REGISTRATION PACKET

Prior to July 1, parents registering their child for Kindergarten should contact their neighborhood school to schedule an appointment. Children must be 5 years old by December 1 in order to register. All other grades must contact Central Registration.

After July 1, parents/guardians wishing to register their child/children in the Wappingers Central School District should begin the process by calling the Central Registration Office at 25 Corporate Park Drive, PO Box 396, Hopewell Junction, NY 12533 (298-5000 x 40132) and scheduling an appointment. Hours of operation are Mondays – Fridays from 8:00 a.m. – 3:30 p.m.

Brinckerhoff Elementary School: 897-6800 ext. 10001
James. S. Evans Elementary School: 298-5240 ext. 11001
Fishkill Elementary School: 896-6780 ext. 12001
Fishkill Plains Elementary School: 227-1770 ext. 13000
Gayhead Elementary School: 227-1756 ext.14005
Myers Corners Elementary School: 298-5260 16003
Oak Grove Elementary School: 298-5280 ext. 17000
Sheafe Road Elementary School: 298-5290 ext. 18000
Vassar Road Elementary School: 463-7860 ext. 19000

In the Event of Inclement Weather:

If there is a school cancelation or delayed opening due to inclement weather, your appointment will automatically be canceled, and you will need to call to reschedule. Information on cancelations or delays will be announced on the following local radio stations beginning at 6:00 a.m.

WBKR – 1260 AM        WRWD – FM 107.3
WCZX – FM 97.7        WSPK – FM 104.7
WHUD – FM 100.7        WPDH – FM 101.5
WRNQ – FM 92.1        WEOK – 1390 AM
WKIP – 1450 AM        WGNY – 1200 AM

You may also get school closing/delay information on our district website: www.wappingersschools.org
Proof of Residency
All new students seeking enrollment in the Wappingers Central School District must provide proper
documentation and/or information to establish residency.

Within three (3) business days of your child’s initial enrollment, your documentation and/or
information will be reviewed to make a final residency decision. If a determination of non-
residency is made, you will be notified in writing.

The following is documentation that may be used to establish residency (Note: This is not intended
to be an exhaustive list, and the District may consider other documentation and/or information,
as appropriate):

- A copy of a residential lease or proof of ownership of a home, such as a deed or mortgage
  statement.
- A notarized or signed statement by a third-party landlord, owner or tenant from whom the
  parent(s), guardian(s) or person(s) in parental relation leases or with whom they share property
  within the District.
- Other forms of documentation include:
  - Pay Stubs
  - Federal or NYS Income Tax, W-2 or Earnings Statement
  - Utility Bill
  - Voter Registration Notification Card
  - Official driver’s license, learner’s permit or non-driver identification
  - Documents issued by federal, state or local agencies (such as social services agency)
  - Government issued identification
  - Membership document based on residency

Proof of Age
In accordance with the NYS Education Law, the District requires documentation verifying your
child’s age. Acceptable documentation may include a birth certificate or record of baptism,
including a certified transcript of a foreign birth certificate or record of baptism. When this
information is unavailable, the District may accept a passport, including a foreign passport, to
determine the child’s age. If the previously listed documentation is not available, the District may
consider the following documents or recorded evidence if in existence two (2) or more years, except
an affidavit of age, to determine a child’s age:

- Official driver’s license
- State or other government issued identification
- School photo identification with date of birth
- Consulate identification card
- Hospital or health records
- Military dependent identification card
- Documents issued by federal, state or local agencies
- Court orders or other court-issued documents
- Native American tribal document
- Records from non-profit international aid agencies and voluntary agencies

**Documentation Relating to Legal Custody and Special Circumstances**

If you are not the natural parent but have legal guardianship of the student(s), please provide us with any available relevant documents or complete custody affidavit.

If there are any other special circumstances such as custody agreements or orders of protection, please submit those documents to us. They will be copied and filed in the student’s records. The schools cannot refuse to release a child to a parent/legal guardian unless there are court documents on file with the District to the contrary.

**Proof of Health Examination & Immunizations**

In accordance with the Commissioner’s Regulations, students entering public school at any grade are required to have a satisfactory health examination conducted no more than 12 months before the first day of the school year in question. If an acceptable health certificate is not provided within 30 days, the District’s physician will conduct the examination. The District does not require a health certificate if they or their parents objects claiming a conflict with their genuine and sincere religious beliefs. This exemption request must be in writing and supporting documentation provided.

