want my child to have Internet access (I understand that my child may still be exposed to the Internet as part of class activities).

Website Publication Permission -Please check one of the options below

☐ Yes, allow my child's work to be considered for website publication along the guidelines listed in the district Website Policy.

☐ No, I do not want my child's work on the school's website.

This permission will be valid while my child remains at Livonia Central School.

Signature_____ Date _____
(Parent/guardian)

Livonia Central School District

where everyone moves forward each day

Device User Agreement

Livonia Central School District views the use of electronic resources as central to the delivery of its educational program. By providing each student a chromebook computer to use at school and at home, Livonia Central School District intends to enable an engaging, collaborative, self-directed, and empowering learning environment. Students are expected to use district technology and network resources responsibly and parents are expected to collaborate with the school district in ensuring their child uses the district issued device in accordance with district policies and guidelines. Below is a summary of commitments made by students and parents.

Student Agreement

As a learner, I agree to the following responsibilities before, during, and after school whether or not I am on or off campus.

- Use the device in a responsible and ethical manner, complying with the responsible use guidelines outlined within the LCSD Code of Conduct and the Livonia Central School District Acceptable Use Policy at all times.
- Use my 1:1 device for educational purposes.
- Obey school rules concerning behavior and communication that apply to technology use.
- Notify a staff member or parent/guardian immediately of information, images, or messages that are inappropriate, dangerous, threatening, or uncomfortable.
- Return the chromebook at the end of the school year (or district enrollment) in the same condition received.
- Protect my 1:1 device by carrying it securely in the District-issued protective case and preventing careless or malicious damage.
- Never leave my 1:1 device unattended in an unsecure or unsupervised location.
- Charge my 1:1 device's battery to full capacity each night.
- Report all damages, issues, or technical problems with my 1:1 device to my instructor.
- Not alter or attempt to change, disable, or circumvent the management settings, content filters, or any protective settings on my 1:1 device.
- Never share my 1:1 device with other students or individuals.

I understand the device is the property of the Livonia Central School District and that any violation of this Agreement may result in the suspension or loss of my 1:1 device and school network privileges. Additionally, I may face disciplinary action, as determined by school administration, for any violations of this Agreement, or the policies, rules, or regulations of the District, up to and including suspension or expulsion.

Student Name (print): _____ Grade: _____

Student Signature: _____ Date: _____

Parent Agreement

I understand that my family's responsibilities include:

To monitor student use at home, and away from school. The best way to keep students safe and on-task is to have a parent/guardian present and involved.

- Talk to my child about values and the standards that they should follow on the use of the Internet just as you do on the use of all digital media (TV, phones, movies, music, etc.).
- Be active participants by asking your child to show you what sites they are navigating to and how they are being used in your child's education.
- Ensure that siblings and other family members are not using the device for personal use.
- Encourage balanced and healthy digital media use.
- Assume responsibility for the cost of repair or replacement if the device is not returned, damaged, lost or stolen. Fines are structured as follows:

1st incident $35
2nd incident $75
3rd incident $350 (full replacement value)
AC Power Adapter Replacement Fee $35

*If a student qualifies for the Free and Reduced lunch program, arrangements can/will be made for any fees incurred on a case by case basis.
*Fees *may* be reduced if the cost of repair is less than the fees listed above.

In consideration of the privileges and opportunities afforded by the use of Livonia Central School District Technology resources, I hereby release the Livonia Central School District , its employees and directors from any and all claims of any nature arising from my child's use or inability to use these resources, including but not limited to claims that may arise from unauthorized use of a 1:1 device. I also understand that it is impossible for Livonia Central School District to restrict access to all controversial materials and I will not hold the District responsible for materials accessed with a District 1:1 device.

I accept full responsibility for my child's use of the 1:1 device while outside of a school setting and understand that my child's 1:1 device use is subject to the same rules and requirements when used off-campus. I understand that my child's 1:1 device privileges may be suspended or revoked for violation of this Agreement. I also understand that my child may be subject to disciplinary action for conduct in violation of this Agreement, or the policies, rules, or regulations of the District.

Device User Agreement-Please Return to your child's school

I understand the device is the property of the Livonia Central School District and that any violation of the LCSD Parent-Student Device Agreement may result in the suspension or loss of my 1:1 device and school network privileges. Additionally, I may face disciplinary action, as determined by school administration, for any violations of this Agreement, or the policies, rules, or regulations of the District, up to and including suspension or expulsion.

Parent Name (print): _____

Parent Signature: _____ Date: _____

Welcome to Livonia Food Services

Livonia Central School District provides the opportunity for all students to have a balanced, nourishing meal which helps them to reach their highest level of learning potential throughout their school day.

A computerized point of sale system is used to track student purchases, prepayment and charges. Each student is identified by his or her student identification number and picture ID.

Free & Reduced Meal Eligibility:

All students at Livonia CSD receive a free breakfast and a free lunch each day regardless of income. Second entrees and extra items are available to purchase.

Please check out our website: https://www.livoniacsd.org/page/food-services for more information on Livonia Food Services.

Frequently Asked Questions:

How much do meals cost?

Currently, Livonia Central School District qualifies for Free Breakfast & Lunch for All Students. If the District's eligibility changes, families will be notified.

Where can I find the breakfast and lunch menu?
The menus are located on the Livonia CSD website and app.

Are ice cream and other a la carte items available?
Yes, a la carte items are available along with extra meals for purchase. You can use MySchoolBucks.com to add money to your student's account. Students are also welcome to pay/add funds at the register.

Who do I contact with questions about food service?
Our Food Service Director, Rebecca Schorer, can be reached at RSchorer@livoniacsd.org or by calling 346-4000 x4060

Thank you for your partnership and support with ensuring that we provide a nourishing meal for your student and maintain fiscal responsibility.

