BETHPAGE UNION FREE SCHOOL DISTRICT
David Schneider
Superintendent of Schools

10 Cherry Avenue
Bethpage, New York 11714

Phone (516) 644-4000
Fax: (516) 644-4081
www.bethpagecommunity.com

TO: _____

FROM: _____

DATE: _____

RE: KINDERGARTEN REGISTRATION PACKET

KINDERGARTEN REGISTRATION PACKET – RESIDENCY DETERMINATION

These instructions are intended to provide you with an understanding of Bethpage Union Free School District's (the "District") registration and enrollment process. To demonstrate that you are entitled to a tuition-free education within the District, please submit the contents of this packet and adhere to the following instructions. If you have any questions, concerns, or complaints regarding the process, please contact the District's Central Registration Office at (516) 644-4060.

The District registers its students in accordance with New York State law and regulations. Accordingly, upon request, your child shall be enrolled and begin attendance on the next school day (unless a determination of non-residency is made on the date of the request). The contents of this packet must be compiled as soon as practical, but no later than three (3) business days after the child's enrollment. The District will provide you with its residency determination, within three (3) business days of your child's enrollment. However, if you submit the contents of this packet on the third (3rd) business day after your child's enrollment, the District will provide its residency determination on the fourth (4th) business day.

You will also be required to provide a certificate of a physical examination (that is no more than one year old) conducted by a New York State licensed physician within thirty (30) days of your child's enrollment and an up-to-date certification of immunization record for your child. If such immunization records are not available at the time of enrollment, you will have fourteen (14) days to provide the necessary immunizations. If your child is transferring from another state or country and you demonstrate a good faith effort to obtain immunizations, you will have up to thirty (30) days to provide the necessary documents. Your registration/enrollment will not be delayed in the absence of these documents, however, the documents must be produced in accordance with the time frames required by law, as set forth in this paragraph.

Children entering the District who have been identified under Section 504 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education (IDEA/IDEIA) must provide a copy of their current 504 Plan or Individualized Education Program (IEP), as applicable.

The District's registration procedures are intended to make enrollment easier for parents and guardians and to ensure that only Bethpage residents remain enrolled in our schools. In accordance with law and Board policy, only *bona fide* residents of the District are entitled to attend the District's schools on a tuition-free basis. Please be advised that these registration procedures apply to all students.

PLEASE READ INSTRUCTIONS CAREFULLY

- Please complete one Registration Packet per child to be registered.
- Please print clearly and please do not fold packets.

DIRECTIONS FOR BETHPAGE UFSD RESIDENCY PACKET

When registering a student, a parent/person in parental relation (PPR) must provide sufficient information for the District to make a determination in three main categories:

1. That the parent/PPR is physically present (lives) in the District;
2. That the individual presenting themselves as the parent/PPR is, in fact, the child's parent/PPR; ***and***
3. Proof of the child's age.

Set forth below is a guide to what types of proof a parent/PPR can offer for each category.

CATEGORY 1:

The parent/PPR is physically present (lives) in the District.

- The parent may provide a mortgage statement **or** a valid tax receipt **or** a valid lease of a dwelling within the District. If the parent provides any one of these items, the registrar ***does not*** need to ask the parent to complete Forms 1,2,3, or 4.

OR

- If the parent/PPR ***does not*** provide one of the above items, the parent/PPR may demonstrate physical presence through the use of affidavits or statements. If a parent/PPR seeks to do this they must complete Form 1 (Owner/Landlord Affidavit) **or** Form 2 (Owner/Landlord Statement) **and** Form 3 (Renter/Non Owner Affidavit) **or** Form 4 (Renter/Non Owner Statement).

- The difference between Form 1 and Form 2 as well as the difference between Form 3 and Form 4 is that Form 1 and Form 3 must be notarized but Form 2 and Form 4 do not need to be. Forms 1 and 3 are preferred by the District and, if there is a question as to residency, will be given more weight than the use of Forms 2 or 4. However, the District should accept either type of form while giving weight, accordingly.

AND

- **In addition to the above,** parents/PPR need to provide two other forms of documentation evidencing residency. The packet provides a non-exhaustive list that includes documentation like motor vehicle registration, utility bills, bank statements, etc. Other forms of proof may be acceptable. Please note that the preference is for two other forms of documentation. If a parent cannot provide that, the District should accept what the parent can provide and make its determination with weight given, accordingly.

CONTINUED ON NEXT PAGE

CATEGORY 2:

That the individual presenting themselves as the parent/PPR is, in fact, the child's parent/PPR

- The parent/PPR may provide a birth certificate, **or** proof of the emancipation of the child, **or** foster care documentation, **or** proof the child resides with a sponsor with whom the child has been placed by a federal agency.

OR

- If the parent/PPR does not provide one of the above items, the parent/PPR may demonstrate filiation through the use of affidavits or statements. If a parent/ PPR seeks to do this they must:

  - Complete Form 5 (Parent Affidavit if Child Living with Biological/Adoptive Parent) **if** the child is living with their biological/adoptive parent; **or**
  - Form 6 (Parent Affidavit if Child is Not Living with a Biological/Adoptive Parent) **and** Form 7 (Person in Parental Relation Affidavit if child is Not Living with a Biological/ Adoptive Parent).