Immunization records or documentation of exemption are also required for every student entering or attending public schools in accordance with New York State Public Health Law. The Public Health Law allows for a limited period of attendance for 14 days without proof of immunization, upon a showing that the student is making a good faith effort to obtain the necessary immunizations and/or documentation verifying the immunizations. “(Note: when the child is transferring from another state or country, the 14-day period may be extended to not more than 30 days). Please refer to the next page for the schedule of immunizations required of students.

**Warning:** Any person or persons, who willfully provide false information regarding residence, may be subject to criminal penalties. A false statement regarding residence or entitlement to a tuition-free education from the Wappingers Central School District may be punishable as a Class A misdemeanor. In addition, if it is determined that a registrant’s child resides outside of the Wappingers Central School District, the District may take legal action to collect tuition charges. The tuition of $9,495.00 (Regular Ed. K-6); $10,324.00 (Regular Ed. 7-12); $35,090.00 (Special Ed. K-6); $35,919.00 (Special Ed. 7-12) per child per year if the student is not legally entitled to receive a tuition-free education from the District. The District reserves the right to investigate any student’s residency by any legal means available including, but not limited to public records, site visits, and other lawful methods of investigation.

Parent/Guardian Signature & Date __________________________ Signature of Witness (WCSD)

Signature of parent/guardian will confirm that they have read and understand the residency policy of the Wappingers Central School District and the consequences they might incur if false information is wrongfully provided.
## Wappingers Central School District

**Registration Data Sheet** (Omit if completing [Online Pre-Registration](#))

*(Shaded areas to be completed by WCSD Personnel)*

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Student ID #</th>
<th>Yr. Grad.</th>
<th>Building</th>
<th>HR</th>
<th>Entry Date</th>
<th>N OR R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Address</td>
<td>Street</td>
<td>Apt. No.</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>Street</td>
<td>Apt. No.</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Evidence of Birth</td>
<td>Handicapped</td>
<td>Special Education</td>
<td>Gifted</td>
<td>ESL</td>
<td>1st Polio Date</td>
<td>Home Phone #</td>
<td></td>
</tr>
<tr>
<td>Birth Cert.</td>
<td>Bap. Cert</td>
<td>Other</td>
<td>Parent/Guardian email address:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Date</td>
<td>Country</td>
<td>State/Province</td>
<td>City</td>
<td>Zip</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Name</td>
<td>Grade</td>
<td>Teacher</td>
<td>Date Student First Entered 9th Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Mother’s (Guardian) Name</td>
<td>Mother’s (Guardian) Address – If different than child</td>
<td>Emer. Phone #</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mother’s (Guardian) Occupation</td>
<td>Place Of Employment</td>
<td>Work Phone #</td>
<td>Cell Phone #</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father’s (Guardian 2) Name</td>
<td>Father’s (Guardian 2) Address – If different than child</td>
<td>Emer. Phone #</td>
<td></td>
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</tr>
<tr>
<td>Father’s (Guardian 2) Occupation</td>
<td>Place Of Employment</td>
<td>Work Phone #</td>
<td>Cell Phone #</td>
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<tr>
<td>Child Living with Natural Parents</td>
<td>Language of Home</td>
<td>Language of Student</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Custody Clarified</td>
<td>LTD Release</td>
<td>O T H E R</td>
<td>Ethnicity:</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Social Service Form DSS – 2999 Completed: Agency</td>
<td>Foster Child Report Completed</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Designation for Homeless Child Form Completed</td>
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<tr>
<td>Migrant</td>
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<tr>
<td>Exchange Student</td>
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<tr>
<td>Race:</td>
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<td>White</td>
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<td>Black</td>
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<td>Asian</td>
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<td>American Indian/Alaskan Native</td>
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<tr>
<td>Native Hawaiian/Pacific Islander</td>
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<td></td>
</tr>
<tr>
<td>What Are Your Living Arrangements?</td>
<td>Verification of Legal Residency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schools Previously Attended</td>
<td>City, State, Country</td>
<td>Dates</td>
<td>Grade(s)</td>
<td>LEP Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previously Retained</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<tr>
<td>If yes, what grade(s)?</td>
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</tr>
<tr>
<td>If Previously Attended School in Wappingers Central School District, What School and When Attended?</td>
<td></td>
<td></td>
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<tr>
<td>Comments</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>ANY MEDICAL CONDITION OF WHICH THE HEALTH OFFICE SHOULD BE AWARE</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### OTHER CHILDREN

| Name | Birth Date | School | Grade | Name | Birth Date | School | Grade |

### Signatures:

- **Administrator**
- **Parent** *(Signature indicates you are aware that a general screening of all new students is required in NYS)*
- **Counselor**
- **Student**