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Central School District

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www.livoniacsd.org

Rebecca Schorer, *Food Services Director*
rschorer@livoniacsd.org
(585) 346-4000, ext. 4060
Fax: (585) 346-4042

NEW! Pay for Student Meals Online

To the parents of Livonia students,

Livonia Central School District is excited to offer **MySchoolBucks®!** This online payment service provides a quick and easy way to add money to your student's meal account using a credit/debit card or electronic check.

You can also view recent purchases, check balances, and set-up low balance alerts for **FREE!**

MySchoolBucks provides:

- **Convenience** - **Available 24/7 on the web** or through our **mobile app** for your smartphone
- **Efficiency** - Make payments for all your students, even if they attend different schools within the district. Eliminate the need for your students to take money to school.
- **Control** - Set low balance alerts, view account activity, recurring/automatic payments & more!
- **Flexibility** - Make payments using credit/debit cards and electronic checks.
- **Security** – MySchoolBucks adheres to the highest security standards, including PCI and CISP.

Enrollment is easy!

1. Go to www.MySchoolBucks.com and register for a free account.
2. Add your students using their school name and student ID.
3. Make a payment to your students' accounts with your credit/debit card or electronic check.
   A program fee may apply. You will have the opportunity to review any fees and cancel if you choose, before you are charged.

If you have any questions, contact MySchoolBucks directly:

- support@myschoolbucks.com
- 1-855-832-5226
- Visit myschoolbucks.com and click on Help

Thank you,

Rebecca Schorer

Food Service Director

Livonia Central School

TRANSFER: Note: The transfer Rule will be enforced as written with no variations permitted

a. A student in grades 9-12 who transfers, with a corresponding change in residence of his/her parents (or other persons with whom the student has resided for at least six months) shall become eligible after starting regular attendance in the second school. A residence change must involve a move from one school district to another. Furthermore, when a student moves from one public school district to another public school district, for athletic eligibility the student must enroll in the public school district or in a private school within that district's boundaries of his/her parents' residency. The Superintendent, or designee, will determine if the student has met district residency requirements.

b. A student who transfers without a corresponding change in residence of his/her parents (or other persons with whom the student has resided for at least six months) is ineligible to participate in any interscholastic athletic contest in a particular sport for a period of one (1) year if as a 9-12 student participated in that sport during the one (1) year period immediately preceding his/her transfer. Students who transfer from any school to the public school district of the residence of his/her parents (or other persons with whom the student has resided for at least six months) or a private school within that district's boundaries shall **receive a waiver** from the Transfer Rule. Such a transfer without penalty will only be permitted once in a high school career. *Schools must submit the required transfer form to the Section office. Athletes are not permitted to practice before the form has been submitted. Athletes are not permitted to compete without approval.* NOTE: A student in a foreign exchange program listed by CSIET has a one year waiver of the Transfer Rule. If such a student elects to stay a second year he/she becomes a foreign student at the start of the school year with item (b) in effect.

Exemptions to (b): For athletic eligibility a student must enroll in the public school district or in a nonpublic school within that district's boundaries of his/her parent's residency.

Note: Multiple High School Districts- The policies/boundaries of the school district will be followed. If the district has an open enrollment policy, the interpretation to be used will be same as used for students of K-8 school districts. When a student enrolls in 9th grade, that is the district (building) of their residence. When a student enrolls in 9th grade, that is the district (building) of their residence. Any subsequent transfer would be subject to the Transfer Rule.

1. The student reaches the age of majority and establishes residency in a district and can substantiate that they are independent and self-supporting.
2. If a private or parochial school ceases to operate a student may transfer to another private or parochial school ofhis/her choice. Otherwise, a student must enroll in the public school district of his/her parents' residency.
3. A student who is a ward of the court or state and is placed in a district by court order. **Guardianship does not fulfill this requirement.**
4. A student from divorced or separated parents who moves into a new school district with one of the aforementioned parents. Such a transfer is allowed once every six months.
5. A student who is declared homeless by the superintendent pursuant to Commissioner's Regulation 100.2
6. A student of a military employee who is transferred to an active military base may enroll in the non-public school immediately following the change in residence.

NOTE: It is provided, however, that each school shall have the opportunity to petition the section involved to approve transfer without penalty based on a undue hardship for the student.

c. Transfer students trying out for sports before school opens in the fall shall register and be accepted by the principal of that school before the medical examination and first practice. This shall constitute the start of the regular attendance for fall sports. **NOTE:** After approval by the school medical officer a student may practice immediately and must satisfy the specific Sports Standard according to the number of practice sessions required.

d. Practices at the previous school may be counted toward the minimum number of practices required provided the principal or athletic director of the previous school submits, in writing, the number and dates of such practiced to the principal or athletic director of the new school.

LIVONIA
Central School District

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ATHLETIC TRANSFER FORM (Grades 9-12 only)

Student's Name _____ Date of Birth _____
Date of Transfer _____ Grade Level _____ Age _____
Current Address _____
Date entered 9th grade _____
Parents' Names _____
Parents' Current Address _____
Telephone Number(s) _____
How long has student resided at the current address? _____
With whom is student residing? _____
Relationship of this (these) person(s) _____
Reason for transfer (be specific) _____
_____
Name of school attended previously to transfer _____
Whom did student live with while attending? _____
How long did student go to school there? _____
Did student participate in interscholastic athletics at previous school? ☐ Yes ☐ No

If yes, complete **SPORT HISTORY:**

SEASON (F/W/S)	YEAR	SPORT	LEVEL (VAR/JV)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please read the following carefully and sign below: **"The above information regarding my participation in athletics at my former school this past year is accurate and correct."**

Date **Student's Signature** **Date** **Parent's Signature**