NOTE: The above items are preferred by the District. If the parent/PPR is unable to provide those documents but offers some other type of proof, the District should receive that proof and then make its determination with weight given, accordingly.

AND

In addition to the above, the parent/PPR must provide proof of their own identity. They can do this via a driver's license, non-driver's photo ID, passport, or other documentation which will be given weight, accordingly.

CONTINUED ON NEXT PAGE

CATEGORY 3:

Proof of the child's age

- **A:** The parent/PPR may provide a certified transcript of a birth certificate.

OR

- **B:** The parent may provide a Record of Baptism, including Date of Birth.

  If the parent produces a valid certified transcript of a birth certificate or a valid Record of Baptism, including date of birth, then no additional information may be required to show proof of age. The District must first ask the parent/PPR to produce "A" or "B", above. However, if the parent/PPR cannot do so then the parent/PPR must be asked to provide "C", a Passport.

- **C:** If A and B are not available, the Parent may provide C: a passport (including a foreign passport)

  If the parent produces a valid passport, including a foreign passport, then no additional information may be required to show proof of age. The District must first ask the parent/PPR to produce "A" or "B" and, in the absence of" A" or "B", then "C". However, if the parent/PPR cannot provide "A", "B", or "C", then the parent/PPR must be asked to produce "D", which is other documentary or recorded evidence in existence two (2) years or more, except an affidavit of age.

- **D:** Other documentary or recorded evidence in existence two (2) years or more, except an affidavit of age. The registration materials include a non-exhaustive list of such evidence which could include items such as an official driver's license, state or other government issued identification, school photo identification showing the date of birth, etc. Other forms of proof are acceptable and will be given weight, accordingly.

Note: Parents/PPR should complete the Residency/Housing Questionnaire first because if the student qualifies as residing in temporary housing (homeless), the student is not required to submit proof of residency and other registration packet documents. Rather, a Designation Form should be completed and such students are entitled to immediate enrollment. Once the student is enrolled, additional documentation may be obtained with the help of the District's homelessness liaison, and verification as to the student's living arrangements may occur. If the student is not homeless, parents/PPR should complete all other pertinent forms in the packet.

FOR OFFICE USE ONLY

BETHPAGE UNION FREE SCHOOL DISTRICT
Bethpage, New York

SCHOOL _____ GRADE _____ DOB _____ LAST NAME _____ FIRST NAME _____

KINDERGARTEN REGISTRATION – PROOF OF RESIDENCY*
SCHOOL YEAR 2024-2025

[ ] NEW ENTRANT [ ] RE-ENTER [ ] TRANSFER FROM PRIVATE/PAROCHIAL

DOES YOUR CHILD CURRENTLY HAVE AN IEP OR 504 PLAN? ☐ YES ☐ NO
IF YES, PLEASE PROVIDE THE DISTRICT WITH A COPY OF THE CURRENT INDIVIDUAL EDUCATION PROGRAM/504 PLAN.

PROOF OF RESIDENCY*

Please provide the following, as applicable.
(Examples of documents are not exhaustive)

1. Evidence of Physical Presence of Parent(s)/Person(s) in Parental Relation and the Child in the District.

   ☐ Deed ***or*** Mortgage Statement ***or*** Tax receipt ***or*** Lease ***or***

   ☐ Third Party Statement:

      ☐ Form 1 (Owner/Landlord Affidavit) *or* Form 2 (Owner/Landlord Statement) *and*

      ☐ Form 3 (Renter/Non Owner Affidavit) *or* Form 4 (Renter/Non Owner Statement)

   AND

   ☐ Two other Forms of Documentation Evidencing Residency**
   Other Acceptable Documents (Non-Exhaustive list)
   Include the Following:

   ☐ Motor Vehicle registration indicating address
   ☐ Utility bill (gas, electric, water, cable)
   ☐ Non-cellular phone bill
   ☐ Voter's registration documents
   ☐ Insurance bill (Homeowner's/Renter's/Auto, etc.)
   ☐ Bank statements or check with address
   ☐ Valid Personal Income Tax Returns
   ☐ Employment Pay Stub
   ☐ State, Federal, Local or other Governmental issued ID
   ☐ Other acceptable forms of proof _____

   **The preference is for two other forms of evidence to be submitted. However, applications will be considered in the absence of such additional forms, with weight given accordingly.

   AND

2. Proof of Parental Relation or Proof that the Child Resides with the Parent or Person in Parental Relation.
   (Non-Exhaustive List) include the following:

   ☐ Proof of Parental Relation (For Example, Without Limitation) Other acceptable proof _____
      ☐ Birth Certificate
      ☐ Proof of Emancipation
      ☐ Foster Care Documentation (DSS 2999)
      ☐ Proof that Child Resides with a Sponsor with Whom the Child has been placed by a Federal Agency

   OR

- ☐ Form 5 (Parent Affidavit if Child Living with Biological/Adoptive Parent) or
- ☐ Form 6 (Parent Affidavit if Child is Not Living with a Biological/Adoptive Parent) and Form 7. (If Form 6 is used Form 7 must also be completed).
- ☐ Form 7 (Person in Parental Relation Affidavit if Child is Nol Living with a Biological/ Adoptive Parent. (If Form 7 is used, Form 6 must also be completed.) ***OR***