Last Updated January 2017
**IMMUNIZATIONS**
New York State Law Section 2164 requires these immunizations for admission to school K-12
*(Born on or after 1/1/2005)*

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Number of Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio</td>
<td>3-4 doses and the last dose must be given after age 4 years prior to Kindergarten</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3 doses at specific intervals*</td>
</tr>
<tr>
<td>Diptheria/Tetanus/Pertussis</td>
<td>4-5 doses and the last dose must be given after age 4 years prior to Kindergarten</td>
</tr>
<tr>
<td>Measles/Mumps/Rubella</td>
<td>2 doses received prior Kindergarten</td>
</tr>
<tr>
<td>Tdap:</td>
<td></td>
</tr>
<tr>
<td>• Boostrix (licensed for use with 10-64-year-olds)</td>
<td>Age 11: Must receive the Tdap booster or provide proof of an appointment for the booster dose within 14 days. Required for entrance into 6th grade once child turns 11 years of age.</td>
</tr>
<tr>
<td>• Adacel (licensed for use with 11-64-year-olds)</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>2 doses for incoming Kindergarteners, 2nd dose required prior to admission to 6th grade</td>
</tr>
<tr>
<td>Menactra</td>
<td>1st dose required prior to admission into 7th grade and 2nd dose required prior to entrance into 12th grade.</td>
</tr>
</tbody>
</table>

*Hepatitis B doses must be given with 4 weeks between 1st and 2nd doses, 8 weeks in between 2nd and 3rd doses, 16 weeks between 1st and 3rd dose, with the entire series not finishing before the age of 24 weeks.*

**PROOF OF IMMUNIZATION SHOULD BE PRESENTED AT REGISTRATION.**

Proof of immunization must be any of 1 of the 3 items listed below:
- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
- For varicella (chickenpox), a note from your health care provider which says your child had the disease is also acceptable.
Dear Parent or Guardian:

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

Home Language Questionnaire (HLQ)

Please write clearly when completing this section.

**Student Name:**
First  Middle  Last

**Date of Birth:**
Month  Day  Year

**Gender:**
- Male
- Female

**Parent/Person in Parental Relation Info:**
Last Name  First Name  Relation to Student

**Home Language Code**

<table>
<thead>
<tr>
<th>Language Background</th>
<th>(Please check all that apply.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What language(s) is(are) spoken in the student's home or residence?</td>
<td>English  Other  specify</td>
</tr>
<tr>
<td>2. What was the first language your child learned?</td>
<td>English  Other  specify</td>
</tr>
<tr>
<td>3. What is the Home Language of each parent/guardian?</td>
<td>Mother  Father  Guardian(s)  specify</td>
</tr>
<tr>
<td>4. What language(s) does your child understand?</td>
<td>English  Other  specify</td>
</tr>
<tr>
<td>5. What language(s) does your child speak?</td>
<td>English  Other  specify  Does not speak</td>
</tr>
<tr>
<td>6. What language(s) does your child read?</td>
<td>English  Other  specify  Does not read</td>
</tr>
<tr>
<td>7. What language(s) does your child write?</td>
<td>English  Other  specify  Does not write</td>
</tr>
</tbody>
</table>

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

**School District Information:**

**Student ID Number in NYS Student Information System:**

**District Name (Number) & School Address:**
Home Language Questionnaire (HLQ)—Page Two

**Educational History**

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

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.
   - Yes*  □  No  □  Not sure  □
   - If yes, please explain: ____________________________
   - How severe do you think these difficulties are? □ Minor  □ Somewhat severe  □ Very severe

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

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

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

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

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

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

**Signature of Parent or of Person in Parental Relation**

Month:  □  Day:  □  Year:  □  Date: ____________________________

Relationship to student: □ Mother  □ Father  □ Other: ____________________________

---

**OFFICIAL ENTRY ONLY - NAME/POSITION OF 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:**

- **DATE:** MO  □  DAY:  □  YR:  □

Outcome of Individual Interview:
   - □ ADMINISTRATE NYSITELL
   - □ ENGLISH PROFICIENT
   - □ REFER TO LANGUAGE PROFICIENCY TEAM

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

- **NAME:** ____________________________
- **POSITION:** ____________________________

- **DATE OF NYSITELL ADMINISTRATION:**

   - **DATE:** 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: ____________________________

ENGLISH
WAPPINGERS CENTRAL SCHOOL DISTRICT
School Health Services

___________________________________SCHOOL

HEALTH DATA SHEET

Student _____________________________ Date of Birth __________ Gender ___
Mother’s Name ___________________________ Father’s Name_____________________
Mother’s Phone # Home ________________ Work ______________
Father’s Phone # Home ________________ Work ______________
Mother’s Address __________________________________________________________
Father’s Address __________________________________________________________

With whom does this child live? □ Both Parents □ Mother □ Father □ Guardian
Other_________________________

Emergency Contact if parent/guardian cannot be reached:

Name _____________________________ Relationship to Student ______________
Phone # ____________________________
Student’s Physician ____________________________ Phone # ____________________

PRENATAL AND DEVELOPMENTAL HISTORY

Did the mother have any unusual problems/illness during the pregnancy or the birth such as
breech, forceps or Cesarean delivery? □ Yes □ No  If yes, please explain briefly:

____________________________________________________

Was this infant born: □ Full term □ Premature □ Post mature
What was this infant’s birth weight? _________lb. _________oz.
Did this infant have any sickness or problems while in the hospital, such as jaundice, apnea
spells or convulsions? □ Yes □ No  If yes, please explain briefly: ______________________

Please give an approximate age at which this child: sat up alone ______ walked _______
said single words _______ said sentences _______ was toilet trained ___________
Please briefly describe this child’s overall development in relation to his/her other siblings:
HEALTH CONDITIONS
Please check any that are a chronic problem.

☐ Diabetes  ☐ High Fevers  ☐ Eye Problems  ☐ Poor Vision  ☐ Epilepsy
☐ Poor Hearing  ☐ Crossed Eyes  ☐ Tubes in Ears  ☐ Bowel Problems
☐ Toothaches  ☐ Seizures  ☐ Dental Infections  ☐ Bed wetting  ☐ Heart Problems
☐ Frequent Ear Infections  ☐ Frequent Headaches  ☐ Frequent Nosebleeds
☐ Frequent Sore Throats  ☐ Other ________________________________

Has your child ever had the chicken pox?  ☐ Yes  ☐ No
If yes, when? ____________________________________________

MEDICAL INFORMATION
Does this child have any allergies?  ☐ Yes  ☐ No
If yes, to what? __________________________________________

What treatment or medication does this child require for this/these allergies?
__________________________________________________________________________________________

Does this child have asthma that has been diagnosed by a physician?  ☐ Yes  ☐ No
If yes, what treatment and/or medication has been prescribed? _________________________________
__________________________________________________________________________________________

Does this child have any medical condition other than listed above?  ☐ Yes  ☐ No
If yes, please explain. ____________________________________________________________
__________________________________________________________________________________________

INJURIES, ILLNESSES, AND SURGERIES
Please list any severe injuries, illnesses and/or surgeries: ________________________________
__________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Injuries, Illnesses, Surgeries</th>
<th>Age of Child</th>
<th>If hospitalized, how long?</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____________________________</td>
<td>___________</td>
<td>_________________________</td>
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<tr>
<td>_____________________________</td>
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</tr>
<tr>
<td>_____________________________</td>
<td>___________</td>
<td>_________________________</td>
</tr>
</tbody>
</table>
ADDITIONAL INFORMATION

Is this child on daily medication? □ Yes □ No
If yes, please list. __________________________________________

Is this child on medication on a regular basis, but not daily? □ Yes □ No
If yes, please list. __________________________________________

Do any family members have any long-term illness, such as diabetes, cancer, high blood pressure, etc.? □ Yes □ No
If yes, please list the illness and the relationship of the person to this child. ______________