- ☐ Other acceptable proof _____

AND

- ☐ Proof of Your Identity
  (For Example, Without Limitation)
  - ☐ Driver's License
  - ☐ Non-Driver's Photo ID
  - ☐ Passport

AND

3. Proof of Student's Age

A. ☐ Certified Transcript of a Birth Certificate

OR

IF A or B is NOT AVAILABLE then:

B. ☐ Record of Baptism including Date of Birth IF A or B is NOT AVAILABLE.

C. ☐ Passport (Including foreign Passport)

IF A, B or C is NOT AVAILABLE then:

D. ☐ Other Documentary or Recorded Evidence in Existence two (2) years or more (Except an Affidavit of Age)

(Non-Exhaustive List) include the following:

- ☐ Official Driver's License
- ☐ State or Other Government Issued Identification
- ☐ School Photo Identification with Date of Birth
- ☐ Consulate Identification Card
- ☐ Military Dependent Identification Card
- ☐ Documents issued by Federal, State, or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement)
- ☐ Court orders or other court-issued documents
- ☐ Native American Tribal Document
- ☐ Records From Non-Profit International Aid Agencies and Voluntary Agencies
- ☐ Other acceptable forms of proof _____

*All forms of documentation should be as current as possible. The District reserves the right to differentiate the weight given to each piece of documentation as it determines is necessary. Please submit documentation that is most supportive of your assertion of residency in the District. The District will view all documentation produced as a whole.

PARENT NOTIFIED ON _____ **PARENT SIGNATURE** _____

BETHPAGE UNION FREE SCHOOL DISTRICT
Bethpage, New York 11714

STUDENT INFORMATION

(PRINT LEGIBLY OR TYPE)

STUDENT INFORMATION	**GENDER (M/F)** _____	**DOB** _____		
LAST NAME	**FIRST NAME**	**MIDDLE**	**SUFFIX (Jr., Sr., I, II, III, IV)**	**Nickname**

PERSON IN PARENTAL/GUARDIAN RELATIONSHIP IN HOUSEHOLD			
RELATIONSHIP _____	**GENDER (M/F)** _____		
LAST NAME	**FIRST NAME**	**MIDDLE**	
CELL PHONE	**WORK PHONE**	**E-MAIL**	**PREFERRED LANGUAGE**

PERSON IN PARENTAL/GUARDIAN RELATIONSHIP IN HOUSEHOLD			
RELATIONSHIP _____	**GENDER (M/F)** _____		
LAST NAME	**FIRST NAME**	**MIDDLE**	
CELL PHONE	**WORK PHONE**	**E-MAIL**	**PREFERRED LANGUAGE**

HOUSEHOLD INFORMATION (RESIDENCE):		
HOME PHONE	**HOUSE # / STREET**	**TOWN/ZIP**

OTHER CHILDREN AT SAME ADDRESS (UNDER 21 YEARS OF AGE)					
LAST NAME	**FIRST NAME**	**DOB**	**GENDER**	**SCHOOL**	**GRADE**

ALL OTHER PERSONS AT THIS RESIDENCE INCLUDING NON-FAMILY RESIDENTS:				
LAST NAME	**FIRST NAME**	**AGE**	**RELATIONSHIP**	**SCHOOL/PLACE OF EMPLOYMENT**

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

Lissette Colón-Collins, Assistant Commissioner

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

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

Home Language Questionnaire (HLQ)

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

Please write clearly when completing this section.

STUDENT NAME:

First Middle Last

DATE OF BIRTH:

Month Day Year

GENDER:

❒ Male
❒ Female

PARENT/PERSON IN PARENTAL RELATION INFO:

Last Name *First Name* *Relation to Student*

HOME LANGUAGE CODE

Language Background

(Please check all that apply.)

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:

_____
District Name (Number) & School ***Address***

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

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

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

10. b. *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)

10. c. 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: ❒ Mother ❒ Father ❒ Other: _____

OFFICIAL ENTRY ONLY – NAME/POSITION OF PERSONNEL ADMINISTERING HLQ

NAME: _____ **POSITION:** _____

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

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

NAME: _____ **POSITION:** _____

ORAL INTERVIEW NECESSARY: ❒ No ❒ Yes

****DATE OF INDIVIDUAL INTERVIEW:** _____ MO DAY YR	**OUTCOME OF INDIVIDUAL INTERVIEW:** ❒ ADMINISTER NYSITELL ❒ ENGLISH PROFICIENT ❒ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ **POSITION:** _____

DATE OF NYSITELL ADMINISTRATION: _____ MO DAY YR	**PROFICIENCY LEVEL ACHIEVED ON NYSITELL** ❒ ENTERING ❒ EMERGING ❒ TRANSITIONING ❒ EXPANDING ❒ COMMANDING

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

BETHPAGE UNION FREE SCHOOL DISTRICT
Bethpage, New York 11714

ENROLLMENT FORM – RESIDENCY QUESTIONNAIRE

Name of LEA: BETHPAGE UNION FREE SCHOOL DISTRICT

Name of School: _____

Name of Student: _____
Last First Middle

Gender: ☐ Male ☐ Female Date of Birth ____ / ____ / ____ Grade: ____ ID #: _____
Month Day Year

Address: _____ Phone: _____

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

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

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

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

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

_____
Date

* If the student is **NOT** living in permanent housing, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled. After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