For girls only: If applicable, give age of first menstrual period _____ Problems? □ Yes □ No
If yes, please explain. ________________________________________

Do you have any other comments or concerns about this child’s health, development, behavior, family or home life that you would like the school to be aware of? □ Yes □ No
If yes, please explain. ________________________________________

Completed by: _______________________________ Date: __________________
Relationship to child: _______________________________
Would you like a conference with the school nurse? □ Yes □ No
KINDERGARTEN SOCIAL - HOME SURVEY

Please complete this survey and return to your child’s kindergarten teacher. It will be placed in your child’s permanent record folder and limited to use by the school staff. This survey will be removed from your child’s folder at the end of the primary grades. Parents who wish the removal of the form prior to this should contact the building principal.

Date: __________________________ Signature: _______________________________________

Child’s Name:_____________________________________________________________________

What name does your child prefer to be called? _______________________________________

With whom does your child live? (Check all that apply)
☐ Mom      ☐ Dad      ☐ Siblings      ☐ Grandparents      ☐ Other ________________

Where does your child fall in the family order?
☐ First Child      ☐ Middle Child      ☐ Last child      ☐ Only child      ☐ Other ________________

Do other family members live elsewhere?
☐ Yes       ☐ No

Has your child attended nursery school or daycare?
☐ Yes       ☐ No

Name __________________________ Phone Number __________________________

May we call for information?
☐ Yes       ☐ No

CHILD DEVELOPMENT

Can your child dress him/herself?
☐ Yes       ☐ No

Can your child take care of his/her bathroom needs?
☐ Yes       ☐ No

Can your child follow directions?
☐ Yes       ☐ No

Can your child attend to a story or activity for 15 – 20 minutes?
☐ Yes       ☐ No

Has your child chosen which hand he/she prefers to use?
☐ Yes       ☐ No

If yes, which hand?
☐ Left      ☐ Right

Can you and/or others understand your child’s speech?
☐ Yes       ☐ No
Do you think your child will require special assistance in any of the areas listed below?

1. Speech  □ Yes  □ No
2. Behavior □ Yes  □ No
3. Rate of Learning □ Yes  □ No
4. Health  □ Yes  □ No
5. Coordination □ Yes  □ No

How often do you read to your child? ______________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Are there any hobbies or interests that you or your family would be willing to share with your child’s kindergarten class?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Please share any other information about your child that you feel would be helpful for his/her teacher to know. Some examples are: special interests, unusual experiences, and fears, family history – which may include custody and/or health issues – such as food allergies, problems with eating or sleeping. If you prefer, you may share specific information by speaking directly to your child’s teacher.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Welcome to the Wappingers Central School District. We would like to take every opportunity to know you and your child better and extend the opportunity for you to provide any information you think is important. This optional form is one way to share your thoughts or concerns with us. Thank you for your input.

STUDENT INFORMATION PROFILE

Student’s Name: _______________________________ Grade Level: ____________

Parents’ Signature: _____________________________

Academic Strengths/Needs:

Behavioral Strengths/Needs:

Social/Emotional Strengths/Needs:

Work/Organizational Skills Strengths/Needs:

Additional Comments, Information and Suggestions:

Academic Records
Examples: copy of most recent report card, marks given up to last date of attendance in former school, and any special education records you can provide.
RELEASE OF STUDENT INFORMATION

Date: __________________

Dear Principal,

The following student has enrolled in the Wappingers Central School District. Please forward copies of records, including cumulative records, psychological evaluations, test scores, health, and any other pertinent information to the address indicated below.

**ELL Students** – If this student was previously enrolled in a New York State school, and was in an ELL or Bilingual Program, please include LAB-R or NYSESLAT test score.

Thank you for your attention to this request.

Student Name: ________________________________________ Date of Birth: _______________
Current Address: __________________________________________________________________
School: __________________________ Grade: __________________________

I hereby authorize the release of the above mentioned records and any other pertinent information concerning my child.

SIGNATURE OF PARENT ______________________________________ DATE ____________

Wappingers Central School District Central Registration
25 Corporate Park Drive-PO Box 396
Hopewell Junction, NY 12533

Please fax records to 845-896-1459
If you need to call the Central Registrar, please dial 845-298-5000 x 40132.