****If you have any questions, concerns or comments please contact the District's Homeless Liaison, Thomas Kenny at 516-644-4120**

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David Schneider
Superintendent of Schools

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Bethpage, New York 11714

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FORM 1

OWNER/LANDLORD AFFIDAVIT

*** NOTE: The District may place greater weight on sworn statements regarding your residency within the District. However, you are not required to submit a sworn statement. If you do not wish to submit a sworn statement, please complete the subsequent form entitled Owner/Landlord Statement. If this form is not applicable to you, please write "N/A" and put a line through it.**

1. I/we _____ , being duly sworn, deposes and says under the penalty of
Name(s)
perjury that I/We am/are the Legal owner(s) of the following premises: (Please attach proof of ownership)

_____
Full Address

Section # _____ Lot # _____ Block #

2. To the best of my knowledge, the above mentioned property is the sole and only residence from/to_____ of

_____
Name of Parent/Guardian

_____
Name of Child(ren)

3. The following names include ALL other persons living at this address and their relationship to child(ren):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

4. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that _____ may be admitted to the schools of the Bethpage Union Free School District as a District Resident(s). I understand that the Bethpage Union Free School District will rely on the representations herein and I further understand that if the aforementioned child(ren) is/are found not to be a legitimate resident(s) of the Bethpage Union Free School District, that the child(ren) will be discharged and I agree to bear legal responsibility for any and all costs including but not limited to the cost of the school district's tuition, costs associated with transportation, investigating and excluding non-residents, and reasonable attorney fees, retroactive to the first day of admission. I further understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district are crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution. Any person or persons, in addition to the parents or guardians, who provide false evidence of residence, will also be prosecuted and will bear the legal responsibility for any and all costs associated with the false production of evidence.

_____
(Initial Here)

5. I have been informed that the school district may conduct an investigation for purposes of residency verification, which may include home visits.

Date _____ Signature of Owner(s)/Landlord(s)_____

Print Name _____

Sworn to me before this
_____day of _____ , 20 _____

Notary Public _____

Lease Presented: [ ] Yes [ ] No

BETHPAGE UNION FREE SCHOOL DISTRICT
David Schneider
Superintendent of Schools

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Bethpage, New York 11714

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FORM 2

OWNER/LANDLORD STATEMENT

*** NOTE: The District may place greater weight on sworn statements regarding your residency within the District. However, you are not required to submit a sworn statement. If this form is not applicable to you, please write "N/A" and put a line through it.**

1. I/we _____ , am/are the Legal owner(s) of the following Premises:
   Name(s)
   (Please attach proof of ownership)

   _____
   Full Address

   Section # _____ Lot # _____ Block # _____

2. To the best of my knowledge, the above mentioned property is the sole and only residence from/to _____ of

   _____
   Name of Parent/Guardian

   _____
   Name of Child(ren)

3. The following names include ALL other persons living at this address and their relationship to child(ren):

   1. _____
   2. _____
   3. _____
   4. _____
   5. _____
   6. _____
   7. _____
   8. _____

4. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that _____ may be admitted to the schools of the Bethpage Union Free School District as a District Resident(s). I understand that the Bethpage Union Free School District will rely on the representations herein and I further understand that if the aforementioned child(ren) is/are found not to be a legitimate resident(s) of the Bethpage Union Free School District, that the child(ren) will be discharged and I agree to bear legal responsibility for any and all costs including but not limited to the cost of the school district's tuition, costs associated with transportation, investigating and excluding non-residents, and reasonable attorney fees, retroactive to the first day of admission. I further understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district are crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution. Any person or persons, in addition to the parents or guardians, who provide false evidence of residence, will also be prosecuted and will bear the legal responsibility for any and all costs associated with the false production of evidence.

   _____
   (Initial Here)

5. I have been informed that the school district may conduct an investigation for purposes of residency verification, which may include home visits.

Date _____ Signature of Owner(s)/Landlord(s)_____

Print Name _____

BETHPAGE UNION FREE SCHOOL DISTRICT
David Schneider
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FORM 3

RENTER/NON OWNER AFFIDAVIT*

*** NOTE: The District may place greater weight on sworn statements regarding your residency within the District. However, you are not required to submit a sworn statement. If you do not wish to submit a sworn statement, please complete the subsequent form entitled Renter/Non Owner Statement. If this form is not applicable to you, please write "N/A" and put a line through it.**

1. I/we _____ , being duly sworn, deposes and says under the penalty of
Name(s)
perjury that I/We am/are the Renter(s) of the following premises (state address, and specify the exact nature of the space, i.e., basement apartment, second floor apartment, number of rooms).

_____
Full Address

2. I/we, _____
Name(s) of Parent/Person in Parental Relation

And my/our child/ward _____
(Name of student)
reside at the above address, which is my/our actual and only permanent residence. My/our child/ward lives with me/us at said address as his/her actual and only permanent residence.

3. The following names include ALL other persons living at this address and their relationship to child(ren):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

4. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that _____ may be admitted to the schools of the Bethpage Union Free School District as a District Resident(s). I understand that the Bethpage Union Free School District will rely on the representations herein and I further understand that if the aforementioned child(ren) is/are found not to be a legitimate resident(s) of the Bethpage Union Free School District, that the child(ren) will be discharged and I agree to bear legal responsibility for any and all costs including but not limited to the cost of the school district's tuition, costs associated with transportation, investigating and excluding non-residents, and reasonable attorney fees, retroactive to the first day of admission. I further understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district are crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution. Any person or persons, in addition to the parents or guardians, who provide false evidence of residence, will also be prosecuted and will bear the legal responsibility for any and all costs associated with the false production of evidence.