Previous school information:
Name of School: ________________________________________________
Address: ______________________________________________________
Telephone (_____) __________________ Fax: (_____) __________________
Dear Parents:

Please do not send medication of any kind to school with your child. This includes all medication such as aspirin or any type you may obtain without a prescription. This not only applies to medication that may be taken by mouth but any type that is applied to any area of the body. If a child arrives at school with medication, we are required to confiscate it, and it will be the responsibility of the parent to claim it. Under certain unusual circumstances when it is necessary for a child to take medication at school, the school nurse may cooperate with the physician and the parents, but certain definite requirements must be met. These standards are set up by New York State Educational Law.

All the following regulations must be met.
1. The School nurse must have a written order signed by a physician giving the following information:
   - Name of medication and possible side effects
   - Reason for giving it
   - Dosage
   - Time
   - Number of days
2. It must have a professional label (either a drug store or Drug Company, if a proprietary).
3. It should be delivered directly to the school nurse by the parent.
4. The parent or guardian must submit a written request to the school nurse to give the medication as directed.

NEW PRESCRIPTIONS ARE REQUIRED AT THE BEGINNING OF EACH SCHOOL YEAR IN SEPTEMBER.

It is also the responsibility of the parent to come to the Health Office to obtain any unused medication. If unused medication is not picked up, it will be discarded seven days after the date of final dosage. Medication that has been prescribed for a period extending to the end of the school year will be discarded on the last day of school in June if it has not been picked up. If at any time the physician wishes to increase the dosage, s/he must submit this request in writing. A verbal or telephone request from the parent or physician is not acceptable from the standpoint of protection for the nurse and the school. Medication in the care of children is a serious hazard and endangers the lives of other children. If you have any questions or concerns, please call the school nurse.
WAPPINGERS CENTRAL SCHOOL DISTRICT
School Health Services

___________________________________SCHOOL

PARENT PERMISSION FOR IN-SCHOOL MEDICATION

Student ___________________________ Grade ___ Room ___ ID# ___________

Date: _______________

I give permission to the school nurse or designated school personnel to administer
___________________________ as prescribed by the physician.
(Physician prescription attached.)

This medication is to be administered as ordered during the current school year. Any changes to
the medication order from the physician will need to be given, in writing, to the school nurse.

I hereby give permission to the school nurse or designated school personnel for appropriate
communication with the ordering prescriber-related to the above medication.

I have furnished the medication in a properly labeled original container from the pharmacy. I
have provided the medication in the dosage ordered.

I hereby release the school nurse or designated school personnel and the Board of Education of
any liability relative to the administration and/or reaction of the medication on the above
named student.

___________________________________
Parent/Guardian Signature

Home Phone: _________________________ Work Phone: _________________________

Cell Phone: _________________________

Please indicate times and dosage of any and all medications taken at home in the space below.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Dear Parent/Guardian:

Beginning September 2008, New York State will request Kindergarten, second, fourth, seventh and tenth-grade students submit a Dental Health Certificate to the Health Office.

The Dental Health Certificate must contain a report of a comprehensive dental examination and shall be signed by a duly licensed dentist who is authorized to practice in New York State. The dentist shall describe the dental health condition of the student when the examination was made. The Dental Health Certificate shall not be more than twelve months before the commencement of the school year in which the examination is requested.

Please bring the attached form to your dentist and return the completed form to the Health Office.

**DENTAL HEALTH CERTIFICATE**

Student Name: ________________________________

Date of Comprehensive Dental Examination: _________________

☐ No Treatment Required ☐ Treatment in Progress ☐ Treatment Completed

Student is in fit condition of dental health to permit school attendance: ☐ Yes ☐ No

Print Name of Dentist: ____________________________________________

Signature of Dentist: ____________________________________________

Address of Dentist: ____________________________________________

Telephone Number of Dentist: ____________________________________
HOMELESS REFERRAL (MCKINNEY-VENTO)

Student Name: ____________________________  Grade: _____  Start Date: ____________

Assigned School: __________________________  ID: __________________________

Date of Birth: ____________________________

Parent/Guardian: __________________________  Telephone Number: __________________

Current Address: __________________________  Previous Address: __________________