_____
(Initial Here)

5. I have been informed that the school district may conduct an investigation for purposes of residency verification, which may include home visits.

Date _____ Signature of Renter(s)_____

Print Name _____

Sworn to me before this
_____day of _____ , 20 _____

Notary Public _____

Lease Presented: [ ] Yes [ ] No

BETHPAGE UNION FREE SCHOOL DISTRICT
David Schneider
Superintendent of Schools

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Bethpage, New York 11714

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FORM 4

RENTER/NON OWNER STATEMENT

*** NOTE: The District may place greater weight on sworn statements regarding your residency within the District. However, you are not required to submit a sworn statement. If this form is not applicable to you, please write "N/ A" and put a line through it.**

1. I/we _____ , am/are the Renter(s) of the following premises
Name(s)
(state address, and specify the exact nature of the space, i.e., basement apartment, second floor apartment, number of rooms)

_____
Full Address

2. I/we, _____
Name(s) of Parent/Person in Parental Relation

And my/our child/ward _____
(Name of student)
reside at the above address, which is my/our actual and only permanent residence. My/our child/ward lives with me/us at said address as his/her actual and only permanent residence.

3. The following names include ALL other persons living at this address and their relationship to child(ren):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

4. I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that _____ may be admitted to the schools of the Bethpage Union Free School District as a District Resident(s). I understand that the Bethpage Union Free School District will rely on the representations herein and I further understand that if the aforementioned child(ren) is/are found not to be a legitimate resident(s) of the Bethpage Union Free School District, that the child(ren) will be discharged and I agree to bear legal responsibility for any and all costs including but not limited to the cost of the school district's tuition, costs associated with transportation, investigating and excluding non-residents, and reasonable attorney fees, retroactive to the first day of admission. I further understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district are crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution. Any person or persons, in addition to the parents or guardians, who provide false evidence of residence, will also be prosecuted and will bear the legal responsibility for any and all costs associated with the false production of evidence.

_____
(Initial Here)

5. I have been informed that the school district may conduct an investigation for purposes of residency verification, which may include home visits.

Date _____ Signature of Renter(s)_____

Print Name _____

BETHPAGE UNION FREE SCHOOL DISTRICT
David Schneider
Superintendent of Schools

10 Cherry Avenue
Bethpage, New York 11714

Phone (516) 644-4000
Fax: (516) 644-4081
www.bethpagecommunity.com

FORM 5

PARENT AFFIDAVIT*

(TO BE USED WHEN CHILD IS LIVING WITH A BIOLOGICAL/ADOPTIVE PARENT AND OTHER ACCEPTABLE PROOF IS NOT PROVIDED)

* This affidavit is not required but is one means that may be used lo document that you are the child(ren)'s biological or adoptive parent. If this form is not applicable to you, please write "N/A" and put a line through it.

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

_____, being duly sworn, deposes and says:

1. I live at _____.
(Full Address of Biological/Adoptive Parent)

2. I am the biological/adoptive parent of:

(Full Name of Child)	(Date of Birth)	(M/F)
(Full Name of Child)	(Date of Birth)	(M/F)
(Full Name of Child)	(Date of Birth)	(M/F)

3. **I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that _____ _____ may be admitted to the schools of the Bethpage Union Free School District as a District Resident(s). I understand that the Bethpage Union Free School District will rely on the representations herein and I further understand that if the aforementioned child(ren) is/are found not to be a legitimate resident(s) of the Bethpage Union Free School District, that the child(ren) will be discharged and I agree to bear legal responsibility for any and all costs, including but not limited to the cost of the school district's tuition, costs associated with transportation, investigating and excluding non-residents, and reasonable attorney fees, retroactive to the first day of admission. I further understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district are crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution. Any person or persons, in addition to the parents or guardians, who provide false evidence of residence, will also be prosecuted and will bear the legal responsibility for any and all costs associated with the false production of evidence.**

_____
(Initial Here)

_____
(SIGNATURE(S) OF PARENT(S))

Sworn to me before this
_____day of _____ , 20 ____

Notary Public _____

BETHPAGE UNION FREE SCHOOL DISTRICT
David Schneider
Superintendent of Schools

10 Cherry Avenue
Bethpage, New York 11714

Phone (516) 644-4000
Fax: (516) 644-4081
www.bethpagecommunity.com

FORM 6

PARENT AFFIDAVIT*

(TO BE USED WHEN CHILD IS NOT LIVING WITH A BIOLOGICAL/ADOPTIVE PARENT)

*Although this affidavit is not required as a condition of enrollment, proof of the transfer of custody must be provided. A person in parental relation may have a biological parent complete this affidavit to further evidence of his or her custody and control of the child. If this form is not applicable to you, please write "N/ A" and put a line through it.

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

_____, being duly sworn, deposes and says:

1. I live at _____.
(Full Address of Person in Parental Relation)

2. _____ if my _____.
(Full Name of Child) (Child's Relationship to Person in Parental Relation)

3. Statement of reasons why the child is not living with the parent(s).

_____

_____

_____

4. Statement naming the individual having custody and control of the child.

_____

_____

_____

5. Statement setting forth the child's current address and living arrangement.

_____

_____

6. Statement explaining the duration of the living arrangement (permanent, indefinite, to be terminated upon a specific date, action or event).

_____

_____

7. Statement describing any other location(s) where the child lives. Indicate the length of time the child is at the other address and provide an explanation. If the child does not have any other address, so indicate.

_____

_____

8. Statement establishing who has the right to make decisions pertaining to the health, welfare, and education of the child, including medical decisions.

_____

_____

9. Statement establishing who provides the child with food, clothing, medical care and all other necessities.

_____

_____

10. Statement of any other relevant facts:

_____

_____

11. As a result of the documentation provided I am authorizing the District to notify the Person in Parental Relation named in this affidavit of any matters pertaining to the education of this child unless and until such time as the District receives notification that the parents have regained custody.

    I understand that by executing this affidavit I am releasing the District from any obligation to notify me of any matters pertaining to the education of my child unless and until such time as I notify the District and establish that I have regained custody.

    I understand that any permission required for medical care of my child which may have to be provided during the course of school activities or any permission to participate in any school related activity will be sought from the Person in Parental Relation named in this affidavit and not from me. I understand further that in the event that my child appears to require special education or any change in educational placement, the custodian named in this affidavit will be asked by the School District to consent or withhold consent for evaluation, identification of educational disability, initial educational placement or any change in educational placement or declassification. The custodian named in the affidavit is fully authorized to consent on my behalf to medical care, participation in school-related activities, individual evaluation, identification of educational disability, educational placement, or declassification from special education.

    I hereby release the School District, its Board of Education, employees and agents from all claims or liabilities arising from reliance on this Affidavit.

12. **I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that _____ _____ may be admitted to the schools of the Bethpage Union Free School District as a District Resident(s). I understand that the Bethpage Union Free School District will rely on the representations herein and I further understand that if the aforementioned child(ren) is/are found not to be a legitimate resident(s) of the Bethpage Union Free School District, that the child(ren) will be discharged and I agree to bear legal responsibility for any and all costs, including but not limited to the cost of the school district's tuition, costs associated with transportation, investigating and excluding non-residents, and reasonable attorney fees, retroactive to the first day of admission. I further understand that the filing of a false statement and the theft of services from a governmental agency such as a school district are crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution. Any person or persons, in addition to the parents or guardians, who provide false evidence of residence, will also be prosecuted and will bear the legal responsibility for any and all costs associated with the false production of evidence.**

_____
(SIGNATURE(S) OF PARENT(S))

Sworn to me before this
_____day of _____ , 20 ____

Notary Public _____

BETHPAGE UNION FREE SCHOOL DISTRICT
David Schneider
Superintendent of Schools

10 Cherry Avenue
Bethpage, New York 11714

Phone (516) 644-4000
Fax: (516) 644-4081
www.bethpagecommunity.com

FORM 7

PERSON IN PARENTAL RELATION AFFIDAVIT

(TO BE USED WHEN CHILD IS NOT LIVING WITH A BIOLOGICAL/ADOPTIVE PARENT)

* Although this affidavit is not required as a condition of enrollment, proof of the transfer of custody must be provided. A person in parental relation may have a biological parent complete this affidavit to further evidence his or her custody and control of the child. If this form is not applicable to you, please write "N/ A" and put a line through it.

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

_____, being duly sworn, deposes and says:

1. I live at _____.
(Full Address of Person in Parental Relation)

2. _____ if my _____.
(Full Name of Child) (Child's Relationship to Person in Parental Relation)

3. _____ intends to reside with me for _____
(Child's Name) (Length of Time)

4. Statement explaining the duration of the living arrangement (permanent, indefinite, to be terminated upon a specific date, action or event).

_____

_____

_____

5. Statement of the reasons the child lives with the person in parental relation.

_____

_____

_____

6. Statement describing any other location(s) where the child lives. Indicate the length of time the child is at the other address and provide an explanation. If the child does not live at any other address, so indicate.

_____

_____

7. Statement establishing who has the right to make decisions pertaining to the health, welfare, and education of the child, including medical decisions.

_____

_____

8. Statement establishing who provides the child with food, clothing, medical care and all other necessities.

_____

_____

9. Statement of any other relevant facts:

_____

_____.

10. **I understand that this statement is being made UNDER THE PENALTIES OF PERJURY, in order that _____ _____ may be admitted to the schools of the Bethpage Union Free School District as a District Resident(s). I understand that the Bethpage Union Free School District will rely on the representations herein and I further understand that if the aforementioned child(ren) is found not to be a legitimate resident(s) of the Bethpage Union Free School District, that the child will be discharged and I agree to bear legal responsibility for any and all costs, including but not limited to the cost of the school district's tuition, costs associated with transportation, investigating and excluding non-residents, and reasonable attorney fees, retroactive to the first day of admission. I further understand that the filing of a false statement and the theft of services from a governmental agency such as a school district are crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution. Any person or persons, in addition to the parents or guardians, who provide false evidence of residence, will also be prosecuted and will bear the legal responsibility for any and all costs associated with the false production of evidence.**