1. What best describes student’s current living situation? Check one box:
   - [ ] Shelter
   - [ ] Transitional Housing
   - [ ] Doubled up, with more than one family in house or apartment
   - [ ] Hotel/Motel
   - [ ] Unsheltered, in a car, or campsite
   - [ ] Awaiting Foster Care
   - [ ] With friends or family members (other than a parent or guardian)
   - [ ] Choices in section do not apply

Please describe current situation below. (Must be filled in)

2. Reason for current living condition: ____________________________________________

3. Is family/student involved with outside agencies? ☐ Yes ☐ No
   If so, please indicate contact person: ____________________________________________
   Phone #: ___________________________  Title/Agency: ____________________________

4. Is transportation required? ☐ Yes ☐ No

5. Previous School District: __________________________  Address: __________________

6. Have records been received? ☐ Yes ☐ No

7. Does the student have a disability? ☐ Yes ☐ No  If yes, please indicate: ________________

________________________________________________________________________

Name of Person Completing the Form: __________________________  Title: __________________

Date: ______________

Cc: Executive Director of Special Education
    Guidance Office
    Food Service
    Main Office
    Transportation
WCSD Bus Transportation to and from a Babysitter or Daycare for the 2017-2018 School Year

Students in Grades K-8 are eligible for bus transportation to or from a Babysitter or Daycare location. A student may be transported to or from the location of a child care provider if the student’s legal residence and the Child Care provider’s location are both located within the boundaries of the District.

Parents must request child care transportation no later than April 1st of the current school year for the 2017 - 2018 school year. Child Care requests must be filed every year, even if there is no change to your student’s Child Care provider. Forms are not carried over from year to year.

Daycare facilities registered under Section 390 of the New York State Dept. of Social Services are entitled to transportation to and from Daycare centers within the Wappingers Central School District, provided the application is received by the April 1st deadline. Requests received after the April 1st deadline will be considered a late file and you may not get the bus stop you request. Any requests received after August 15th will be held for processing until after September 30th, meaning you will not have babysitter or daycare transportation set up for the month of September. Babysitter locations NOT licensed or registered under Section 390 of the NYS Dept. of Social Services are restricted to the attendance zone of the school the child attends.

Daycare locations must be set up for five (5) days a week in and/or out. Otherwise a daily note to school is required, and only to or from an existing stop.

All bus routing is completed by the time school starts. For your child’s safety, the bus driver, teacher, school and Transportation Department need to know your child’s proper bus and bus stop. For this reason, all alternate transportation requests for the start of the school year must be processed by August 15th. Late requests made after this date will not be processed until after September 30th AND there may not be a bus available to and/or from your chosen daycare provider.

Childcare Transportation Request Forms are available in each school’s Main Office and on our Transportation Website. Please fill out one form per student and return it to your child’s school. The Principal or his/her designee must sign the form. Main Office personnel will send it to the Transportation Office to be processed. Please allow five (5) days for processing. Any time a change is made, a new form must be submitted to school.

If you are new to the District, you must go to our Central Registrar to register your child before transportation can be arranged. For families who become district residents after April 1st, a transportation request should be submitted within thirty (30) days of establishing district residency.
Central Registration is located at the WCSD District Office, 25 Corporate Park Drive, Hopewell Junction, NY 12533. Call ahead for an appointment at (845) 298-5000, ext. 40132. Please bring proof of residency to your scheduled appointment.

**REMINDER FOR THE 2017 – 2018 SCHOOL YEAR**

Daycare and Babysitter transportation forms received after August 15th will not be processed until after September 30th. The safety of transporting our students (close to 12,000 in all!) is top priority. Late daycare requests cause unnecessary confusion during the first weeks of school which puts children at risk. If you haven’t turned your request in on time, your child will be transported to and from school on their assigned neighborhood bus until notified by the Transportation Dept.
**OFFICE OF TRANSPORTATION**

55 MAJOR McDONALD WAY  
WAPPINGERS FALLS, NEW YORK 12590  
(845) 298-5225 x44104  
Fax (845) 298-5210  
KIM CATALANO - SUPERVISOR

***CHILDCARE TRANSPORTATION REQUEST FORM***

(WCSD STUDENTS IN GRADES K-8 ARE ELIGIBLE FOR CHILDCARE TRANSPORTATION)

Day Care/Babysitter requests must be received no later than April 1st of the preceding school year or transportation may not be available. Requests must be filed every year, even if there is no change. Day Care facilities registered under section 390 of the New York State Department of Social Services are entitled to transportation **WITHIN the district**, provided application is received by the **April 1st deadline**. Day Care locations must be for **five (5) days a week** in and/or out. Otherwise a **daily note** to school is required and only to or from an existing bus stop. Babysitter locations **NOT licensed or registered are restricted to the attendance zone** of the school the child attends. **Day Care/Babysitter transportation forms will not be accepted after AUGUST 15th. Those requests will be processed after September 30th.**

Date _______ Current School Year [ ] OR Next School Year [ ] Child’s School __________________________

Student Name ____________________________________________________________

(Last Name) (First Name) (MI)

WCSD Student ID # ___________ Date of Birth ___________ Grade: ___________ Gender: [ ] M [ ] F

Address: ________________________________________________________________________________

E-Mail: ________________________________________________________________________________

(Number & Street – No P.O. Boxes)

(City) (Zip) (Home Phone) (Cell)

Parent/Guardian’s Name (Print): ________________________________________________________

Day Care or Babysitter Information – Submit a new form each time changes are made. [ ] Change

<table>
<thead>
<tr>
<th>Pick Up (AM)</th>
<th>Drop Off (PM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check One: [ ] Home [ ] Childcare Provider</td>
<td>Check One: [ ] Home [ ] Childcare Provider</td>
</tr>
<tr>
<td>Provider’s Name: __________________________</td>
<td>Provider’s Name: __________________________</td>
</tr>
<tr>
<td>Provider’s Address: __________________________</td>
<td>Provider’s Address: __________________________</td>
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<td>__________________________</td>
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<tr>
<td>Provider’s Phone: __________________________</td>
<td>Provider’s Phone: __________________________</td>
</tr>
<tr>
<td>[ ] Cancel Old Information</td>
<td>[ ] Cancel Old Information</td>
</tr>
</tbody>
</table>

Parent/Guardian Signature: __________________________ Date: __________________________

Verification – School Representative Signature: __________________________ Date: __________________________

**Parents/Guardians: One Student per Form Please – Return to the Main Office of your child’s School.**

**NOTE TO SCHOOL STAFF:** PLEASE FAX (298-5210) OR SCAN COMPLETED FORM TO TRANSPORTATION OFFICE UPON RECEIPT.

**PLEASE ALLOW FIVE (5) DAYS FOR PROCESSING.**
WAPPINGERS CENTRAL SCHOOL DISTRICT
Student Records/Directory Information (FERPA Rights)
Annual Notification

The Board of Education recognizes the legal requirement to maintain the confidentiality of student records. The procedures for ensuring the confidentiality of student records shall be consistent with state and federal law, including the Family Educational Rights and Privacy Act of 1974 (FERPA) and its implementing regulations.

The Board also recognizes its responsibility to ensure the orderly retention and disposition of the district’s student records in accordance with Schedule ED-1 as adopted by the Board in policy 1120.

The Superintendent of Schools shall be responsible for ensuring that all requirements under federal statutes and Commissioner’s Regulations be carried out by the district.

Annual Notification
At the beginning of each school year, the district will publish a notification that informs parents, guardians and eligible students currently in attendance of their rights under FERPA and the procedures for exercising those rights. This notice may be published in a newspaper, handbook or other school bulletin or publication. This notice will also be provided to parents, guardians, and eligible students who enroll during the school year.

The notice will include a statement that the parent or eligible student has a right to:
1. inspect and review the student’s education records;
2. request that records be amended to ensure that they are not inaccurate, misleading, or otherwise in violation of the student’s privacy or other rights;
3. consent to disclosure of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent; and
4. file a complaint with the U.S. Department of Education alleging failure of the district to comply with FERPA and its regulations; and

In addition, the annual notice will inform parents/guardians and eligible students:
1. that it is the district’s policy to 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. For purposes of this policy, 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). A school official has a legitimate educational interest if the official needs to review a student record in order to fulfill his/her professional responsibilities.

2. that, upon request, the district will disclose education records without consent to officials of another school district in which a student seeks or intends to enroll.

3. of the procedure for exercising the right to inspect, review and request amendment of student records.

The district shall arrange to provide translations of this notice to non-English speaking parent(s) or guardian(s) or eligible student(s) in their native language or dominant mode of communication.