_____

(SIGNATURE(S) OF PERSON(S) IN PARENTAL RELATION)

Sworn to me before this
_____day of _____ , 20 ____

Notary Public _____

BETHPAGE UNION FREE SCHOOL DISTRICT

Bethpage, New York 11714

DECLARATION OF INFORMATION

(PRINT LEGIBLY OR TYPE)

CHILD'S NAME (Last, First) GRADE

ADDRESS PHONE #

****

I CERTIFY THAT THE INFORMATION WHICH I HAVE SUPPLIED IN THIS PACKET IS TRUE TO MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT FILING A FALSE INSTRUMENT AND THE THEFT OF SERVICES FROM A GOVERNMENTAL AENCY SUCH AS A SCHOOL DISTRICT IS A PUNISHABLE OFFENSE UNDER THE LAW AND MAY SUBJECT ME TO CRIMINAL PROSECUTION. I UNDERSTAND THAT THE DISTRICT MAY CONDUCT AN INVESTIGATION FOR THE PURPOSE OF CONFIRMING RESIDENCY WHICH MAY INCLUDE WITHOUT LIMITATION HOME VISITS. I UNDERSTAND THAT MY REGISTRATION OF A CHILD WHO IS NOT A BONA FIDE RESIDSENT OF THE BETHPAGE UNION FREE SCHOOL DISTRICT WILL RESULT IN THE CHILD'S EXCLUSION FROM THE DISTRICT'S SCHOOLS AND I AGREE TO BEAR LEGAL RESPONSIBILITY FOR ANY AND ALL COSTS, INCLUDING BUT NOT LIMITED TO TUITION EXPENSES, TRANSPORTATION EXPENSES, INVESTIGATION AND EXCLUSION COSTS AND ATTORNEY'S FEES, RETROACTIVE TO THE FIRST DAY OF ENROLLMENT. ANY PERSON OR PERSONS, IN ADDITION TO THE PARENTS OR GUARDIANS, WHO PROVIEDE FALSE EVIDENCE OF RESIDENCE, WILL ALSO BE PROSECUTED AND WILL BEAR THE LEGAL RESPONSIBILITY FOR ANY AND ALL COSTS ASSOCIATED WITH THE FALSE PRODUCTION OF EVIDENCE. I FURTHER AGREE TO PROMPTLY NOTIFY THE SCHOOL REGARDING ALL CHANGES IN THE RESIDENCY OR THE CUSTODY OF THIS CHILD.

SIGNED _____

DATE _____

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

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

STUDENT INFORMATION

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

HEALTH HISTORY

Allergies ☐ No ☐ Yes, indicate type	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
Asthma ☐ No ☐ Yes, indicate type	☐ Intermittent ☐ Persistent ☐ Other: _____ ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
Seizures ☐ No ☐ Yes, indicate type	☐ Type: _____ Date of last seizure: _____ ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
Diabetes ☐ No ☐ Yes, indicate type	☐ Type 1 ☐ Type 2 ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached

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

BMI _____ kg/m2

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

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

PHYSICAL EXAMINATION/ASSESSMENT

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

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

Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)

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

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

☐ Assessment/Abnormalities Noted/Recommendations

☐ Additional Information Attached

Diagnoses/Problems (list)	ICD-10 Code

*Required only for students with an IEP receiving Medicaid

Name:	DOB:

SCREENINGS

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

Notes

Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000, Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.				**Not Done**
Pure Tone Screening	**Right** ☐ Pass ☐ Fail	**Left** ☐ Pass ☐ Fail	**Referral** ☐ Yes ☐ No	☐
Notes				

Scoliosis Required for boys grade 9, and Girls in grades 5 & 7	**Negative**	**Positive**	**Referral**	**Not Done**
	☐	☐	☐ Yes ☐ No	☐

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

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

☐ **Student is restricted from participation in:**

- ☐ **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling
- ☐ **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
- ☐ **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
- ☐ **Other Restrictions:**

Developmental Stage for Athletic Placement Process <u>ONLY</u> 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 pay at the modified interscholastic sports level.

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

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

MEDICATIONS

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

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS

HEALTH CARE PROVIDER

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone: Fax:

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

BETHPAGE UNION FREE SCHOOL DISTRICT
Bethpage, New York 11714

IMMUNIZATION RECORD

****YOU ARE REQUIRED TO SUBMIT AN UP-TO-DATE CERTIFICATE OF IMMUNIZATION RECORD FOR YOUR CHILD. IF SUCH IMMUNIZATION RECORDS ARE UNAVAILABLE AT THE TIME OF YOUR CHILD'S ENROLLMENT, YOU WILL HAVE FOURTEEN (14) DAYS TO PROVIDE THE NECESSARY IMMUNIZATIONS. IF YOUR CHILD IS TRANSFERRING FROM ANOTHER STATE OR COUNTRY AND YOU DEMONSTRATE A GOOD FAITH EFFORT TO OBTAIN IMMUNIZATIONS, YOU WILL HAVE UP TO THIRTY (30) DAYS TO PROVIDE THE NECESSARY DOCUMENTS.**

Student Name _____ Date of Birth: _____

IMMUNIZATIONS: (Give full dates)

Measles: _____ (History of disease : _____) (Presence of antibody: _____)

Rubella: _____ (History of disease : _____) (Presence of antibody: _____)

Mumps: _____ (History of disease : _____) (Presence of antibody: _____)

MMR: _____ _____

DPT: _____ _____ _____ _____ _____ _____ _____

DTaP: _____ _____ _____ _____ _____ _____ _____

DT/Td: _____ _____ _____ _____ _____ _____ _____

Tdap: _____ _____ _____ _____ _____ _____ _____

Polio:

OPV _____ _____ _____ _____ _____ _____ _____

IPV _____ _____ _____ _____ _____ _____ _____

Hib: _____ _____ _____ _____ _____ _____ _____

Hep B: _____ _____ _____ _____ _____ _____ _____

Varicella: _____ (History of disease : _____) (Presence of antibody: _____)

Hepatitis A _____ _____ _____ _____

Meningitis Vaccine _____ _____ _____

Other (Specify): _____

**Issuing Officials Signature: _____

Name Printed: (use stamp) _____

Title: _____

Date: _____

**NYS recognized providers: MD, DO, NP, PA

Dental Health Certificate - Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, as your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Person in Parental Relation (Please Print)

Child's Name: Last First Middle

Birth Date: / / Month Day Year

Sex: ☐ Male ☐ Female

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

School: Name

Grade

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

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

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

Parent's Signature _____ Date _____

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

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

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

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

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

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

Dentist's/Dental Hygienist's name address (please print or stamp)	**Dentist's/Dental Hygienist's Signature**

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

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

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

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

☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

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

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

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

Name: _____ DOB: _____

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

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

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

- ☐ **No Contact Sports** Includes: basketball, baseball, field hockey, ice hockey, lacrosse, soccer, football, softball, volleyball, competitive cheerleading and wrestling
- ☐ **No Non-Contact Sports** Includes: archery, bowling, cross-country, golf, gymnastics, rifle, swimming and diving, skiing, tennis, Track & field, fencing, badminton
- ☐ **Other Specific Restrictions:**

Accommodations / Protective Equipment:	☐ Athletic Cup	☐ Insulin Pump / Insulin Sensor	☐ Pacemaker
	☐ Brace / Orthotic	☐ Medical / Prosthetic Device	☐ Sports Safety Goggles
	☐ Hearing Aides	☐ Other:	

MEDICATION HISTORY (optional)
Please list names of prescribed or OTC medications used on a routine basis at home

_____ _____

_____ _____

_____ _____

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

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

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

Diagnosis	ICD Code	Medication Name	Dose	Route	Time

REQUIRED PARENT/GUARDIAN PERMISSION FOR MEDICATION USE AT SCHOOL

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

Parent/Guardian Signature: _____

HEALTH CARE PROVIDER

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

Medical Provider Signature: _____ Date: _____

Provider Name: (please print) _____ Phone #: (____) _____

Provider Address: _____ Fax #: (____) _____

Return to:

School Nurse: _____ School: _____

Phone #: (___) _____ Fax: (___) _____ Date: _____

BETHPAGE UNION FREE SCHOOL DISTRICT
Bethpage, New York 11714

PARENT HEALTH QUESTIONNAIRE

***Please complete this questionnaire in order to inform the District of your child's medical needs.**

Child's Name: _____ Birth Date: ___/___/___ Sex: M or F (circle one)

Mother's Name: _____ Father's Name: _____

Who is the Legal Guardian? _____

ALLERGIES AND ASTHMA

Please list and describe allergies or reactions to:

Medicines/Drugs: _____

Foods/Plants/Others: _____

Insect bites or stings (i.e. Bee, Wasp):

_____

Does your child require any specific treatment in the event of an allergic reaction (i.e. Allergy Shots)?

_____

Please explain any other recommended treatment in the event of an allergic reaction.

_____

Has your child been diagnosed with asthma? _____ Yes _____ No

If yes, what specific treatment or medicine has been prescribed?

_____

MEDICATIONS

Is your child currently prescribed daily medication? _____

If yes, please list all prescribed daily medication.

_____

What medications are given frequently, but not daily? _____

INJURIES, ILLNESSES, SURGERIES

Please list any severe injuries, illnesses, or surgeries:

Injuries, Illnesses, Surgeries	Age of Child	If Hospitalized (check here)

EMERGENCY CONTACT INFORMATION

PLEASE LIST PEOPLE TO CONTACT IF THE SCHOOL IS UNABLE TO REACH A PARENT

EMERGENCY CONTACT:				
LAST NAME / FIRST NAME	**RELATIONSHIP**	**HOME PHONE**	**CELL PHONE**	**WORK PHONE**

EMERGENCY CONTACT:				
LAST NAME / FIRST NAME	**RELATIONSHIP**	**HOME PHONE**	**CELL PHONE**	**WORK PHONE**

EMERGENCY CONTACT:				
LAST NAME / FIRST NAME	**RELATIONSHIP**	**HOME PHONE**	**CELL PHONE**	**WORK PHONE**

ADDITIONAL INFORMATION

How physically active would you consider your child? ____

Please provide any additional comments or concerns regarding your child that you would like the District to be aware of. (i.e. Your child’s health, wellbeing, development, behavior, family or personal life)

____

____

____

Completed by: _____________________________________ Date: _______/_______/_______

Relationship to Child: _______________________________

I would like a conference with the school nurse: ____ YES ____ NO